



**Services that require Prior Authorization**

**ADMISSION REQUIREMENTS**

HAP must be notified when the member is admitted, even if prior authorization was obtained for the procedure to be performed.  
*(For example: Authorization may have been obtained from eviCore for the procedure. The facility is still required to contact the HAP Admission and Transfer Team once the member is admitted to obtain the inpatient authorization.)*

**DISCLAIMERS**

This list is inclusive of all possible procedure codes as identified by HAP. In an unlikely event that a procedure code is not on the list it will require HAP review and an authorization number.  
The information contained in the Services that require Prior Authorization List is protected by copyright laws. Duplication should occur only with permission from the HAP Corporate Office.  
Providers shall not modify, translate, decompile, disclose, create nor attempt to create any derivative work in the Services that require Prior Authorization List.  
Treating providers are solely responsible for medical advice and treatment of Members.  
HAP's Benefit Coverage Policies and Procedure Reference Lists apply to all HAP lines of business offered through any HAP affiliate including insured and self-funded plans except for the following: ASR and HAP CareSource.

**Coverage of services for Members is based on the Member's subscriber documents and is subject to all terms and conditions including specific exclusions and limitations. This type of document includes the following: Schedule of Benefits, Subscriber contract; Member Benefit Guide, or an Evidence of Coverage document (for Medicare Advantage Members). Benefit Administration Manual (BAM) policies are developed to provide guidance to members and Providers.**

**NEW TO MARKET MEDICAL DRUGS**

[New to Market Medical Drugs must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "New to Market Medications Evaluations Policy" on BAM and click this link for the current list of New to Market Medical Drugs](#)

**NON-PREFERRED FORMULATIONS**

[Non-Preferred Formulations must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "Biosimilar and Preferred Formulations Policy" on BAM and click this link for the current list of Preferred and Non-preferred drugs.](#)

**RULES**

- HAP members must receive care from contracted providers.
- Prior authorization is required for any service listed below, when provided by a non-contracted provider.
- Members that have a PCP affiliated with Henry Ford Choice, HFPN or Genesys Choice require authorization for ANY service, when provided by a provider/facility outside their assigned network/plan.

**VERIFYING BENEFIT COVERAGE**

To determine if a procedure is a covered benefit and meets criteria, providers must utilize HAP's online Member Eligibility Application (MEA) and the Benefit Administration Manual (BAM). It is imperative that you verify benefit coverage prior to rendering service, as failure to do so may result in denial of payment and Members must be held harmless.

**MEDICAID AND MI HEALTH LINK INFORMATION**

[Medicaid and MI Health Link Information: Prior Authorization requirements for Medicaid and MI Health members can be found at HAP CareSource | Procedure Code Lookup](#)

**Other helpful Medicaid Resources:**

[MEDICAID FEE SCHEDULE LINK](#)

[MICHIGAN MEDICAID PROVIDER MANUAL LINK](#)

**BEHAVIORAL HEALTH PROVIDERS**

Behavioral Health providers should refer to the Coordinated Behavioral Health Management (CBHM) Outpatient Authorization Requirement list. Log in at [www.hap.org](http://www.hap.org); select Quick Links; Procedure Reference Lists; CBHM Outpatient Authorization Requirement list.

**IMPORTANT**

HAP continuously reviews and monitors all procedures to determine any potential changes of coverage that would affect current procedure lists. Otherwise, the Services that require Prior Authorization list will be reviewed and updated on a monthly basis. Always check the list on the HAP website, as it is the most current list and printed copies may be incomplete or outdated. If you would like to suggest additional services to be added to the Services that require Prior Authorization list, please contact us and we will take your request into consideration for the next scheduled revision. Any suggestions or questions should be directed in writing to:

Sr Project Consultant (4N floor) Medical Policy  
Health Alliance Plan  
1414 E. Maple Road  
Troy, MI 48083

or

EMAIL to: [lkootsi1@hap.org](mailto:lkootsi1@hap.org)

**Medicare Comp (Wrap) Members for outpatient services no longer require an authorization and pass through as long as the Member is IN PLAN and In Network.**

**Prior authorization is not a guarantee of payment**

|             |                                                                                                  |
|-------------|--------------------------------------------------------------------------------------------------|
| <b>Key:</b> |                                                                                                  |
| *           | Specific coverage criteria or limitations/restrictions apply. Refer to BAM for more information. |
| <b>AGE</b>  | No authorization needed for members under the age of 18                                          |

|                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
|-----------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>BPF</b>                              | <a href="#">Non-Preferred Formulations must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "Biosimilar and Preferred Formulations Policy" on BAM and click this link for the current list of Preferred and Non-preferred drugs.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>Carve-out</b>                        | These codes are carved-out, bill Medicaid fee for service                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>CCN</b>                              | <b>eviCore healthcare</b> , formerly known as CareCore National, Inc (CCN) authorization is required for CCN participating networks. Authorization required from HAP for non-CCN participating networks.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |
| <b>CBHM</b>                             | Authorization must be received from HAP's CBHM department                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>ExGEN</b>                            | Services that are "carved out" of the Genesys delegation. For services that indicate "SPC" contact Pharmacy Advantage. See the "SPC" section within the key for additional details. All other services that are indicated as "ExGEN" are processed by the HAP Referral Management Team. For services that require a prior authorization contact RMT directly by calling 313-664-8950 option #1 or submit the request online via Care Affiliate.                                                                                                                                                                                                                                                             |
| <b>Preferred provider HFCDP</b>         | <b>Genetic testing must be sent to HFH.</b><br><b>If testing is sent to any other laboratory (other than HFCDP) authorization would then be required as the servicing provider is not preferred.</b><br><b>*Medicare Advantage, Primary Choice, MMP or Medicaid Members can utilize any contracted provider for genetic testing.</b>                                                                                                                                                                                                                                                                                                                                                                        |
| <b>Preferred provider HFCDP OR UofM</b> | <b>Genetic testing must be sent to HFH or UofM.</b><br><b>If testing is sent to any other laboratory (other than HFCDP) authorization would then be required as the servicing provider is not preferred.</b><br><b>*Medicare Advantage, Primary Choice, MMP or Medicaid Members can utilize any contracted provider for genetic testing.</b>                                                                                                                                                                                                                                                                                                                                                                |
| <b>HFHS</b>                             | Only applies to HFHS employed doctors                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>INFO</b>                             | Informational/reporting code - code not separately payable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>KRAS/PCM</b>                         | Diagnosis may require authorization through <b>Care Affiliate</b> , refer to BAM policy for coverage criteria. PCM - Submit request for authorization via Care Affiliate. Please select appropriate Request Profile based on type of medication and place of service. Request profiles for medications are configured as "Drug - XXXXX-xxxx", where "XXXXX" corresponds to specific medication category and "xxxx" to place of service.                                                                                                                                                                                                                                                                     |
| <b>LINK</b>                             | Find code, then Click on <a href="#">LINK</a> to view diagnosis codes billable without required authorization                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>MSI</b>                              | <b>eviCore healthcare</b> , formerly known as MedSolutions (MSI) authorization is required for all sleep studies. See BAM policy for LINK to MedSolutions                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>NationsHearing</b>                   | Bill NationsHearing for these codes. If a member's plan requires an authorization, authorization must be received from NationsHearing. See BAM for criteria and NationsHearing phone numbers.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>NDC</b>                              | <b>(Please See the list titled: CODES that require a NDC on the Procedure Reference Lists page for a complete list of NDC codes)</b> All outpatient drug related HCPCS codes and CPT codes must be billed with an NDC qualifier, NDC code, quantity and unit of measure. They must contain a valid 11-digit number in a 5-4-2 format. This information is required for Medicare crossover claims, CMS-1500 and UB-04 claims; EDI transactions and test strips (A4253, A4772 and A9275). The NDC code can be found on the drug or DME equipment packaging.                                                                                                                                                   |
| <b>NTM Policy</b>                       | <a href="#">New to Market Medical Drugs must be reviewed and approved by HAP Pharmacists or Medical Directors. Please reference the "New to Market Medication Evaluations Policy" on BAM and click this link for the current list of New To Market Medical Drugs.</a>                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>OCM</b>                              | This code may only be billed by providers participating in HAP's Oncology Care Model (OCM) Program.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| <b>PCM</b>                              | Submit request for authorization via <b>Care Affiliate</b> . Please select appropriate Request Profile based on type of medication and place of service. Request profiles for medications are configured as "Drug - XXXXX-xxxx", where "XXXXX" corresponds to specific medication category and "xxxx" to place of service.                                                                                                                                                                                                                                                                                                                                                                                  |
| <b>RMT</b>                              | Submit request for authorization via CareAffiliate. Please select appropriate Request Type based on the type of service/place of service that care is being provided.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>SPC</b>                              | Denotes Specialty Medication. <b>FOR COMMERCIAL MEMBERS: Drug must be dispensed by specialty pharmacy and cannot buy and bill.</b> contact Pharmacy Advantage for authorization at 800-456-2112 or FAX to 888-400-0109. <b>Pharmacy Advantage may direct you to another specialty pharmacy for certain limited distribution medications.</b> <b>FOR MEDICARE ADVANTAGE MEMBERS:</b> Submit request for authorization via <b>Care Affiliate</b> . Please select appropriate Request Profile based on Medication type and place of service. Request Profiles for medications are configured as "Drug - XXXXX-xxxx", where "XXXXX" corresponds to specific medication category and "xxxx" to place of service. |
| <b>TPC</b>                              | <b>Effective for DOS 10/1/24: Providers should submit prior authorization request for Cardiac services to TurningPoint.</b><br>Effective for DOS 6/1/24: Providers should submit prior authorization request for MSK services to TurningPoint.                                                                                                                                                                                                                                                                                                                                                                                                                                                              |

|                               |                                                                                                                                                  |
|-------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Rider Requirement Key:</b> |                                                                                                                                                  |
| <b>***</b>                    | <a href="#">Biosimilar only is covered</a>                                                                                                       |
| <b>A</b>                      | Infertility - Assisted Reproductive Technology (ART) Rider required                                                                              |
| <b>ABAR</b>                   | AHL Bariatric and Weight Loss Rider (some plans may require this rider, see HAP.org plan details)                                                |
| <b>ACU</b>                    | Acupuncture Rider                                                                                                                                |
| <b>C</b>                      | Chiropractic Rider required for HAP, and UAW Members                                                                                             |
| <b>Expand Chiro</b>           | Only covered with Expanded Chiropractic Rider coverage                                                                                           |
| <b>G</b>                      | AHL Genetic Testing Rider                                                                                                                        |
| <b>H</b>                      | Hearing Aid Rider                                                                                                                                |
| <b>I</b>                      | Infertility Rider required for AHL Members.                                                                                                      |
| <b>L</b>                      | LASIK Rider                                                                                                                                      |
| <b>MED NEC FERT PRE SERV</b>  | Medically Necessary Fertility Preservation Ride                                                                                                  |
| <b>P</b>                      | Voluntary Termination of Pregnancy Rider required for all voluntary procedures. Medically necessary procedures covered with prior authorization. |
| <b>S</b>                      | Voluntary Sterilization Rider required for all AHL Members                                                                                       |
| <b>SNF</b>                    | Skilled Nursing Facility Rider required for HAP, FED, and UAW Members                                                                            |
| <b>T</b>                      | TMJ Rider required for all AHL Members                                                                                                           |

|   |                                      |
|---|--------------------------------------|
| V | Vision Rider (refer to BAM policies) |
|---|--------------------------------------|

| Product Line Key:            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| AHL                          | AHL PPO, AHL EPA, AHL EPO, AHL POS, Personal Alliance                                                                                                                                                                                                                                                                                                                                                                                                                   |
| ALL                          | All HAP, AHL, Medicare Advantage Members, QHP, FED, McWrap, UAW                                                                                                                                                                                                                                                                                                                                                                                                         |
| CAID (no longer available)   | <a href="https://procedurelookup.caresource.com/">for dates of service Oct. 1, 2023 and forward https://procedurelookup.caresource.com/</a><br><a href="#">for dates prior to Oct. 1, 2023 Medicaid plan (to call Medicaid Pharmacy: 313-664-8940 opt3 or FAX: 313-664-5460 Check Medicaid fee schedule and Michigan Medicaid Provider Manual to validate coverage (see above for the links to these sites)</a>                                                         |
| DSNP                         | HAP Medicare Complete Duals (HMO D-SNP)                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| FED                          | Federal Government Employee Contract Members                                                                                                                                                                                                                                                                                                                                                                                                                            |
| HAP                          | HAP HMO, HAP POS                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| HEP                          | Healthy Engagement Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MA or MED                    | Medicare Advantage                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| MEDICARE COMP/MCWR AP        | Medicare Comp/Wrap Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| MMP (no longer available)    | <a href="https://procedurelookup.caresource.com/">Medicare-Medicaid Plan for dates of service January 1, 2024 and forward https://procedurelookup.caresource.com/</a><br><a href="#">for dates prior to January 1, 2024 Medicare-Medicaid plan (to call Medicare-Medicaid Pharmacy: 313-664-8940 opt3 or FAX: 313-664-5460 Check Medicare-Medicaid fee schedule and Michigan Medicaid Provider Manual to validate coverage (see above for the links to these sites)</a> |
| PRICHO (No longer available) | HAP Primary Choice Medicare (HMO) and HAP Choice Medicare West Michigan (HMO)                                                                                                                                                                                                                                                                                                                                                                                           |
| QHP                          | Qualified Health Plans                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| QHP-peds                     | Qualified Health Plans Pediatrics only (under age of 19 years)                                                                                                                                                                                                                                                                                                                                                                                                          |
| QHP-adults                   | Qualified Health Plans Adults only (19 years and above)                                                                                                                                                                                                                                                                                                                                                                                                                 |
| UAW                          | Select Groups with Extended DME coverage                                                                                                                                                                                                                                                                                                                                                                                                                                |

| Services that require Prior Authorization List |                                              |                     |     |                   |               |
|------------------------------------------------|----------------------------------------------|---------------------|-----|-------------------|---------------|
| Code                                           | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines |
| 00100                                          | ANESTHESIA FOR PROCEDURES ON S               | No                  |     |                   | ALL           |
| 00102                                          | ANESTHESIA FOR PROCEDURES INVC               | No                  |     |                   | ALL           |
| 00103                                          | ANESTHESIA FOR RECONSTRUCTIVE                | No                  |     |                   | ALL           |
| 00104                                          | ANESTHESIA FOR ELECTROCONVULS                | No                  |     |                   | ALL           |
| 00120                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00124                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00126                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00140                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00142                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00144                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00145                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00147                                          | ANESTHESIA FOR PROCEDURES ON E               | No                  |     |                   | ALL           |
| 00148                                          | ANESTHESIA FOR PROCEDURE ON EY               | No                  |     |                   | ALL           |
| 00160                                          | ANESTHESIA FOR PROCEDURES ON N               | No                  |     |                   | ALL           |
| 00162                                          | ANESTHESIA FOR PROCEDURES ON N               | No                  |     |                   | ALL           |
| 00164                                          | ANESTHESIA FOR PROCEDURES ON N               | No                  |     |                   | ALL           |
| 00170                                          | ANESTHESIA FOR INTRAORAL PROCE               | No                  |     |                   | ALL           |
| 00172                                          | ANESTHESIA FOR INTRAORAL PROCE               | No                  |     |                   | ALL           |
| 00174                                          | ANESTHESIA FOR INTRAORAL PROCE               | No                  |     |                   | ALL           |
| 00176                                          | ANESTHESIA FOR INTRAORAL PROCE               | No                  |     |                   | ALL           |
| 00190                                          | ANESTHESIA FOR PROCEDURES ON F               | No                  |     |                   | ALL           |
| 00192                                          | ANESTHESIA FOR PROCEDURES ON F               | No                  |     |                   | ALL           |
| 00210                                          | ANESTHESIA FOR INTRACRANIAL PRO              | No                  |     |                   | ALL           |
| 00211                                          | Anesthesia for intracranial procedures; cran | No                  |     |                   | ALL           |
| 00212                                          | Anesthesia for intracranial procedures; sul  | No                  |     |                   | ALL           |
| 00214                                          | Anesthesia for intracranial procedures; but  | No                  |     |                   | ALL           |
| 00215                                          | Anesthesia for intracranial procedures; cra  | No                  |     |                   | ALL           |
| 00216                                          | Anesthesia for intracranial procedures; vas  | No                  |     |                   | ALL           |
| 00218                                          | Anesthesia for intracranial procedures; pro  | No                  |     |                   | ALL           |
| 00220                                          | Anesthesia for intracranial procedures; cer  | No                  |     |                   | ALL           |
| 00222                                          | Anesthesia for intracranial procedures; ele  | No                  |     |                   | ALL           |
| 00300                                          | Anesthesia for all procedures on the integu  | No                  |     |                   | ALL           |
| 00320                                          | Anesthesia for all procedures on esophagi    | No                  |     |                   | ALL           |
| 00322                                          | Anesthesia for all procedures on esophagi    | No                  |     |                   | ALL           |
| 00326                                          | Anesthesia for all procedures on the larynx  | No                  |     |                   | ALL           |
| 00350                                          | Anesthesia for procedures on major vesse     | No                  |     |                   | ALL           |
| 00352                                          | Anesthesia for procedures on major vesse     | No                  |     |                   | ALL           |
| 00400                                          | Anesthesia for procedures on the integum     | No                  |     |                   | ALL           |
| 00402                                          | extremities, anterior trunk and perineum; r  | No                  |     |                   | ALL           |
| 00404                                          | extremities, anterior trunk and perineum; r  | No                  |     |                   | ALL           |
| 00406                                          | Anesthesia for procedures on the integum     | No                  |     |                   | ALL           |
| 00410                                          | Anesthesia for procedures on the integum     | No                  |     |                   | ALL           |
| 00450                                          | Anesthesia for procedures on clavicle and    | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 00454 | Anesthesia for procedures on clavicle and     | No                  |     |                   | ALL                         |
| 00470 | Anesthesia for partial rib resection; not oth | No                  |     |                   | ALL                         |
| 00472 | Anesthesia for partial rib resection; thoraco | No                  |     |                   | ALL                         |
| 00474 | Anesthesia for partial rib resection; radical | No                  |     |                   | ALL                         |
| 00500 | Anesthesia for all procedures on esophagi     | No                  |     |                   | ALL                         |
| 00520 | Anesthesia for closed chest procedures; (i    | No                  |     |                   | ALL                         |
| 00522 | Anesthesia for closed chest procedures; n     | No                  |     |                   | ALL                         |
| 00524 | Anesthesia for closed chest procedures; p     | No                  |     |                   | ALL                         |
| 00528 | Anesthesia for closed chest procedures; m     | No                  |     |                   | ALL                         |
| 00529 | Anesthesia for closed chest procedures; m     | No                  |     |                   | ALL                         |
| 00530 | Anesthesia for permanent transvenous pai      | No                  |     |                   | ALL                         |
| 00532 | Anesthesia for access to central venous ci    | No                  |     |                   | ALL                         |
| 00534 | Anesthesia for transvenous insertion or re    | No                  |     |                   | ALL                         |
| 00537 | Anesthesia for cardiac electrophysiologic p   | No                  |     |                   | ALL                         |
| 00539 | Anesthesia for tracheobronchial reconstru     | No                  |     |                   | ALL                         |
| 00540 | Anesthesia for thoracotomy procedures in      | No                  |     |                   | ALL                         |
| 00541 | Anesthesia for thoracotomy procedures in      | No                  |     |                   | ALL                         |
| 00542 | Anesthesia for thoracotomy procedures in      | No                  |     |                   | ALL                         |
| 00546 | Anesthesia for thoracotomy procedures in      | No                  |     |                   | ALL                         |
| 00548 | Anesthesia for thoracotomy procedures in      | No                  |     |                   | ALL                         |
| 00550 | Anesthesia for sternal debridement            | No                  |     |                   | ALL                         |
| 00560 | of chest; without pump oxygenator             | No                  |     |                   | ALL                         |
| 00561 | Anesthesia for procedures on heart, perica    | No                  |     |                   | ALL                         |
| 00562 | Anesthesia for procedures on heart, perica    | No                  |     |                   | ALL                         |
| 00563 | Anesthesia for procedures on heart, perica    | No                  |     |                   | ALL                         |
| 00566 | Anesthesia for direct coronary artery bypas   | No                  |     |                   | ALL                         |
| 00567 | Anesthesia for direct coronary artery bypas   | No                  |     |                   | ALL                         |
| 00580 | Anesthesia for heart transplant or heart/lur  | No                  |     |                   | ALL                         |
| 00600 | Anesthesia for procedures on cervical spir    | No                  |     |                   | ALL                         |
| 00604 | Anesthesia for procedures on cervical spir    | No                  |     |                   | ALL                         |
| 00620 | Anesthesia for procedures on thoracic spir    | No                  |     |                   | ALL                         |
| 00625 | ANESTHESIA FOR PROCEDURES ON T                | No                  |     |                   | ALL                         |
| 00626 | ANESTHESIA FOR PROCEDURES ON T                | No                  |     |                   | ALL                         |
| 00630 | Anesthesia for procedures in lumbar regio     | No                  |     |                   | ALL                         |
| 00632 | Anesthesia for procedures in lumbar regio     | No                  |     |                   | ALL                         |
| 00635 | Anesthesia for procedures in lumbar regio     | No                  |     |                   | ALL                         |
| 00640 | Anesthesia for manipulation of the spine o    | Not Covered         |     |                   | ALL (Except MED, Caid, MMP) |
| 00640 | Anesthesia for manipulation of the spine o    | No                  |     |                   | MED, Caid, MMP              |
| 00670 | Anesthesia for extensive spine and spinal     | No                  |     |                   | ALL                         |
| 00700 | Anesthesia for procedures on upper arteri     | No                  |     |                   | ALL                         |
| 00702 | Anesthesia for procedures on upper arteri     | No                  |     |                   | ALL                         |
| 00730 | Anesthesia for procedures on upper poste      | No                  |     |                   | ALL                         |
| 00731 | Anesthesia for upper gastrointestinal endo    | No                  |     |                   | ALL                         |
| 00732 | Anesthesia for upper gastrointestinal endo    | No                  |     |                   | ALL                         |
| 00750 | Anesthesia for hernia repairs in upper abd    | No                  |     |                   | ALL                         |
| 00752 | Anesthesia for hernia repairs in upper abd    | No                  |     |                   | ALL                         |
| 00754 | Anesthesia for hernia repairs in upper abd    | No                  |     |                   | ALL                         |
| 00756 | Anesthesia for hernia repairs in upper abd    | No                  |     |                   | ALL                         |
| 00770 | Anesthesia for all procedures on major abd    | No                  |     |                   | ALL                         |
| 00790 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00792 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00794 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00796 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00797 | ANESTHESIA FOR SURGERY FOR MOF                | No                  | *   | ABAR              | ALL                         |
| 00800 | Anesthesia for procedures on lower arteri     | No                  |     |                   | ALL                         |
| 00802 | Anesthesia for procedures on lower arteri     | No                  |     |                   | ALL                         |
| 00811 | Anesthesia for lower intestinal endoscopic    | No                  |     |                   | ALL                         |
| 00812 | Anesthesia for lower intestinal endoscopic    | No                  |     |                   | ALL                         |
| 00813 | Anesthesia for combined upper and lower       | No                  |     |                   | ALL                         |
| 00820 | Anesthesia for procedures on lower poster     | No                  |     |                   | ALL                         |
| 00830 | Anesthesia for hernia repairs in lower abdd   | No                  |     |                   | ALL                         |
| 00832 | Anesthesia for hernia repairs in lower abdd   | No                  |     |                   | ALL                         |
| 00834 | Anesthesia for hernia repairs in the lower d  | No                  |     |                   | ALL                         |
| 00836 | Anesthesia for hernia repairs in the lower d  | No                  |     |                   | ALL                         |
| 00840 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00842 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00844 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00846 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00848 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |
| 00851 | Anesthesia for intraperitoneal procedures     | No                  |     |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------|
| 00860 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00862 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00864 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00865 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00866 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00868 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00870 | Anesthesia for extraperitoneal procedures    | No                  |     |                   | ALL           |
| 00872 | Anesthesia for lithotripsy, extracorporeal s | No                  |     |                   | ALL           |
| 00873 | Anesthesia for lithotripsy, extracorporeal s | No                  |     |                   | ALL           |
| 00880 | Anesthesia for procedures on major lower     | No                  |     |                   | ALL           |
| 00882 | Anesthesia for procedures on major lower     | No                  |     |                   | ALL           |
| 00902 | Anesthesia for; anorectal procedure          | No                  |     |                   | ALL           |
| 00904 | Anesthesia for; radical perineal procedure   | No                  |     |                   | ALL           |
| 00906 | Anesthesia for; vulvectomy                   | No                  |     |                   | ALL           |
| 00908 | Anesthesia for; perineal prostatectomy       | No                  |     |                   | ALL           |
| 00910 | Anesthesia for transurethral procedures (ir  | No                  |     |                   | ALL           |
| 00912 | Anesthesia for transurethral procedures (ir  | No                  |     |                   | ALL           |
| 00914 | Anesthesia for transurethral procedures (ir  | No                  |     |                   | ALL           |
| 00916 | Anesthesia for transurethral procedures (ir  | No                  |     |                   | ALL           |
| 00918 | Anesthesia for transurethral procedures (ir  | No                  |     |                   | ALL           |
| 00920 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00921 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00922 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00924 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00926 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00928 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00930 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00932 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00934 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00936 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00938 | Anesthesia for procedures on male genital    | No                  |     |                   | ALL           |
| 00940 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 00942 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 00944 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 00948 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 00950 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 00952 | Anesthesia for vaginal procedures (includi   | No                  |     |                   | ALL           |
| 01112 | Anesthesia for bone marrow aspiration and    | No                  |     |                   | ALL           |
| 01120 | Anesthesia for procedures on bony pelvis     | No                  |     |                   | ALL           |
| 01130 | Anesthesia for body cast application or rev  | No                  |     |                   | ALL           |
| 01140 | Anesthesia for interpelviabdominal (hindqu   | No                  |     |                   | ALL           |
| 01150 | Anesthesia for radical procedures for tumo   | No                  |     |                   | ALL           |
| 01160 | Anesthesia for closed procedures involving   | No                  |     |                   | ALL           |
| 01170 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01173 | Anesthesia for open repair of fracture disr  | No                  |     |                   | ALL           |
| 01200 | Anesthesia for all closed procedures invol   | No                  |     |                   | ALL           |
| 01202 | Anesthesia for arthroscopic procedures of    | No                  |     |                   | ALL           |
| 01210 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01212 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01214 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01215 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01220 | Anesthesia for all closed procedures invol   | No                  |     |                   | ALL           |
| 01230 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01232 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01234 | Anesthesia for open procedures involving     | No                  |     |                   | ALL           |
| 01250 | Anesthesia for all procedures on nerves, n   | No                  |     |                   | ALL           |
| 01260 | Anesthesia for all procedures involving vei  | No                  |     |                   | ALL           |
| 01270 | Anesthesia for procedures involving arterie  | No                  |     |                   | ALL           |
| 01272 | Anesthesia for procedures involving arterie  | No                  |     |                   | ALL           |
| 01274 | Anesthesia for procedures involving arterie  | No                  |     |                   | ALL           |
| 01320 | Anesthesia for all procedures on nerves, n   | No                  |     |                   | ALL           |
| 01340 | Anesthesia for all closed procedures on lo   | No                  |     |                   | ALL           |
| 01360 | Anesthesia for all open procedures on low    | No                  |     |                   | ALL           |
| 01380 | Anesthesia for all closed procedures on kr   | No                  |     |                   | ALL           |
| 01382 | Anesthesia for diagnostic arthroscopic pro   | No                  |     |                   | ALL           |
| 01390 | Anesthesia for all closed procedures on up   | No                  |     |                   | ALL           |
| 01392 | Anesthesia for all open procedures on upp    | No                  |     |                   | ALL           |
| 01400 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01402 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01404 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01420 | Anesthesia for all cast applications, remov  | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------|
| 01430 | Anesthesia for procedures on veins of kne    | No                  |     |                   | ALL           |
| 01432 | Anesthesia for procedures on veins of kne    | No                  |     |                   | ALL           |
| 01440 | Anesthesia for procedures on arteries of k   | No                  |     |                   | ALL           |
| 01442 | Anesthesia for procedures on arteries of k   | No                  |     |                   | ALL           |
| 01444 | Anesthesia for procedures on arteries of k   | No                  |     |                   | ALL           |
| 01462 | Anesthesia for all closed procedures on lo   | No                  |     |                   | ALL           |
| 01464 | Anesthesia for arthroscopic procedures of    | No                  |     |                   | ALL           |
| 01470 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01472 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01474 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01480 | Anesthesia for open procedures on bones      | No                  |     |                   | ALL           |
| 01482 | Anesthesia for open procedures on bones      | No                  |     |                   | ALL           |
| 01484 | Anesthesia for open procedures on bones      | No                  |     |                   | ALL           |
| 01486 | Anesthesia for open procedures on bones      | No                  |     |                   | ALL           |
| 01490 | Anesthesia for lower leg cast application, r | No                  |     |                   | ALL           |
| 01500 | Anesthesia for procedures on arteries of ld  | No                  |     |                   | ALL           |
| 01502 | Anesthesia for procedures on arteries of ld  | No                  |     |                   | ALL           |
| 01520 | Anesthesia for procedures on veins of low    | No                  |     |                   | ALL           |
| 01522 | Anesthesia for procedures on veins of low    | No                  |     |                   | ALL           |
| 01610 | Anesthesia for all procedures on nerves, n   | No                  |     |                   | ALL           |
| 01620 | Anesthesia for all closed procedures on hu   | No                  |     |                   | ALL           |
| 01622 | Anesthesia for diagnostic arthroscopic pro   | No                  |     |                   | ALL           |
| 01630 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01634 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01636 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01638 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01650 | Anesthesia for procedures on arteries of sl  | No                  |     |                   | ALL           |
| 01652 | Anesthesia for procedures on arteries of sl  | No                  |     |                   | ALL           |
| 01654 | Anesthesia for procedures on arteries of sl  | No                  |     |                   | ALL           |
| 01656 | Anesthesia for procedures on arteries of sl  | No                  |     |                   | ALL           |
| 01670 | Anesthesia for all procedures on veins of s  | No                  |     |                   | ALL           |
| 01680 | Anesthesia for shoulder cast application, r  | No                  |     |                   | ALL           |
| 01710 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01712 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01714 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01716 | Anesthesia for procedures on nerves, mus     | No                  |     |                   | ALL           |
| 01730 | Anesthesia for all closed procedures on hu   | No                  |     |                   | ALL           |
| 01732 | Anesthesia for diagnostic arthroscopic pro   | No                  |     |                   | ALL           |
| 01740 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01742 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01744 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01756 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01758 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01760 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01770 | Anesthesia for procedures on arteries of u   | No                  |     |                   | ALL           |
| 01772 | Anesthesia for procedures on arteries of u   | No                  |     |                   | ALL           |
| 01780 | Anesthesia for procedures on veins of upp    | No                  |     |                   | ALL           |
| 01782 | Anesthesia for procedures on veins of upp    | No                  |     |                   | ALL           |
| 01810 | Anesthesia for all procedures on nerves, n   | No                  |     |                   | ALL           |
| 01820 | Anesthesia for all closed procedures on ra   | No                  |     |                   | ALL           |
| 01829 | Anesthesia for diagnostic arthroscopic pro   | No                  |     |                   | ALL           |
| 01830 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01832 | Anesthesia for open or surgical arthroscop   | No                  |     |                   | ALL           |
| 01840 | Anesthesia for procedures on arteries of fd  | No                  |     |                   | ALL           |
| 01842 | Anesthesia for procedures on arteries of fd  | No                  |     |                   | ALL           |
| 01844 | Anesthesia for vascular shunt, or shunt rev  | No                  |     |                   | ALL           |
| 01850 | Anesthesia for procedures on veins of fore   | No                  |     |                   | ALL           |
| 01852 | Anesthesia for procedures on veins of fore   | No                  |     |                   | ALL           |
| 01860 | Anesthesia for forearm, wrist, or hand cast  | No                  |     |                   | ALL           |
| 01916 | Anesthesia for diagnostic arteriography/ve   | No                  |     |                   | ALL           |
| 01920 | Anesthesia for cardiac catheterization incl  | No                  |     |                   | ALL           |
| 01922 | Anesthesia for non-invasive imaging or rad   | No                  |     |                   | ALL           |
| 01924 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01925 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01926 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01930 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01931 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01932 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01933 | Anesthesia for therapeutic interventional r  | No                  |     |                   | ALL           |
| 01937 | Anesthesia for percutaneous image-guided     | No                  |     |                   | ALL           |
| 01938 | Anesthesia for percutaneous image-guided     | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                 | Rider Requirement | Product Lines                          |
|-------|----------------------------------------------------|---------------------|---------------------|-------------------|----------------------------------------|
| 01939 | Anesthesia for percutaneous image-guided           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 01939 | Anesthesia for percutaneous image-guided           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 01940 | Anesthesia for percutaneous image-guided           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 01940 | Anesthesia for percutaneous image-guided           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 01941 | Anesthesia for percutaneous image-guided           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 01941 | Anesthesia for percutaneous image-guided           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 01942 | Anesthesia for percutaneous image-guided           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 01942 | Anesthesia for percutaneous image-guided           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 01951 | Anesthesia for second and third degree bu          | No                  |                     |                   | ALL                                    |
| 01952 | Anesthesia for second and third degree bu          | No                  |                     |                   | ALL                                    |
| 01953 | Anesthesia for second and third degree bu          | No                  |                     |                   | ALL                                    |
| 01958 | Anesthesia for external cephalic version pl        | No                  |                     |                   | ALL                                    |
| 01960 | Anesthesia for vaginal delivery only               | No                  |                     |                   | ALL                                    |
| 01961 | Anesthesia for cesarean delivery only              | No                  |                     |                   | ALL                                    |
| 01962 | Anesthesia for urgent hysterectomy followi         | No                  |                     |                   | ALL                                    |
| 01963 | Anesthesia for cesarean hysterectomy with          | No                  |                     |                   | ALL                                    |
| 01965 | ANESTHESIA FOR INCOMPLETE OR M                     | No                  |                     |                   | ALL                                    |
| 01966 | ANESTHESIA FOR INDUCED ABORTION                    | No                  |                     |                   | ALL                                    |
| 01967 | Neuraxial labor analgesia/anesthesia for p         | No                  |                     |                   | ALL                                    |
| 01968 | Anesthesia for cesarean delivery following         | No                  |                     |                   | ALL                                    |
| 01969 | Anesthesia for cesarean hysterectomy foll          | No                  |                     |                   | ALL                                    |
| 01990 | PHYSIOLOGICAL SUPPORT FOR HARV                     | No                  |                     |                   | ALL                                    |
| 01991 | Anesthesia for diagnostic or therapeutic ne        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, MMP)        |
| 01991 | Anesthesia for diagnostic or therapeutic ne        | No                  |                     |                   | MEDICARE COMP/MCWRAP, MMP              |
| 01991 | Anesthesia for diagnostic or therapeutic ne        | No                  |                     |                   | PRICHO                                 |
| 01992 | Anesthesia for diagnostic or therapeutic ne        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, MMP)        |
| 01992 | Anesthesia for diagnostic or therapeutic ne        | No                  |                     |                   | MEDICARE COMP/MCWRAP, MMP              |
| 01992 | Anesthesia for diagnostic or therapeutic ne        | No                  |                     |                   | PRICHO                                 |
| 01996 | Daily hospital management of epidural or s         | No                  |                     |                   | ALL                                    |
| 01999 | Unlisted anesthesia procedure(s)                   | Yes                 |                     |                   | ALL (Except Medicare Comp)             |
| 01999 | Unlisted anesthesia procedure(s)                   | No                  |                     |                   | MEDICARE COMP/MCWRAP                   |
| 01999 | Unlisted anesthesia procedure(s)                   | No                  |                     |                   | PRICHO                                 |
| 10004 | Fine needle aspiration biopsy, without ima         | No                  |                     |                   | ALL                                    |
| 10005 | Fine needle aspiration biopsy, including ul        | No                  |                     |                   | ALL                                    |
| 10006 | Fine needle aspiration biopsy, including ul        | No                  |                     |                   | ALL                                    |
| 10007 | Fine needle aspiration biopsy, including flu       | No                  |                     |                   | ALL                                    |
| 10008 | Fine needle aspiration biopsy, including flu       | No                  |                     |                   | ALL                                    |
| 10009 | Fine needle aspiration biopsy, including C         | No                  |                     |                   | ALL                                    |
| 10010 | Fine needle aspiration biopsy, including C         | No                  |                     |                   | ALL                                    |
| 10011 | Fine needle aspiration biopsy, including M         | No                  |                     |                   | ALL                                    |
| 10012 | Fine needle aspiration biopsy, including M         | No                  |                     |                   | ALL                                    |
| 10021 | FINE NEEDLE ASPIRATION, WITHOUT I                  | No                  |                     |                   | ALL                                    |
| 10030 | Image-guided fluid collection drainage by c        | No                  |                     |                   | ALL                                    |
| 10035 | Placement of soft tissue localization device(s) (e | No                  |                     |                   | ALL                                    |
| 10036 | Placement of soft tissue localization device(s) (e | No                  |                     |                   | ALL                                    |
| 10040 | Acne surgery (eg, marsupialization, openir         | No                  |                     |                   | ALL                                    |
| 10060 | Incision and drainage of abscess (eg, carb         | No                  |                     |                   | ALL                                    |
| 10061 | Incision and drainage of abscess (eg, carb         | No                  |                     |                   | ALL                                    |
| 10080 | Incision and drainage of pilonidal cyst; sim       | No                  |                     |                   | ALL                                    |
| 10081 | Incision and drainage of pilonidal cyst; con       | No                  |                     |                   | ALL                                    |
| 10120 | Incision and removal of foreign body, subc         | No                  |                     |                   | ALL                                    |
| 10121 | Incision and removal of foreign body, subc         | No                  |                     |                   | ALL                                    |
| 10140 | Incision and drainage of hematoma, seron           | No                  |                     |                   | ALL                                    |
| 10160 | Puncture aspiration of abscess, hematoma           | No                  |                     |                   | ALL                                    |
| 10180 | Incision and drainage, complex, postopera          | No                  |                     |                   | ALL                                    |
| 11000 | Debridement of extensive eczematous or i           | No                  |                     |                   | ALL                                    |
| 11001 | Debridement of extensive eczematous or i           | No                  |                     |                   | ALL                                    |
| 11004 | Debridement of skin, subcutaneous tissue           | No                  |                     |                   | ALL                                    |
| 11005 | Debridement of skin, subcutaneous tissue           | No                  |                     |                   | ALL                                    |
| 11006 | Debridement of skin, subcutaneous tissue           | No                  |                     |                   | ALL                                    |
| 11008 | Removal of prosthetic material or mesh, al         | No                  |                     |                   | ALL                                    |
| 11010 | Debridement including removal of foreign i         | No                  |                     |                   | ALL                                    |
| 11011 | Debridement including removal of foreign i         | No                  |                     |                   | ALL                                    |
| 11012 | Debridement including removal of foreign i         | No                  |                     |                   | ALL                                    |
| 11042 | Debridement, subcutaneous tissue (includ           | No                  |                     |                   | ALL                                    |
| 11043 | Debridement, muscle and/or fascia (includ          | No                  |                     |                   | ALL                                    |
| 11044 | Debridement, bone (includes epidermis, d           | No                  |                     |                   | ALL                                    |
| 11045 | Debridement, subcutaneous tissue (includ           | No                  |                     |                   | ALL                                    |
| 11046 | Debridement, muscle and/or fascia (includ          | No                  |                     |                   | ALL                                    |
| 11047 | Debridement, bone (includes epidermis, d           | No                  |                     |                   | ALL                                    |
| 11055 | Paring or cutting of benign hyperkeratotic         | No                  | *                   |                   | ALL                                    |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|------------------------------------------------|---------------------|-----|-------------------|---------------|
| 11056 | Paring or cutting of benign hyperkeratotic l   | No                  | *   |                   | ALL           |
| 11057 | Paring or cutting of benign hyperkeratotic     | No                  | *   |                   | ALL           |
| 11102 | Tangential biopsy of skin (eg, shave, scoo     | No                  |     |                   | ALL           |
| 11103 | Tangential biopsy of skin (eg, shave, scoo     | No                  |     |                   | ALL           |
| 11104 | Punch biopsy of skin (including simple clos    | No                  |     |                   | ALL           |
| 11105 | Punch biopsy of skin (including simple clos    | No                  |     |                   | ALL           |
| 11106 | Incisional biopsy of skin (eg, wedge) (inclu   | No                  |     |                   | ALL           |
| 11107 | Incisional biopsy of skin (eg, wedge) (inclu   | No                  |     |                   | ALL           |
| 11200 | Removal of skin tags, multiple fibrocutane     | No                  |     |                   | ALL           |
| 11201 | Removal of skin tags, multiple fibrocutane     | No                  |     |                   | ALL           |
| 11300 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11301 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11302 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11303 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11305 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11306 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11307 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11308 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11310 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11311 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11312 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11313 | Shaving of epidermal or dermal lesion, sin     | No                  |     |                   | ALL           |
| 11400 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11401 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11402 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11403 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11404 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11406 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11420 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11421 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11422 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11423 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11424 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11426 | Excision, benign lesion including margins,     | No                  |     |                   | ALL           |
| 11440 | Excision, other benign lesion including ma     | No                  |     |                   | ALL           |
| 11441 | Excision, other benign lesion including ma     | No                  |     |                   | ALL           |
| 11442 | Excision, other benign lesion including ma     | No                  |     |                   | ALL           |
| 11443 | Excision, other benign lesion including ma     | No                  |     |                   | ALL           |
| 11444 | EXCISION, OTHER BENIGN LESION (UN              | No                  |     |                   | ALL           |
| 11446 | EXCISION, OTHER BENIGN LESION (UN              | No                  |     |                   | ALL           |
| 11450 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11451 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11462 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11463 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11470 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11471 | Excision of skin and subcutaneous tissue       | No                  |     |                   | ALL           |
| 11600 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11601 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11602 | EXCISION, MALIGNANT LESION, TRUN               | No                  |     |                   | ALL           |
| 11603 | EXCISION, MALIGNANT LESION, TRUN               | No                  |     |                   | ALL           |
| 11604 | EXCISION, MALIGNANT LESION, TRUN               | No                  |     |                   | ALL           |
| 11606 | EXCISION, MALIGNANT LESION, TRUN               | No                  |     |                   | ALL           |
| 11620 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11621 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11622 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11623 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11624 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11626 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11640 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11641 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11642 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11643 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11644 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11646 | Excision, malignant lesion including margi     | No                  |     |                   | ALL           |
| 11719 | Trimming of nondystrophic nails, any num       | No                  | *   |                   | ALL           |
| 11720 | Debridement of nail(s) by any method(s); c     | No                  | *   |                   | ALL           |
| 11721 | Debridement of nail(s) by any method(s); s     | No                  | *   |                   | ALL           |
| 11730 | Avulsion of nail plate, partial or complete, s | No                  |     |                   | ALL           |
| 11732 | Avulsion of nail plate, partial or complete, s | No                  |     |                   | ALL           |
| 11740 | Evacuation of subungual hematoma               | No                  |     |                   | ALL           |
| 11750 | Excision of nail and nail matrix, partial or c | No                  |     |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 11755 | Biopsy of nail unit (eg, plate, bed, matrix, h | No                  |     |                   | ALL                        |
| 11760 | Repair of nail bed                             | No                  |     |                   | ALL                        |
| 11762 | Reconstruction of nail bed with graft          | No                  |     |                   | ALL                        |
| 11765 | Wedge excision of skin of nail fold (eg, for   | No                  |     |                   | ALL                        |
| 11770 | EXCISION OF PILONIDAL CYST OR SIN              | No                  |     |                   | ALL                        |
| 11771 | Excision of pilonidal cyst or sinus; extensiv  | No                  |     |                   | ALL                        |
| 11772 | Excision of pilonidal cyst or sinus; complic   | No                  |     |                   | ALL                        |
| 11900 | Injection, intralesional; up to and including  | No                  |     |                   | ALL                        |
| 11901 | Injection, intralesional; more than seven le   | No                  |     |                   | ALL                        |
| 11920 | TATTOOING, INTRADERMAL INTRODU                 | No                  |     |                   | ALL                        |
| 11921 | TATTOOING, INTRADERMAL INTRODU                 | No                  |     |                   | ALL                        |
| 11922 | TATTOOING, INTRADERMAL INTRODU                 | No                  |     |                   | ALL                        |
| 11950 | SUBCUTANEOUS INJECTION OF "FILLI               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 11950 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 11950 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | PRICHO                     |
| 11951 | SUBCUTANEOUS INJECTION OF "FILLI               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 11951 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 11951 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | PRICHO                     |
| 11952 | SUBCUTANEOUS INJECTION OF "FILLI               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 11952 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 11952 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | PRICHO                     |
| 11954 | SUBCUTANEOUS INJECTION OF "FILLI               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 11954 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 11954 | SUBCUTANEOUS INJECTION OF "FILLI               | No                  |     |                   | PRICHO                     |
| 11960 | INSERTION OF TISSUE EXPANDER(S) f              | No                  |     |                   | ALL                        |
| 11970 | Replacement of tissue expander with perm       | No                  |     |                   | ALL                        |
| 11971 | Removal of tissue expander(s) without ins      | No                  |     |                   | ALL                        |
| 11976 | Removal, implantable contraceptive capsu       | No                  |     |                   | ALL                        |
| 11980 | Subcutaneous hormone pellet implantatio        | No                  |     |                   | ALL                        |
| 11981 | Insertion, non-biodegradable drug delivery     | No                  |     |                   | ALL                        |
| 11982 | Removal, non-biodegradable drug delivery       | No                  |     |                   | ALL                        |
| 11983 | Removal with reinsertion, non-biodegradat      | No                  |     |                   | ALL                        |
| 12001 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12002 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12004 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12005 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12006 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12007 | Simple repair of superficial wounds of scal    | No                  |     |                   | ALL                        |
| 12011 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12013 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12014 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12015 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12016 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12017 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12018 | Simple repair of superficial wounds of face    | No                  |     |                   | ALL                        |
| 12020 | Treatment of superficial wound dehiscence      | No                  |     |                   | ALL                        |
| 12021 | Treatment of superficial wound dehiscence      | No                  |     |                   | ALL                        |
| 12031 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12032 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12034 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12035 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12036 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12037 | Layer closure of wounds of scalp, axillae, t   | No                  |     |                   | ALL                        |
| 12041 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12042 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12044 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12045 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12046 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12047 | Layer closure of wounds of neck, hands, fe     | No                  |     |                   | ALL                        |
| 12051 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12052 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12053 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12054 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12055 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12056 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 12057 | Layer closure of wounds of face, ears, eye     | No                  |     |                   | ALL                        |
| 13100 | Repair, complex, trunk; 1.1 cm to 2.5 cm       | No                  |     |                   | ALL                        |
| 13101 | Repair, complex, trunk; 2.6 cm to 7.5 cm       | No                  |     |                   | ALL                        |
| 13102 | Repair, complex, trunk; each additional 5 c    | No                  |     |                   | ALL                        |
| 13120 | Repair, complex, scalp, arms, and/or legs;     | No                  |     |                   | ALL                        |
| 13121 | Repair, complex, scalp, arms, and/or legs;     | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-------------------------------------------------|---------------------|-----|-------------------|---------------|
| 13122 | Repair, complex, scalp, arms, and/or legs;      | No                  |     |                   | ALL           |
| 13131 | Repair, complex, forehead, cheeks, chin, r      | No                  |     |                   | ALL           |
| 13132 | Repair, complex, forehead, cheeks, chin, r      | No                  |     |                   | ALL           |
| 13133 | Repair, complex, forehead, cheeks, chin, r      | No                  |     |                   | ALL           |
| 13151 | REPAIR, COMPLEX, EYELIDS, NOSE, E               | No                  |     |                   | ALL           |
| 13152 | REPAIR, COMPLEX, EYELIDS, NOSE, E               | No                  |     |                   | ALL           |
| 13153 | REPAIR, COMPLEX, EYELIDS, NOSE, E               | No                  |     |                   | ALL           |
| 13160 | Secondary closure of surgical wound or de       | No                  |     |                   | ALL           |
| 14000 | Adjacent tissue transfer or rearrangement,      | No                  |     |                   | ALL           |
| 14001 | Adjacent tissue transfer or rearrangement,      | No                  |     |                   | ALL           |
| 14020 | Adjacent tissue transfer or rearrangement,      | No                  |     |                   | ALL           |
| 14021 | Adjacent tissue transfer or rearrangement,      | No                  |     |                   | ALL           |
| 14040 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14041 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14060 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14061 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14301 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14302 | ADJACENT TISSUE TRANSFER OR RE/                 | No                  |     |                   | ALL           |
| 14350 | Filletted finger or toe flap, including prepara | No                  |     |                   | ALL           |
| 15002 | SURG PREP OR CREATION OF RECIPIE                | No                  |     |                   | ALL           |
| 15003 | SURG PREP/CREATION OF RECIPIENT                 | No                  |     |                   | ALL           |
| 15004 | SURG PREP/CREATION OF RECIPIENT                 | No                  |     |                   | ALL           |
| 15005 | SURG PREP/CREATION OF RECIPIENT                 | No                  |     |                   | ALL           |
| 15011 | Harvest of skin for skin cell suspension au     | No                  |     |                   | ALL           |
| 15012 | Harvest of skin for skin cell suspension au     | No                  |     |                   | ALL           |
| 15013 | Preparation of skin cell suspension autogr      | No                  |     |                   | ALL           |
| 15014 | Preparation of skin cell suspension autogr      | No                  |     |                   | ALL           |
| 15015 | Application of skin cell suspension autogra     | No                  |     |                   | ALL           |
| 15016 | Application of skin cell suspension autogra     | No                  |     |                   | ALL           |
| 15017 | Application of skin cell suspension autogra     | No                  |     |                   | ALL           |
| 15018 | Application of skin cell suspension autogra     | No                  |     |                   | ALL           |
| 15040 | HARVEST OF SKIN FOR TISSUE CULTU                | No                  |     |                   | ALL           |
| 15050 | Pinch graft, single or multiple, to cover sm    | No                  |     |                   | ALL           |
| 15100 | SPLIT THICKNESS AUTOGRAFT, TRUN                 | No                  |     |                   | ALL           |
| 15101 | SPLIT GRAFT, TRUNK, ARMS, LEGS; E/              | No                  |     |                   | ALL           |
| 15110 | EPIDERMAL AUTOGRAFT, TRUNK, ARN                 | No                  |     |                   | ALL           |
| 15111 | EDPDERMAL AUTOGRAFT, TRUNK, AR                  | No                  |     |                   | ALL           |
| 15115 | EPIDERMAL AUTOGRAFT, FACE, SCAL                 | No                  |     |                   | ALL           |
| 15116 | EPIDERMAL AUTOGRAFT FACE, SCALP                 | No                  |     |                   | ALL           |
| 15120 | SPLIT THICKNESS AUTOGRAFT FACE                  | No                  |     |                   | ALL           |
| 15121 | SPLIT GRAFT, FACE, SCALP, EYELIDS,              | No                  |     |                   | ALL           |
| 15130 | DERMAL AUTOGRAFT, TRUNK, ARMS,                  | No                  |     |                   | ALL           |
| 15131 | DERMAL AUTOGRAFT, TRUNK, ARMS,                  | No                  |     |                   | ALL           |
| 15135 | DERMAL AUTOGRAFT FACE, SCALP, E                 | No                  |     |                   | ALL           |
| 15136 | DERMAL AUTOGRAFT, FACE, SCALP, E                | No                  |     |                   | ALL           |
| 15150 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15151 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15152 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15155 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15156 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15157 | TISSUE CULTURED EPIDERMAL AUTO                  | No                  |     |                   | ALL           |
| 15200 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15201 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15220 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15221 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15240 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15241 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15260 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15261 | Full thickness graft, free, including direct c  | No                  |     |                   | ALL           |
| 15271 | Application of skin substitute graft to trunk   | No                  |     |                   | ALL           |
| 15272 | Application of skin substitute graft to trunk   | No                  |     |                   | ALL           |
| 15273 | Application of skin substitute graft to trunk   | No                  |     |                   | ALL           |
| 15274 | Application of skin substitute graft to trunk   | No                  |     |                   | ALL           |
| 15275 | Application of skin substitute graft to face,   | No                  |     |                   | ALL           |
| 15276 | Application of skin substitute graft to face,   | No                  |     |                   | ALL           |
| 15277 | Application of skin substitute graft to face,   | No                  |     |                   | ALL           |
| 15278 | Application of skin substitute graft to face,   | No                  |     |                   | ALL           |
| 15570 | Formation of direct or tubed pedicle, with c    | No                  |     |                   | ALL           |
| 15572 | Formation of direct or tubed pedicle, with c    | No                  |     |                   | ALL           |
| 15574 | Formation of direct or tubed pedicle, with c    | No                  |     |                   | ALL           |
| 15576 | Formation of direct or tubed pedicle, with c    | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 15600 | Delay of flap or sectioning of flap (division | No                  |     |                   | ALL                         |
| 15610 | Delay of flap or sectioning of flap (division | No                  |     |                   | ALL                         |
| 15620 | Delay of flap or sectioning of flap (division | No                  |     |                   | ALL                         |
| 15630 | Delay of flap or sectioning of flap (division | No                  |     |                   | ALL                         |
| 15650 | Transfer, intermediate, of any pedicle flap   | No                  |     |                   | ALL                         |
| 15730 | Midface flap (ie, zygomaticofacial flap) with | No                  |     |                   | ALL                         |
| 15731 | FOREHEAD FLAP WITH PRESERVATIO                | No                  |     |                   | ALL                         |
| 15733 | Muscle, myocutaneous, or fasciocutaneou       | No                  |     |                   | ALL                         |
| 15734 | Muscle, myocutaneous, or fasciocutaneou       | No                  |     |                   | ALL                         |
| 15736 | Muscle, myocutaneous, or fasciocutaneou       | No                  |     |                   | ALL                         |
| 15738 | Muscle, myocutaneous, or fasciocutaneou       | No                  |     |                   | ALL                         |
| 15740 | Flap; island pedicle                          | No                  |     |                   | ALL                         |
| 15750 | Flap; neurovascular pedicle                   | No                  |     |                   | ALL                         |
| 15756 | Free muscle or myocutaneous flap with mi      | No                  |     |                   | ALL                         |
| 15757 | Free skin flap with microvascular anastom     | No                  |     |                   | ALL                         |
| 15758 | Free fascial flap with microvascular anast    | No                  |     |                   | ALL                         |
| 15760 | Graft; composite (eg, full thickness of exte  | No                  |     |                   | ALL                         |
| 15769 | Grafting of autologous soft tissue, other, h  | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 15769 | Grafting of autologous soft tissue, other, h  | No                  |     |                   | MCWRAP                      |
| 15770 | Graft; derma-fat-fascia                       | No                  |     |                   | ALL                         |
| 15771 | Grafting of autologous fat harvested by lip   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 15771 | Grafting of autologous fat harvested by lip   | No                  |     |                   | MCWRAP                      |
| 15772 | Grafting of autologous fat harvested by lip   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 15772 | Grafting of autologous fat harvested by lip   | No                  |     |                   | MCWRAP                      |
| 15773 | Grafting of autologous fat harvested by lip   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 15773 | Grafting of autologous fat harvested by lip   | No                  |     |                   | MCWRAP                      |
| 15774 | Grafting of autologous fat harvested by lip   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 15774 | Grafting of autologous fat harvested by lip   | No                  |     |                   | MCWRAP                      |
| 15775 | PUNCH GRAFT FOR HAIR TRANSPLAN                | Not Covered         |     |                   | ALL (Except MED, MMP, CAID) |
| 15775 | PUNCH GRAFT FOR HAIR TRANSPLAN                | No                  |     |                   | MED, MMP,                   |
| 15776 | PUNCH GRAFT FOR HAIR TRANSPLAN                | No                  |     |                   | MED, MMP,                   |
| 15776 | PUNCH GRAFT FOR HAIR TRANSPLAN                | Not Covered         |     |                   | ALL (Except MED, MMP, CAID) |
| 15777 | Implantation of biologic implant (eg, acellu  | No                  |     |                   | ALL                         |
| 15778 | Implantation of absorbable mesh or other i    | No                  |     |                   | ALL                         |
| 15780 | DERMABRASION; TOTAL FACE (EG, FC              | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15780 | DERMABRASION; TOTAL FACE (EG, FC              | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15780 | DERMABRASION; TOTAL FACE (EG, FC              | No                  |     |                   | PRICHO                      |
| 15781 | DERMABRASION; SEGMENTAL, FACE                 | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15781 | DERMABRASION; SEGMENTAL, FACE                 | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15781 | DERMABRASION; SEGMENTAL, FACE                 | No                  |     |                   | PRICHO                      |
| 15782 | DERMABRASION; REGIONAL, OTHER T               | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15782 | DERMABRASION; REGIONAL, OTHER T               | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15782 | DERMABRASION; REGIONAL, OTHER T               | No                  |     |                   | PRICHO                      |
| 15783 | DERMABRASION; SUPERFICIAL, ANY S              | Not Covered         |     |                   | ALL                         |
| 15786 | ABRASION; SINGLE LESION (EG, KERA             | Not Covered         |     |                   | ALL                         |
| 15786 | ABRASION; SINGLE LESION (EG, KERA             | No                  |     |                   | MED                         |
| 15787 | ABRASION; EACH ADDITIONAL FOUR L              | Not Covered         |     |                   | ALL                         |
| 15787 | ABRASION; EACH ADDITIONAL FOUR L              | No                  |     |                   | MED                         |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL              | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL              | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15788 | CHEMICAL PEEL, FACIAL; EPIDERMAL              | No                  |     |                   | PRICHO                      |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL                 | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL                 | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15789 | CHEMICAL PEEL, FACIAL; DERMAL                 | No                  |     |                   | PRICHO                      |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDER              | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDER              | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15792 | CHEMICAL PEEL, NONFACIAL; EPIDER              | No                  |     |                   | PRICHO                      |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL              | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15793 | CHEMICAL PEEL, NONFACIAL; DERMAL              | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15820 | BLEPHAROPLASTY, LOWER EYELID;                 | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 15820 | BLEPHAROPLASTY, LOWER EYELID;                 | No                  |     |                   | MCWRAP, PRICHO              |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; W               | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 15821 | BLEPHAROPLASTY, LOWER EYELID; W               | No                  |     |                   | MCWRAP, PRICHO              |
| 15822 | BLEPHAROPLASTY, UPPER EYELID;                 | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 15822 | BLEPHAROPLASTY, UPPER EYELID;                 | No                  |     |                   | MCWRAP, PRICHO              |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; W               | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 15823 | BLEPHAROPLASTY, UPPER EYELID; W               | No                  |     |                   | MCWRAP, PRICHO              |
| 15824 | RHYTIDECTOMY; FOREHEAD                        | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 15824 | RHYTIDECTOMY; FOREHEAD                        | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 15824 | RHYTIDECTOMY; FOREHEAD                        | No                  |     |                   | PRICHO                      |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSM               | No                  |     |                   | MEDICARE COMP/MCWRAP        |

**Services that require Prior Authorization List**

| Code  | Description                                           | Prior Auth Required | Key | Rider Requirement | Product Lines                      |
|-------|-------------------------------------------------------|---------------------|-----|-------------------|------------------------------------|
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSM                       | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15825 | RHYTIDECTOMY; NECK WITH PLATYSM                       | No                  |     |                   | PRICHO                             |
| 15826 | RHYTIDECTOMY; GLABELLAR FROWN                         | Not Covered         |     |                   | ALL                                |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND N                      | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND N                      | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15828 | RHYTIDECTOMY; CHEEK, CHIN, AND N                      | No                  |     |                   | PRICHO                             |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCU                       | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCU                       | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15829 | RHYTIDECTOMY; SUPERFICIAL MUSCU                       | No                  |     |                   | PRICHO                             |
| 15830 | EXCISION, EXCESSIVE SKIN & SUBCU                      | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15830 | EXCISION, EXCESSIVE SKIN & SUBCU                      | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15830 | EXCISION, EXCESSIVE SKIN & SUBCU                      | No                  |     |                   | PRICHO                             |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15832 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15833 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15834 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15835 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15836 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15837 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15838 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBC                     | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 15839 | EXCISION, EXCESSIVE SKIN AND SUBC                     | No                  |     |                   | PRICHO                             |
| 15840 | Graft for facial nerve paralysis; free fascia         | No                  |     |                   | ALL                                |
| 15841 | Graft for facial nerve paralysis; free muscle         | No                  |     |                   | ALL                                |
| 15842 | Graft for facial nerve paralysis; free muscle         | No                  |     |                   | ALL                                |
| 15845 | Graft for facial nerve paralysis; regional muscle     | No                  |     |                   | ALL                                |
| 15847 | EXCISION, EXCESSIVE SKIN & SUBCU                      | Not Covered         |     |                   | ALL (Except Caid, MMP, MA, PRICHO) |
| 15847 | EXCISION, EXCESSIVE SKIN & SUBCU                      | Yes                 |     |                   | MA, Caid, MMP                      |
| 15847 | EXCISION, EXCESSIVE SKIN & SUBCU                      | No                  |     |                   | PRICHO                             |
| 15851 | Removal of sutures under anesthesia (other than       | No                  |     |                   | ALL                                |
| 15852 | Dressing change (for other than burns) under          | No                  |     |                   | ALL                                |
| 15853 | Removal of sutures or staples not requiring           | No                  |     |                   | ALL                                |
| 15854 | Removal of sutures and staples not requiring          | No                  |     |                   | ALL                                |
| 15860 | Intravenous injection of agent (eg, fluorescein)      | No                  |     |                   | ALL                                |
| 15876 | SUCTION ASSISTED LIPECTOMY; HEAD                      | Not Covered         |     |                   | ALL                                |
| 15877 | SUCTION ASSISTED LIPECTOMY; TRUNK                     | Not Covered         |     |                   | ALL                                |
| 15878 | SUCTION ASSISTED LIPECTOMY; UPPER                     | Not Covered         |     |                   | ALL                                |
| 15879 | SUCTION ASSISTED LIPECTOMY; LOWER                     | Not Covered         |     |                   | ALL                                |
| 15920 | Excision, coccygeal pressure ulcer, with or           | No                  |     |                   | ALL                                |
| 15922 | Excision, coccygeal pressure ulcer, with or           | No                  |     |                   | ALL                                |
| 15931 | Excision, sacral pressure ulcer, with primary         | No                  |     |                   | ALL                                |
| 15933 | Excision, sacral pressure ulcer, with primary         | No                  |     |                   | ALL                                |
| 15934 | Excision, sacral pressure ulcer, with skin fl         | No                  |     |                   | ALL                                |
| 15935 | Excision, sacral pressure ulcer, with skin fl         | No                  |     |                   | ALL                                |
| 15936 | Excision, sacral pressure ulcer, in preparation       | No                  |     |                   | ALL                                |
| 15937 | Excision, sacral pressure ulcer, in preparation       | No                  |     |                   | ALL                                |
| 15940 | Excision, ischial pressure ulcer, with primary        | No                  |     |                   | ALL                                |
| 15941 | Excision, ischial pressure ulcer, with primary        | No                  |     |                   | ALL                                |
| 15944 | Excision, ischial pressure ulcer, with skin fl        | No                  |     |                   | ALL                                |
| 15945 | Excision, ischial pressure ulcer, with skin fl        | No                  |     |                   | ALL                                |
| 15946 | Excision, ischial pressure ulcer, with osteoc         | No                  |     |                   | ALL                                |
| 15950 | Excision, trochanteric pressure ulcer, with           | No                  |     |                   | ALL                                |
| 15951 | Excision, trochanteric pressure ulcer, with           | No                  |     |                   | ALL                                |
| 15952 | Excision, trochanteric pressure ulcer, with           | No                  |     |                   | ALL                                |
| 15953 | Excision, trochanteric pressure ulcer, with           | No                  |     |                   | ALL                                |
| 15956 | Excision, trochanteric pressure ulcer, in preparation | No                  |     |                   | ALL                                |
| 15958 | Excision, trochanteric pressure ulcer, in preparation | No                  |     |                   | ALL                                |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 15999 | UNLISTED PROCEDURE, EXCISION PR               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 15999 | UNLISTED PROCEDURE, EXCISION PR               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 15999 | UNLISTED PROCEDURE, EXCISION PR               | No                  |     |                   | PRICHO                     |
| 16000 | Initial treatment, first degree burn, when no | No                  |     |                   | ALL                        |
| 16020 | Dressings and/or debridement, initial or su   | No                  |     |                   | ALL                        |
| 16025 | Dressings and/or debridement, initial or su   | No                  |     |                   | ALL                        |
| 16030 | Dressings and/or debridement, initial or su   | No                  |     |                   | ALL                        |
| 16035 | Escharotomy; initial incision                 | No                  |     |                   | ALL                        |
| 16036 | Escharotomy; each additional incision (Lis    | No                  |     |                   | ALL                        |
| 17000 | Destruction (eg, laser surgery, electrosurg   | No                  |     |                   | ALL                        |
| 17003 | Destruction (eg, laser surgery, electrosurg   | No                  |     |                   | ALL                        |
| 17004 | Destruction (eg, laser surgery, electrosurg   | No                  |     |                   | ALL                        |
| 17106 | DESTRUCTION OF CUTANEOUS VASC                 | No                  |     |                   | ALL                        |
| 17107 | DESTRUCTION OF CUTANEOUS VASC                 | No                  |     |                   | ALL                        |
| 17108 | DESTRUCTION OF CUTANEOUS VASC                 | No                  |     |                   | ALL                        |
| 17110 | Destruction (eg, laser surgery, electrosurg   | No                  |     |                   | ALL                        |
| 17111 | Destruction (eg, laser surgery, electrosurg   | No                  |     |                   | ALL                        |
| 17250 | Chemical cauterization of granulation tissu   | No                  |     |                   | ALL                        |
| 17260 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17261 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17262 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17263 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17264 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17266 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17270 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17271 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17272 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17273 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17274 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17276 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17280 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17281 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17282 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17283 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17284 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17286 | Destruction, malignant lesion (eg, laser su   | No                  |     |                   | ALL                        |
| 17311 | MOHS GROSS TUMOR PROC, < 5                    | No                  |     |                   | ALL                        |
| 17312 | MOHS GROSS TUMOR RMVL, STG 2                  | No                  |     |                   | ALL                        |
| 17313 | MOHS GROSS TUMOR RMVL, < 5                    | No                  |     |                   | ALL                        |
| 17314 | MOHS GROSS TUMOR RMVL, < 5                    | No                  |     |                   | ALL                        |
| 17315 | MOHS GROSS TUMOR RMVL, ADDL                   | No                  |     |                   | ALL                        |
| 17340 | CRYOTHERAPY (CO2 SLUSH, LIQUID N              | No                  |     |                   | ALL                        |
| 17360 | CHEMICAL EXFOLIATION FOR ACNE (E              | Not Covered         |     |                   | ALL                        |
| 17380 | ELECTROLYSIS EPILATION, EACH 1/2 H            | Not Covered         |     |                   | ALL                        |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOU               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOU               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 17999 | UNLISTED PROCEDURE, SKIN, MUCOU               | No                  |     |                   | PRICHO                     |
| 19000 | Puncture aspiration of cyst of breast;        | No                  |     |                   | ALL                        |
| 19001 | Puncture aspiration of cyst of breast; each   | No                  |     |                   | ALL                        |
| 19020 | Mastotomy with exploration or drainage of     | No                  |     |                   | ALL                        |
| 19030 | Injection procedure only for mammary duc      | No                  |     |                   | ALL                        |
| 19081 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19082 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19083 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19084 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19085 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19086 | Biopsy, breast, with placement of breast lo   | No                  |     |                   | ALL                        |
| 19100 | Biopsy of breast; percutaneous, needle co     | No                  |     |                   | ALL                        |
| 19101 | Biopsy of breast; open, incisional            | No                  |     |                   | ALL                        |
| 19105 | ABLATION, CRYOSURGICAL, OF FIBRO              | Not Covered         |     |                   | ALL                        |
| 19110 | Nipple exploration, with or without excision  | No                  |     |                   | ALL                        |
| 19112 | Excision of lactiferous duct fistula          | No                  |     |                   | ALL                        |
| 19120 | Excision of cyst, fibroadenoma, or other be   | No                  |     |                   | ALL                        |
| 19125 | Excision of breast lesion identified by preo  | No                  |     |                   | ALL                        |
| 19126 | Excision of breast lesion identified by preo  | No                  |     |                   | ALL                        |
| 19281 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19282 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19283 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19284 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19285 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19286 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 19287 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19288 | Placement of breast localization device(s)    | No                  |     |                   | ALL                        |
| 19294 | Preparation of tumor cavity, with placemer    | No                  |     |                   | ALL                        |
| 19296 | Placement of radiotherapy afterloading bal    | No                  |     |                   | ALL                        |
| 19297 | Placement of radiotherapy afterloading bal    | No                  |     |                   | ALL                        |
| 19298 | Placement of radiotherapy afterloading bra    | No                  |     |                   | ALL                        |
| 19300 | MASTECTOMY FOR GYNECOMASTIA                   | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19300 | MASTECTOMY FOR GYNECOMASTIA                   | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19300 | MASTECTOMY FOR GYNECOMASTIA                   | No                  |     |                   | PRICHO                     |
| 19301 | MASTECTOMY, PARTIAL                           | No                  |     |                   | ALL                        |
| 19302 | MASTECTOMY, PARTIAL; WITH AXILLA              | No                  |     |                   | ALL                        |
| 19303 | MASTECTOMY, SIMPLE; COMPLETE                  | No                  |     |                   | ALL                        |
| 19305 | MASTECTOMY, RADICAL, AXILLARY LY              | No                  |     |                   | ALL                        |
| 19306 | MASTECTOMY, RADICAL, AXILLARY AN              | No                  |     |                   | ALL                        |
| 19307 | MASTECTOMY, MODIFIED RADICAL                  | No                  |     |                   | ALL                        |
| 19316 | MASTOPEXY                                     | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19316 | MASTOPEXY                                     | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19316 | MASTOPEXY                                     | No                  |     |                   | PRICHO                     |
| 19318 | REDUCTION MAMMAPLASTY                         | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19318 | REDUCTION MAMMAPLASTY                         | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19318 | REDUCTION MAMMAPLASTY                         | No                  |     |                   | PRICHO                     |
| 19325 | MAMMAPLASTY, AUGMENTATION; WIT                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19325 | MAMMAPLASTY, AUGMENTATION; WIT                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19325 | MAMMAPLASTY, AUGMENTATION; WIT                | No                  |     |                   | PRICHO                     |
| 19328 | REMOVAL OF INTACT MAMMARY IMPL                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19328 | REMOVAL OF INTACT MAMMARY IMPL                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19328 | REMOVAL OF INTACT MAMMARY IMPL                | No                  |     |                   | PRICHO                     |
| 19330 | REMOVAL OF MAMMARY IMPLANT MA                 | No                  |     |                   | ALL                        |
| 19340 | Immediate insertion of breast prosthesis fd   | No                  |     |                   | ALL                        |
| 19342 | DELAYED INSERTION OF BREAST PRO               | No                  |     |                   | ALL                        |
| 19350 | NIPPLE/AREOLA RECONSTRUCTION                  | No                  |     |                   | ALL                        |
| 19355 | Correction of inverted nipples                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19355 | Correction of inverted nipples                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19355 | Correction of inverted nipples                | No                  |     |                   | PRICHO                     |
| 19357 | Breast reconstruction, immediate or delaye    | No                  |     |                   | ALL                        |
| 19361 | Breast reconstruction with latissimus dorsi   | No                  |     |                   | ALL                        |
| 19364 | BREAST RECONSTRUCTION WITH FRE                | No                  |     |                   | ALL                        |
| 19367 | Breast reconstruction with transverse rectu   | No                  |     |                   | ALL                        |
| 19368 | BREAST RECONSTRUCTION WITH TRA                | No                  |     |                   | ALL                        |
| 19369 | Breast reconstruction with transverse rectu   | No                  |     |                   | ALL                        |
| 19370 | Open periprosthetic capsulotomy, breast       | No                  |     |                   | ALL                        |
| 19371 | PERIPROSTHETIC CAPSULECTOMY, B                | No                  |     |                   | ALL                        |
| 19380 | REVISION OF RECONSTRUCTED BREA                | No                  |     |                   | ALL                        |
| 19396 | PREPARATION OF MOULAGE FOR CUS                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19396 | PREPARATION OF MOULAGE FOR CUS                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19396 | PREPARATION OF MOULAGE FOR CUS                | No                  |     |                   | PRICHO                     |
| 19499 | UNLISTED PROCEDURE, BREAST                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 19499 | UNLISTED PROCEDURE, BREAST                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 19499 | UNLISTED PROCEDURE, BREAST                    | No                  |     |                   | PRICHO                     |
| 20100 | Exploration of penetrating wound (separat     | No                  |     |                   | ALL                        |
| 20101 | Exploration of penetrating wound (separat     | No                  |     |                   | ALL                        |
| 20102 | Exploration of penetrating wound (separat     | No                  |     |                   | ALL                        |
| 20103 | Exploration of penetrating wound (separat     | No                  |     |                   | ALL                        |
| 20150 | Excision of epiphyseal bar, with or without   | No                  |     |                   | ALL                        |
| 20200 | Biopsy, muscle; superficial                   | No                  |     |                   | ALL                        |
| 20205 | Biopsy, muscle; deep                          | No                  |     |                   | ALL                        |
| 20206 | Biopsy, muscle, percutaneous needle           | No                  |     |                   | ALL                        |
| 20220 | Biopsy, bone, trocar, or needle; superficial  | No                  |     |                   | ALL                        |
| 20225 | Biopsy, bone, trocar, or needle; deep (eg,    | No                  |     |                   | ALL                        |
| 20240 | Biopsy, bone, open; superficial (eg, ilium, s | No                  |     |                   | ALL                        |
| 20245 | Biopsy, bone, open; deep (eg, humerus, is     | No                  |     |                   | ALL                        |
| 20250 | Biopsy, vertebral body, open; thoracic        | No                  |     |                   | ALL                        |
| 20251 | Biopsy, vertebral body, open; lumbar or ce    | No                  |     |                   | ALL                        |
| 20500 | Injection of sinus tract; therapeutic (separa | No                  |     |                   | ALL                        |
| 20501 | Injection of sinus tract; diagnostic (sinogra | No                  |     |                   | ALL                        |
| 20520 | Removal of foreign body in muscle or tend     | No                  |     |                   | ALL                        |
| 20525 | Removal of foreign body in muscle or tend     | No                  |     |                   | ALL                        |
| 20526 | Injection, therapeutic (eg, local anesthetic, | No                  |     |                   | ALL                        |
| 20527 | Injection, enzyme (eg, collagenase), palma    | No                  |     |                   | ALL                        |
| 20550 | Injection(s); single tendon sheath, or ligam  | No                  |     |                   | ALL                        |
| 20551 | Injection(s); single tendon origin/insertion  | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                     | Rider Requirement | Product Lines                         |
|-------|-------------------------------------------------|---------------------|-------------------------|-------------------|---------------------------------------|
| 20552 | Injection(s); single or multiple trigger point  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 20552 | Injection(s); single or multiple trigger point  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 20552 | Injection(s); single or multiple trigger point  | No                  |                         |                   | PRICHO                                |
| 20553 | Injection(s); single or multiple trigger point  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 20553 | Injection(s); single or multiple trigger point  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 20553 | Injection(s); single or multiple trigger point  | No                  |                         |                   | PRICHO                                |
| 20555 | PLACEMENT OF NEEDLES OR CATHE                   | No                  |                         |                   | ALL                                   |
| 20560 | Needle insertion(s) without injection(s); 1 c   | Not Covered         |                         |                   | ALL (Except MED, PRICHO, MMP)         |
| 20560 | Needle insertion(s) without injection(s); 1 c   | No                  |                         |                   | MED, PRICHO, MMP                      |
| 20561 | Needle insertion(s) without injection(s); 3 c   | Not Covered         |                         |                   | ALL (Except MED, PRICHO, MMP)         |
| 20561 | Needle insertion(s) without injection(s); 3 c   | No                  |                         |                   | MED, PRICHO, MMP                      |
| 20600 | Arthrocentesis, aspiration and/or injection;    | No                  |                         |                   | ALL                                   |
| 20604 | Arthrocentesis, aspiration and/or injection,    | No                  |                         |                   | ALL                                   |
| 20605 | Arthrocentesis, aspiration and/or injection;    | No                  | *                       |                   | ALL                                   |
| 20606 | Arthrocentesis, aspiration and/or injection,    | No                  | *                       |                   | ALL                                   |
| 20610 | Arthrocentesis, aspiration and/or injection;    | No                  |                         |                   | ALL                                   |
| 20611 | Arthrocentesis, aspiration and/or injection,    | No                  |                         |                   | ALL                                   |
| 20612 | Aspiration and/or injection of ganglion cyst    | No                  |                         |                   | ALL                                   |
| 20615 | Aspiration and injection for treatment of bd    | No                  |                         |                   | ALL                                   |
| 20650 | Insertion of wire or pin with application of s  | No                  |                         |                   | ALL                                   |
| 20660 | Application of cranial tongs, caliper, or ste   | No                  |                         |                   | ALL                                   |
| 20661 | Application of halo, including removal; cra     | No                  |                         |                   | ALL                                   |
| 20662 | Application of halo, including removal; pelv    | No                  |                         |                   | ALL                                   |
| 20663 | Application of halo, including removal; fem     | No                  |                         |                   | ALL                                   |
| 20664 | Application of halo, including removal, cra     | No                  |                         |                   | ALL                                   |
| 20665 | Removal of tongs or halo applied by anoth       | No                  |                         |                   | ALL                                   |
| 20670 | Removal of implant; superficial, (eg, buried    | No                  |                         |                   | ALL                                   |
| 20680 | Removal of implant; deep (eg, buried wire,      | No                  |                         |                   | ALL                                   |
| 20690 | Application of a uniplane (pins or wires in c   | No                  |                         |                   | ALL                                   |
| 20692 | Application of a multiplane (pins or wires in   | No                  |                         |                   | ALL                                   |
| 20693 | Adjustment or revision of external fixation ;   | No                  |                         |                   | ALL                                   |
| 20694 | Removal, under anesthesia, of external fix      | No                  |                         |                   | ALL                                   |
| 20696 | Application of multiplane (pins or wires in r   | No                  |                         |                   | ALL                                   |
| 20697 | Application of multiplane (pins or wires in r   | No                  |                         |                   | ALL                                   |
| 20700 | Manual preparation and insertion of drug-d      | No                  |                         |                   | ALL                                   |
| 20701 | Removal of drug-delivery device(s), deep (      | No                  |                         |                   | ALL                                   |
| 20702 | Manual preparation and insertion of drug-d      | No                  |                         |                   | ALL                                   |
| 20703 | Removal of drug-delivery device(s), intram      | No                  |                         |                   | ALL                                   |
| 20704 | Manual preparation and insertion of drug-d      | No                  |                         |                   | ALL                                   |
| 20705 | Removal of drug-delivery device(s), intra-a     | No                  |                         |                   | ALL                                   |
| 20802 | Replantation, arm (includes surgical neck       | No                  |                         |                   | ALL                                   |
| 20805 | Replantation, forearm (includes radius and      | No                  |                         |                   | ALL                                   |
| 20808 | Replantation, hand (includes hand through       | No                  |                         |                   | ALL                                   |
| 20816 | Replantation, digit, excluding thumb (includ    | No                  |                         |                   | ALL                                   |
| 20822 | Replantation, digit, excluding thumb (includ    | No                  |                         |                   | ALL                                   |
| 20824 | Replantation, thumb (includes carpometad        | No                  |                         |                   | ALL                                   |
| 20827 | Replantation, thumb (includes distal tip to     | No                  |                         |                   | ALL                                   |
| 20838 | Replantation, foot, complete amputation         | No                  |                         |                   | ALL                                   |
| 20900 | Bone graft, any donor area; minor or small      | No                  |                         |                   | ALL                                   |
| 20902 | Bone graft, any donor area; major or large      | No                  |                         |                   | ALL                                   |
| 20910 | Cartilage graft; costochondral                  | No                  |                         |                   | ALL                                   |
| 20912 | Cartilage graft; nasal septum                   | No                  |                         |                   | ALL                                   |
| 20920 | Fascia lata graft; by stripper                  | No                  |                         |                   | ALL                                   |
| 20922 | Fascia lata graft; by incision and area exp     | No                  |                         |                   | ALL                                   |
| 20924 | Tendon graft, from a distance (eg, palmari      | No                  |                         |                   | ALL                                   |
| 20930 | Allograft, morselized, or placement of oste     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20930 | Allograft, morselized, or placement of oste     | No                  |                         |                   | MCWRAP                                |
| 20931 | Allograft, structural, for spine surgery only   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20931 | Allograft, structural, for spine surgery only   | No                  |                         |                   | MCWRAP                                |
| 20932 | Allograft, includes templating, cutting, plac   | No                  |                         |                   | ALL                                   |
| 20933 | Allograft, includes templating, cutting, plac   | No                  |                         |                   | ALL                                   |
| 20934 | Allograft, includes templating, cutting, plac   | No                  |                         |                   | ALL                                   |
| 20936 | Autograft for spine surgery only (includes f    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20936 | Autograft for spine surgery only (includes f    | No                  |                         |                   | MCWRAP                                |
| 20937 | Autograft for spine surgery only (includes f    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20937 | Autograft for spine surgery only (includes f    | No                  |                         |                   | MCWRAP                                |
| 20938 | Autograft for spine surgery only (includes f    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20938 | Autograft for spine surgery only (includes f    | No                  |                         |                   | MCWRAP                                |
| 20939 | Bone marrow aspiration for bone grafting,       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 20939 | Bone marrow aspiration for bone grafting,       | No                  |                         |                   | MCWRAP                                |
| 20950 | Monitoring of interstitial fluid pressure (incl | No                  |                         |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                              | Prior Auth Required | Key     | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------------|---------------------|---------|-------------------|---------------------------------------|
| 20955 | Bone graft with microvascular anastomosis                | No                  |         |                   | ALL                                   |
| 20956 | BONE GRAFT WITH MICROVASCULAR ANASTOMOSIS                | No                  |         |                   | ALL                                   |
| 20957 | Bone graft with microvascular anastomosis                | No                  |         |                   | ALL                                   |
| 20962 | Bone graft with microvascular anastomosis                | No                  |         |                   | ALL                                   |
| 20969 | Free osteocutaneous flap with microvascular anastomosis  | No                  |         |                   | ALL                                   |
| 20970 | Free osteocutaneous flap with microvascular anastomosis  | No                  |         |                   | ALL                                   |
| 20972 | Free osteocutaneous flap with microvascular anastomosis  | No                  |         |                   | ALL                                   |
| 20973 | Free osteocutaneous flap with microvascular anastomosis  | No                  |         |                   | ALL                                   |
| 20974 | Electrical stimulation to aid bone healing; requires     | No                  |         |                   | ALL                                   |
| 20975 | Electrical stimulation to aid bone healing; requires     | No                  |         |                   | ALL                                   |
| 20979 | Low intensity ultrasound stimulation to aid bone healing | No                  |         |                   | ALL                                   |
| 20982 | ABLATION, BONE TUMOR(S), EG (OSTEOMA)                    | No                  |         |                   | ALL                                   |
| 20983 | Ablation therapy for reduction or eradication of tumor   | No                  |         |                   | ALL                                   |
| 20985 | COMPUTER-ASSISTED SURGICAL NAVIGATION                    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                   |
| 20985 | COMPUTER-ASSISTED SURGICAL NAVIGATION                    | No                  |         |                   | MCWRAP                                |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL                      | Yes                 |         |                   | ALL (Except Medicare Comp)            |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL                      | No                  |         |                   | MEDICARE COMP/MCWRAP                  |
| 20999 | UNLISTED PROCEDURE, MUSCULOSKELETAL                      | No                  |         |                   | PRICHO                                |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT                      | Yes                 | *       |                   | ALL (Except McWRAP, PRICHO)           |
| 21010 | ARTHROTOMY, TEMPOROMANDIBULAR JOINT                      | No                  |         |                   | MCWRAP, PRICHO                        |
| 21011 | EXCISION, TUMOR, SOFT TISSUE OF FACE                     | No                  |         |                   | ALL                                   |
| 21012 | EXCISION, TUMOR, SOFT TISSUE OF FACE                     | No                  |         |                   | ALL                                   |
| 21013 | EXCISION, TUMOR, SOFT TISSUE OF FACE                     | No                  |         |                   | ALL                                   |
| 21014 | EXCISION, TUMOR, SOFT TISSUE OF FACE                     | No                  |         |                   | ALL                                   |
| 21015 | Radical resection of tumor (eg, malignant tumor)         | No                  |         |                   | ALL                                   |
| 21016 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT TUMOR)         | No                  |         |                   | ALL                                   |
| 21025 | Excision of bone (eg, for osteomyelitis or benign tumor) | No                  |         |                   | ALL                                   |
| 21026 | Excision of bone (eg, for osteomyelitis or benign tumor) | No                  |         |                   | ALL                                   |
| 21029 | Removal by contouring of benign tumor of maxilla         | No                  |         |                   | ALL                                   |
| 21030 | Excision of benign tumor or cyst of maxilla              | No                  |         |                   | ALL                                   |
| 21031 | EXCISION OF TORUS MANDIBULARIS                           | Not Covered         |         |                   | ALL                                   |
| 21032 | EXCISION OF MAXILLARY TORUS PALATINE                     | Not Covered         |         |                   | ALL                                   |
| 21034 | Excision of malignant tumor of maxilla or zygomatic arch | No                  |         |                   | ALL                                   |
| 21040 | Excision of benign tumor or cyst of mandible             | No                  |         |                   | ALL                                   |
| 21044 | Excision of malignant tumor of mandible; requires        | No                  |         |                   | ALL                                   |
| 21045 | Excision of malignant tumor of mandible; requires        | No                  |         |                   | ALL                                   |
| 21046 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE             | No                  |         |                   | ALL                                   |
| 21047 | REQUIRING EXTRA-ORAL OSTETOMY                            | No                  |         |                   | ALL                                   |
| 21048 | EXCISION OF BENIGN TUMOR OR CYST OF MANDIBLE             | No                  |         |                   | ALL                                   |
| 21049 | REQUIRING EXTRA-ORAL OSTEOTOMY                           | No                  |         |                   | ALL                                   |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT                    | Yes                 |         |                   | ALL (Except Medicare Comp)            |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT                    | No                  |         |                   | MEDICARE COMP/MCWRAP                  |
| 21050 | CONDYLECTOMY, TEMPOROMANDIBULAR JOINT                    | No                  |         |                   | PRICHO                                |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE                        | Yes                 |         |                   | ALL (Except Medicare Comp)            |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE                        | No                  |         |                   | MEDICARE COMP/MCWRAP                  |
| 21060 | MENISCECTOMY, PARTIAL OR COMPLETE                        | No                  |         |                   | PRICHO                                |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE)                      | Yes                 |         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE)                      | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21070 | CORONOIDECTOMY (SEPARATE PROCEDURE)                      | No                  |         |                   | PRICHO                                |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT                  | Yes                 |         |                   | ALL (Except Medicare Comp)            |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT                  | No                  |         |                   | MEDICARE COMP/MCWRAP                  |
| 21073 | MANIPULATION OF TEMPOROMANDIBULAR JOINT                  | No                  |         |                   | PRICHO                                |
| 21076 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21077 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21079 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21080 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21081 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21082 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21083 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21084 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21085 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21085 | IMPRESSION AND CUSTOM PREPARATION                        | Yes                 |         | I                 | ALL (Except Medicare Comp, Caid, MMP) |
| 21085 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | PRICHO                                |
| 21085 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | PRICHO                                |
| 21086 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21087 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21088 | IMPRESSION AND CUSTOM PREPARATION                        | No                  |         |                   | ALL                                   |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHESIS                        | Yes                 |         |                   | ALL (Except Medicare Comp)            |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHESIS                        | No                  |         |                   | MEDICARE COMP/MCWRAP                  |
| 21089 | UNLISTED MAXILLOFACIAL PROSTHESIS                        | No                  |         |                   | PRICHO                                |
| 21100 | APPLICATION OF HALO TYPE APPLIANCE                       | No                  |         |                   | ALL                                   |



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| Code  | Description                      | Prior Auth Required | Key | Rider Requirement | Product Lines                   |
|-------|----------------------------------|---------------------|-----|-------------------|---------------------------------|
| 21110 | APPLICATION OF INTERDENTAL FIXAT | No                  |     |                   | MEDICARE COMP/MCWRAP, MMP       |
| 21110 | APPLICATION OF INTERDENTAL FIXAT | Yes                 |     |                   | ALL (Except Medicare Comp, MMP) |
| 21110 | APPLICATION OF INTERDENTAL FIXAT | No                  |     |                   | PRICHO                          |
| 21116 | INJECTION PROCEDURE FOR TEMPOR   | Yes                 | *   |                   | ALL (Except MCWRAP, PRICHO)     |
| 21116 | INJECTION PROCEDURE FOR TEMPOR   | No                  |     |                   | MCWRAP, PRICHO                  |
| 21116 | INJECTION PROCEDURE FOR TEMPOR   | Yes                 |     |                   | MED, QHP, CAID, MMP             |
| 21120 | GENIOPLASTY; AUGMENTATION (AUT   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21120 | GENIOPLASTY; AUGMENTATION (AUT   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21120 | GENIOPLASTY; AUGMENTATION (AUT   | No                  |     |                   | PRICHO                          |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY,  | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY,  | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21121 | GENIOPLASTY; SLIDING OSTEOTOMY,  | No                  |     |                   | PRICHO                          |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIE  | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIE  | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21122 | GENIOPLASTY; SLIDING OSTEOTOMIE  | No                  |     |                   | PRICHO                          |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTAT  | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTAT  | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21123 | GENIOPLASTY; SLIDING, AUGMENTAT  | No                  |     |                   | PRICHO                          |
| 21125 | AUGMENTATION, MANDIBULAR BODY    | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21125 | AUGMENTATION, MANDIBULAR BODY    | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21125 | AUGMENTATION, MANDIBULAR BODY    | No                  |     |                   | PRICHO                          |
| 21127 | AUGMENTATION, MANDIBULAR BODY    | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21127 | AUGMENTATION, MANDIBULAR BODY    | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21127 | AUGMENTATION, MANDIBULAR BODY    | No                  |     |                   | PRICHO                          |
| 21137 | REDUCTION FOREHEAD; CONTOURING   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21137 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21137 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | PRICHO                          |
| 21138 | REDUCTION FOREHEAD; CONTOURING   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21138 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21138 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | PRICHO                          |
| 21139 | REDUCTION FOREHEAD; CONTOURING   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21139 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21139 | REDUCTION FOREHEAD; CONTOURING   | No                  |     |                   | PRICHO                          |
| 21141 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21142 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21143 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21145 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21146 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | PRICHO                          |
| 21147 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21150 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21151 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21154 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21155 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | ALL                             |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21159 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | PRICHO                          |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21160 | RECONSTRUCTION MIDFACE, LEFORT   | No                  |     |                   | PRICHO                          |
| 21172 | RECONSTRUCTION SUPERIOR-LATER    | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21172 | RECONSTRUCTION SUPERIOR-LATER    | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21172 | RECONSTRUCTION SUPERIOR-LATER    | No                  |     |                   | PRICHO                          |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPE  | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPE  | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21175 | RECONSTRUCTION, BIFRONTAL, SUPE  | No                  |     |                   | PRICHO                          |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJO   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJO   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21179 | RECONSTRUCTION, ENTIRE OR MAJO   | No                  |     |                   | PRICHO                          |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJO   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJO   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21180 | RECONSTRUCTION, ENTIRE OR MAJO   | No                  |     |                   | PRICHO                          |
| 21181 | RECONSTRUCTION BY CONTOURING     | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21181 | RECONSTRUCTION BY CONTOURING     | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21181 | RECONSTRUCTION BY CONTOURING     | No                  |     |                   | PRICHO                          |
| 21182 | RECONSTRUCTION OF ORBITAL WALL   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21182 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21182 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | PRICHO                          |
| 21183 | RECONSTRUCTION OF ORBITAL WALL   | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21183 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | MEDICARE COMP/MCWRAP            |

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| Code  | Description                      | Prior Auth Required | Key | Rider Requirement | Product Lines                          |
|-------|----------------------------------|---------------------|-----|-------------------|----------------------------------------|
| 21183 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | PRICHO                                 |
| 21184 | RECONSTRUCTION OF ORBITAL WALL   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21184 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21184 | RECONSTRUCTION OF ORBITAL WALL   | No                  |     |                   | PRICHO                                 |
| 21188 | RECONSTRUCTION MIDFACE, OSTEO    | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21188 | RECONSTRUCTION MIDFACE, OSTEO    | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21188 | RECONSTRUCTION MIDFACE, OSTEO    | No                  |     |                   | PRICHO                                 |
| 21193 | RECONSTRUCTION OF MANDIBULAR F   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21193 | RECONSTRUCTION OF MANDIBULAR F   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21193 | RECONSTRUCTION OF MANDIBULAR F   | No                  |     |                   | PRICHO                                 |
| 21194 | RECONSTRUCTION OF MANDIBULAR F   | No                  |     |                   | ALL                                    |
| 21195 | RECONSTRUCTION OF MANDIBULAR F   | No                  |     |                   | ALL                                    |
| 21196 | RECONSTRUCTION OF MANDIBULAR F   | No                  |     |                   | ALL                                    |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21198 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | No                  |     |                   | PRICHO                                 |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21199 | OSTEOTOMY, MANDIBLE, SEGMENTAL   | No                  |     |                   | PRICHO                                 |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21206 | OSTEOTOMY, MAXILLA, SEGMENTAL (  | No                  |     |                   | PRICHO                                 |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGM  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGM  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21208 | OSTEOPLASTY, FACIAL BONES; AUGM  | No                  |     |                   | PRICHO                                 |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDU  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDU  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21209 | OSTEOPLASTY, FACIAL BONES; REDU  | No                  |     |                   | PRICHO                                 |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21210 | GRAFT, BONE; NASAL, MAXILLARY OR | No                  |     |                   | PRICHO                                 |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21215 | GRAFT, BONE; MANDIBLE (INCLUDES  | No                  |     |                   | PRICHO                                 |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOU  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOU  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21230 | GRAFT; RIB CARTILAGE, AUTOGENOU  | No                  |     |                   | PRICHO                                 |
| 21235 | GRAFT; EAR CARTILAGE, AUTOGENOU  | No                  |     |                   | ALL                                    |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBUL    | Yes                 | *   |                   | ALL (Except MCWRAP, PRICHO)            |
| 21240 | ARTHROPLASTY, TEMPOROMANDIBUL    | No                  |     |                   | MCWRAP, PRICHO                         |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBUL    | Yes                 | *   |                   | ALL (Except MCWRAP, PRICHO)            |
| 21242 | ARTHROPLASTY, TEMPOROMANDIBUL    | No                  |     |                   | MCWRAP, PRICHO                         |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL    | Yes                 | *   |                   | ALL (Except MCWRAP, PRICHO)            |
| 21243 | ARTHROPLASTY, TEMPOROMANDIBUL    | No                  |     |                   | MCWRAP, PRICHO                         |
| 21244 | RECONSTRUCTION OF MANDIBLE, EX   | Yes                 |     |                   | ALL (Except MedicareComp/Mcwrap/PRICHO |
| 21244 | RECONSTRUCTION OF MANDIBLE, EX   | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO            |
| 21245 | RECONSTRUCTION OF MANDIBLE OR    | Not Covered         |     |                   | ALL                                    |
| 21246 | RECONSTRUCTION OF MANDIBLE OR    | Not Covered         |     |                   | ALL                                    |
| 21247 | RECONSTRUCTION OF MANDIBULAR C   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21247 | RECONSTRUCTION OF MANDIBULAR C   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21247 | RECONSTRUCTION OF MANDIBULAR C   | No                  |     |                   | PRICHO                                 |
| 21248 | RECONSTRUCTION OF MANDIBLE OR    | Not Covered         |     |                   | ALL (Except QHP)                       |
| 21249 | RECONSTRUCTION OF MANDIBLE OR    | Yes                 |     |                   | QHP                                    |
| 21249 | RECONSTRUCTION OF MANDIBLE OR    | Not Covered         |     |                   | HAP, AHL, FED, UAW, MED                |
| 21255 | RECONSTRUCTION OF ZYGOMATIC AF   | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21255 | RECONSTRUCTION OF ZYGOMATIC AF   | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21255 | RECONSTRUCTION OF ZYGOMATIC AF   | No                  |     |                   | PRICHO                                 |
| 21256 | RECONSTRUCTION OF ORBIT WITH OS  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21256 | RECONSTRUCTION OF ORBIT WITH OS  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21256 | RECONSTRUCTION OF ORBIT WITH OS  | No                  |     |                   | PRICHO                                 |
| 21260 | PERIORBITAL OSTEOOTOMIES FOR ORI | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21260 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21260 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | PRICHO                                 |
| 21261 | PERIORBITAL OSTEOOTOMIES FOR ORI | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21261 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21261 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | PRICHO                                 |
| 21263 | PERIORBITAL OSTEOOTOMIES FOR ORI | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21263 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 21263 | PERIORBITAL OSTEOOTOMIES FOR ORI | No                  |     |                   | PRICHO                                 |
| 21267 | ORBITAL REPOSITIONING, PERIORBIT | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 21267 | ORBITAL REPOSITIONING, PERIORBIT | No                  |     |                   | MEDICARE COMP/MCWRAP                   |

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|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 21267 | ORBITAL REPOSITIONING, PERIORBITAL           | No                  |     |                   | PRICHO                                |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL           | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL           | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 21268 | ORBITAL REPOSITIONING, PERIORBITAL           | No                  |     |                   | PRICHO                                |
| 21270 | MALAR AUGMENTATION, PROSTHETIC               | Yes                 |     |                   | ALL Except (MCWRAP, PRICHO)           |
| 21270 | MALAR AUGMENTATION, PROSTHETIC               | No                  |     |                   | MCWRAP, PRICHO                        |
| 21275 | Secondary revision of orbitocraniofacial re  | No                  |     |                   | ALL                                   |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PR               | Yes                 |     |                   | ALL (Except MED COMP/MCWRap/PRICHO)   |
| 21280 | MEDIAL CANTHOPEXY (SEPARATE PR               | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO           |
| 21282 | LATERAL CANTHOPEXY                           | Yes                 |     |                   | ALL (Except MED COMP/MCWRap/PRICHO)   |
| 21282 | LATERAL CANTHOPEXY                           | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO           |
| 21295 | Reduction of masseter muscle and bone (      | No                  |     |                   | ALL                                   |
| 21296 | Reduction of masseter muscle and bone (      | No                  |     |                   | ALL                                   |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILL             | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILL             | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 21299 | UNLISTED CRANIOFACIAL AND MAXILL             | No                  |     |                   | PRICHO                                |
| 21315 | Closed treatment of nasal bone fracture; w   | No                  |     |                   | ALL                                   |
| 21320 | Closed treatment of nasal bone fracture; w   | No                  |     |                   | ALL                                   |
| 21325 | Open treatment of nasal fracture; uncompl    | No                  |     |                   | ALL                                   |
| 21330 | Open treatment of nasal fracture; complicat  | No                  |     |                   | ALL                                   |
| 21335 | Open treatment of nasal fracture; with con   | No                  |     |                   | ALL                                   |
| 21336 | Open treatment of nasal septal fracture, w   | No                  |     |                   | ALL                                   |
| 21337 | Closed treatment of nasal septal fracture, w | No                  |     |                   | ALL                                   |
| 21338 | Open treatment of nasoethmoid fracture; v    | No                  |     |                   | ALL                                   |
| 21339 | Open treatment of nasoethmoid fracture; v    | No                  |     |                   | ALL                                   |
| 21340 | Percutaneous treatment of nasoethmoid c      | No                  |     |                   | ALL                                   |
| 21343 | Open treatment of depressed frontal sinus    | No                  |     |                   | ALL                                   |
| 21344 | Open treatment of complicated (eg, comm      | No                  |     |                   | ALL                                   |
| 21345 | CLOSED TREATMENT OF NASOMAXILL               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21345 | CLOSED TREATMENT OF NASOMAXILL               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21345 | CLOSED TREATMENT OF NASOMAXILL               | No                  |     |                   | PRICHO                                |
| 21346 | OPEN TREATMENT OF NASOMAXILLAF               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21346 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21346 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | PRICHO                                |
| 21347 | OPEN TREATMENT OF NASOMAXILLAF               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21347 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21347 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | PRICHO                                |
| 21348 | OPEN TREATMENT OF NASOMAXILLAF               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21348 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21348 | OPEN TREATMENT OF NASOMAXILLAF               | No                  |     |                   | PRICHO                                |
| 21355 | Percutaneous treatment of fracture of mal    | No                  |     |                   | ALL                                   |
| 21356 | Open treatment of depressed zygomatic a      | No                  |     |                   | ALL                                   |
| 21360 | Open treatment of depressed malar fractur    | No                  |     |                   | ALL                                   |
| 21365 | Open treatment of complicated (eg, comm      | No                  |     |                   | ALL                                   |
| 21366 | Open treatment of complicated (eg, comm      | No                  |     |                   | ALL                                   |
| 21385 | Open treatment of orbital floor blowout frad | No                  |     |                   | ALL                                   |
| 21386 | Open treatment of orbital floor blowout frad | No                  |     |                   | ALL                                   |
| 21387 | Open treatment of orbital floor blowout frad | No                  |     |                   | ALL                                   |
| 21390 | Open treatment of orbital floor blowout frad | No                  |     |                   | ALL                                   |
| 21395 | Open treatment of orbital floor blowout frad | No                  |     |                   | ALL                                   |
| 21400 | Closed treatment of fracture of orbit, excep | No                  |     |                   | ALL                                   |
| 21401 | Closed treatment of fracture of orbit, excep | No                  |     |                   | ALL                                   |
| 21406 | Open treatment of fracture of orbit, except  | No                  |     |                   | ALL                                   |
| 21407 | Open treatment of fracture of orbit, except  | No                  |     |                   | ALL                                   |
| 21408 | Open treatment of fracture of orbit, except  | No                  |     |                   | ALL                                   |
| 21421 | Closed treatment of palatal or maxillary fra | No                  |     |                   | ALL                                   |
| 21422 | Open treatment of palatal or maxillary frac  | No                  |     |                   | ALL                                   |
| 21423 | Open treatment of palatal or maxillary frac  | No                  |     |                   | ALL                                   |
| 21431 | CLOSED TREATMENT OF CRANIOFACI               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21431 | CLOSED TREATMENT OF CRANIOFACI               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21431 | CLOSED TREATMENT OF CRANIOFACI               | No                  |     |                   | PRICHO                                |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21432 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | PRICHO                                |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21433 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | PRICHO                                |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 21435 | OPEN TREATMENT OF CRANIOFACIAL               | No                  |     |                   | PRICHO                                |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                   |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------------------|
| 21436 | OPEN TREATMENT OF CRANIOFACIAL                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP |
| 21436 | OPEN TREATMENT OF CRANIOFACIAL                | No                  |     |                   | PRICHO                          |
| 21440 | Closed treatment of mandibular or maxilla     | No                  |     |                   | ALL                             |
| 21445 | Open treatment of mandibular or maxillary     | No                  |     |                   | ALL                             |
| 21450 | Closed treatment of mandibular fracture; w    | No                  |     |                   | ALL                             |
| 21451 | Closed treatment of mandibular fracture; w    | No                  |     |                   | ALL                             |
| 21452 | Percutaneous treatment of mandibular frac     | No                  |     |                   | ALL                             |
| 21453 | Closed treatment of mandibular fracture w     | No                  |     |                   | ALL                             |
| 21454 | Open treatment of mandibular fracture with    | No                  |     |                   | ALL                             |
| 21461 | Open treatment of mandibular fracture; wit    | No                  |     |                   | ALL                             |
| 21462 | Open treatment of mandibular fracture; wit    | No                  |     |                   | ALL                             |
| 21465 | Open treatment of mandibular condylar fra     | No                  |     |                   | ALL                             |
| 21470 | Open treatment of complicated mandibula       | No                  |     |                   | ALL                             |
| 21480 | Closed treatment of temporomandibular di      | No                  |     |                   | ALL                             |
| 21485 | Closed treatment of temporomandibular di      | No                  |     |                   | ALL                             |
| 21490 | Open treatment of temporomandibular dist      | No                  |     |                   | ALL                             |
| 21497 | INTERDENTAL WIRING, FOR CONDITIC              | Yes                 |     |                   | ALL (Except MCWRAP)             |
| 21497 | INTERDENTAL WIRING, FOR CONDITIC              | No                  |     |                   | MCWRAP                          |
| 21499 | UNLISTED MUSCULOSKELETAL PROC                 | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21499 | UNLISTED MUSCULOSKELETAL PROC                 | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21499 | UNLISTED MUSCULOSKELETAL PROC                 | No                  |     |                   | PRICHO                          |
| 21501 | Incision and drainage, deep abscess or he     | No                  |     |                   | ALL                             |
| 21502 | Incision and drainage, deep abscess or he     | No                  |     |                   | ALL                             |
| 21510 | Incision, deep, with opening of bone cortex   | No                  |     |                   | ALL                             |
| 21550 | Biopsy, soft tissue of neck or thorax         | No                  |     |                   | ALL                             |
| 21552 | EXCISION TUMOR, SOFT TISSUE OF N              | No                  |     |                   | ALL                             |
| 21554 | EXCISION TUMOR, SOFT TISSUE OF N              | No                  |     |                   | ALL                             |
| 21555 | Excision tumor, soft tissue of neck or thora  | No                  |     |                   | ALL                             |
| 21556 | Excision tumor, soft tissue of neck or thora  | No                  |     |                   | ALL                             |
| 21557 | Radical resection of tumor (eg, malignant t   | No                  |     |                   | ALL                             |
| 21558 | RADICAL RESECTION OF TUMOR (EG,               | No                  |     |                   | ALL                             |
| 21600 | Excision of rib, partial                      | No                  |     |                   | ALL                             |
| 21601 | Excision of chest wall tumor including rib(s) | No                  |     |                   | ALL                             |
| 21602 | Excision of chest wall tumor involving rib(s) | No                  |     |                   | ALL                             |
| 21603 | Excision of chest wall tumor involving rib(s) | No                  |     |                   | ALL                             |
| 21610 | Costotransversectomy (separate procedur       | No                  |     |                   | ALL                             |
| 21615 | Excision first and/or cervical rib;           | No                  |     |                   | ALL                             |
| 21616 | Excision first and/or cervical rib; with symp | No                  |     |                   | ALL                             |
| 21620 | Ostectomy of sternum, partial                 | No                  |     |                   | ALL                             |
| 21627 | Sternal debridement                           | No                  |     |                   | ALL                             |
| 21630 | Radical resection of sternum;                 | No                  |     |                   | ALL                             |
| 21685 | HYOID MYOTOMY AND SUSPENSION                  | No                  |     |                   | ALL                             |
| 21700 | Division of scalenus anticus; without resec   | No                  |     |                   | ALL                             |
| 21705 | Division of scalenus anticus; with resection  | No                  |     |                   | ALL                             |
| 21720 | Division of sternocleidomastoid for torticoll | No                  |     |                   | ALL                             |
| 21725 | Division of sternocleidomastoid for torticoll | No                  |     |                   | ALL                             |
| 21740 | Reconstructive repair of pectus excavatum     | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21740 | Reconstructive repair of pectus excavatum     | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21740 | Reconstructive repair of pectus excavatum     | No                  |     |                   | PRICHO                          |
| 21742 | MINIMALLY INVASIVE APPROACH (NUS              | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21742 | MINIMALLY INVASIVE APPROACH (NUS              | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21742 | MINIMALLY INVASIVE APPROACH (NUS              | No                  |     |                   | PRICHO                          |
| 21743 | MINIMALLY INVASIVE APPROACH (NUS              | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21743 | MINIMALLY INVASIVE APPROACH (NUS              | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21743 | MINIMALLY INVASIVE APPROACH (NUS              | No                  |     |                   | PRICHO                          |
| 21750 | Closure of median sternotomy separation       | No                  |     |                   | ALL                             |
| 21811 | Open treatment of rib fracture(s) with inter  | No                  |     |                   | ALL                             |
| 21812 | Open treatment of rib fracture(s) with inter  | No                  |     |                   | ALL                             |
| 21813 | Open treatment of rib fracture(s) with inter  | No                  |     |                   | ALL                             |
| 21820 | Closed treatment of sternum fracture          | No                  |     |                   | ALL                             |
| 21825 | Open treatment of sternum fracture with o     | No                  |     |                   | ALL                             |
| 21899 | UNLISTED PROCEDURE, NECK OR TH                | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 21899 | UNLISTED PROCEDURE, NECK OR TH                | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 21899 | UNLISTED PROCEDURE, NECK OR TH                | No                  |     |                   | PRICHO                          |
| 21920 | Biopsy, soft tissue of back or flank; superfi | No                  |     |                   | ALL (Except Caid, MMP)          |
| 21920 | Biopsy, soft tissue of back or flank; superfi | Yes                 |     |                   | Caid, MMP                       |
| 21925 | Biopsy, soft tissue of back or flank; deep    | No                  |     |                   | ALL (Except Caid, MMP)          |
| 21925 | Biopsy, soft tissue of back or flank; deep    | Yes                 |     |                   | Caid, MMP                       |
| 21930 | Excision, tumor, soft tissue of back or flank | No                  |     |                   | ALL (Except Caid, MMP)          |
| 21930 | Excision, tumor, soft tissue of back or flank | Yes                 |     |                   | Caid, MMP                       |
| 21931 | EXCISION, TUMOR, SOFT TISSUE OF B             | No                  |     |                   | ALL (Except Caid, MMP)          |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 21931 | EXCISION, TUMOR, SOFT TISSUE OF B              | Yes                 |                         |                   | Caid, MMP           |
| 21932 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                 |
| 21933 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                 |
| 21935 | Radical resection of tumor (eg, malignant      | No                  |                         |                   | ALL                 |
| 21936 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                 |
| 22010 | l&d, p-spine, c/t/cerv-thor                    | No                  |                         |                   | ALL                 |
| 22015 | l&d, p-spine, l/s/l                            | No                  |                         |                   | ALL                 |
| 22100 | Partial excision of posterior vertebral comp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22100 | Partial excision of posterior vertebral comp   | No                  |                         |                   | MCWRAP              |
| 22101 | Partial excision of posterior vertebral comp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22101 | Partial excision of posterior vertebral comp   | No                  |                         |                   | MCWRAP              |
| 22102 | Partial excision of posterior vertebral comp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22102 | Partial excision of posterior vertebral comp   | No                  |                         |                   | MCWRAP              |
| 22103 | Partial excision of posterior vertebral comp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22103 | Partial excision of posterior vertebral comp   | No                  |                         |                   | MCWRAP              |
| 22110 | Partial excision of vertebral body, for intrin | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22110 | Partial excision of vertebral body, for intrin | No                  |                         |                   | MCWRAP              |
| 22112 | Partial excision of vertebral body, for intrin | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22112 | Partial excision of vertebral body, for intrin | No                  |                         |                   | MCWRAP              |
| 22114 | Partial excision of vertebral body, for intrin | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22114 | Partial excision of vertebral body, for intrin | No                  |                         |                   | MCWRAP              |
| 22116 | Partial excision of vertebral body, for intrin | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22116 | Partial excision of vertebral body, for intrin | No                  |                         |                   | MCWRAP              |
| 22206 | OSTEOTOMY OF SPINE, POSTERIOR C                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22206 | OSTEOTOMY OF SPINE, POSTERIOR C                | No                  |                         |                   | MCWRAP              |
| 22207 | OSTEOTOMY OF SPINE, POSTERIOR C                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22207 | OSTEOTOMY OF SPINE, POSTERIOR C                | No                  |                         |                   | MCWRAP              |
| 22208 | OSTEOTOMY OF SPINE, POSTERIOR C                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22208 | OSTEOTOMY OF SPINE, POSTERIOR C                | No                  |                         |                   | MCWRAP              |
| 22210 | Osteotomy of spine, posterior or posterola     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22210 | Osteotomy of spine, posterior or posterola     | No                  |                         |                   | MCWRAP              |
| 22212 | Osteotomy of spine, posterior or posterola     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22212 | Osteotomy of spine, posterior or posterola     | No                  |                         |                   | MCWRAP              |
| 22214 | Osteotomy of spine, posterior or posterola     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22214 | Osteotomy of spine, posterior or posterola     | No                  |                         |                   | MCWRAP              |
| 22216 | Osteotomy of spine, posterior or posterola     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22216 | Osteotomy of spine, posterior or posterola     | No                  |                         |                   | MCWRAP              |
| 22220 | Osteotomy of spine, including discectomy,      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22220 | Osteotomy of spine, including discectomy,      | No                  |                         |                   | MCWRAP              |
| 22222 | Osteotomy of spine, including discectomy,      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22222 | Osteotomy of spine, including discectomy,      | No                  |                         |                   | MCWRAP              |
| 22224 | Osteotomy of spine, including discectomy,      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22224 | Osteotomy of spine, including discectomy,      | No                  |                         |                   | MCWRAP              |
| 22226 | Osteotomy of spine, including discectomy,      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22226 | Osteotomy of spine, including discectomy,      | No                  |                         |                   | MCWRAP              |
| 22310 | Closed treatment of vertebral body fracture    | No                  |                         |                   | ALL                 |
| 22315 | Closed treatment of vertebral fracture(s) a    | No                  |                         |                   | ALL                 |
| 22318 | Open treatment and/or reduction of odont       | No                  |                         |                   | ALL                 |
| 22319 | Open treatment and/or reduction of odont       | No                  |                         |                   | ALL                 |
| 22325 | Open treatment and/or reduction of verteb      | No                  |                         |                   | ALL                 |
| 22326 | Open treatment and/or reduction of verteb      | No                  |                         |                   | ALL                 |
| 22327 | Open treatment and/or reduction of verteb      | No                  |                         |                   | ALL                 |
| 22328 | Open treatment and/or reduction of verteb      | No                  |                         |                   | ALL                 |
| 22505 | Manipulation of spine requiring anesthesia     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22505 | Manipulation of spine requiring anesthesia     | No                  |                         |                   | MCWRAP              |
| 22510 | Percutaneous vertebroplasty (bone biopsy       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22510 | Percutaneous vertebroplasty (bone biopsy       | No                  |                         |                   | MCWRAP              |
| 22511 | Percutaneous vertebroplasty (bone biopsy       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22511 | Percutaneous vertebroplasty (bone biopsy       | No                  |                         |                   | MCWRAP              |
| 22512 | Percutaneous vertebroplasty (bone biopsy       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22512 | Percutaneous vertebroplasty (bone biopsy       | No                  |                         |                   | MCWRAP              |
| 22513 | Percutaneous vertebral augmentation, incl      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22513 | Percutaneous vertebral augmentation, incl      | No                  |                         |                   | MCWRAP              |
| 22514 | Percutaneous vertebral augmentation, incl      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22514 | Percutaneous vertebral augmentation, incl      | No                  |                         |                   | MCWRAP              |
| 22515 | Percutaneous vertebral augmentation, incl      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22515 | Percutaneous vertebral augmentation, incl      | No                  |                         |                   | MCWRAP              |
| 22526 | PERCUTANEOUS INTRADISCAL ELECT                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22526 | PERCUTANEOUS INTRADISCAL ELECT                 | No                  |                         |                   | MCWRAP              |
| 22527 | PERCUTANEOUS INTRADISCAL ELECT                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22527 | PERCUTANEOUS INTRADISCAL ELECT                 | No                  |                         |                   | MCWRAP              |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 22532 | ARTHRODESIS, LATERAL EXTRACAVIT               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22532 | ARTHRODESIS, LATERAL EXTRACAVIT               | No                  |                         |                   | MCWRAP              |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITAF             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22533 | ARTHRODESIS, LATERAL EXTRACAVITAF             | No                  |                         |                   | MCWRAP              |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVIT               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22534 | ARTHRODESIS, LATERAL EXTRACAVIT               | No                  |                         |                   | MCWRAP              |
| 22548 | Arthrodesis, anterior transoral or extraoral  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22548 | Arthrodesis, anterior transoral or extraoral  | No                  |                         |                   | MCWRAP              |
| 22551 | Arthrodesis, anterior interbody, including d  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22551 | Arthrodesis, anterior interbody, including d  | No                  |                         |                   | MCWRAP              |
| 22552 | Arthrodesis, anterior interbody, including d  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22552 | Arthrodesis, anterior interbody, including d  | No                  |                         |                   | MCWRAP              |
| 22554 | Arthrodesis, anterior interbody technique, f  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22554 | Arthrodesis, anterior interbody technique, f  | No                  |                         |                   | MCWRAP              |
| 22556 | Arthrodesis, anterior interbody technique, f  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22556 | Arthrodesis, anterior interbody technique, f  | No                  |                         |                   | MCWRAP              |
| 22558 | Arthrodesis, anterior interbody technique, f  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22558 | Arthrodesis, anterior interbody technique, f  | No                  |                         |                   | MCWRAP              |
| 22585 | Additional spinal fusion                      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22585 | Additional spinal fusion                      | No                  |                         |                   | MCWRAP              |
| 22586 | Arthrodesis, pre-sacral interbody technique   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22586 | Arthrodesis, pre-sacral interbody technique   | No                  |                         |                   | MCWRAP              |
| 22590 | Arthrodesis, posterior technique, craniocer   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22590 | Arthrodesis, posterior technique, craniocer   | No                  |                         |                   | MCWRAP              |
| 22595 | Arthrodesis, posterior technique, atlas-axis  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22595 | Arthrodesis, posterior technique, atlas-axis  | No                  |                         |                   | MCWRAP              |
| 22600 | Arthrodesis, posterior or posterolateral tec  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22600 | Arthrodesis, posterior or posterolateral tec  | No                  |                         |                   | MCWRAP              |
| 22610 | Arthrodesis, posterior or posterolateral tec  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22610 | Arthrodesis, posterior or posterolateral tec  | No                  |                         |                   | MCWRAP              |
| 22612 | Arthrodesis, posterior or posterolateral tec  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22612 | Arthrodesis, posterior or posterolateral tec  | No                  |                         |                   | MCWRAP              |
| 22614 | Arthrodesis, posterior or posterolateral tec  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22614 | Arthrodesis, posterior or posterolateral tec  | No                  |                         |                   | MCWRAP              |
| 22630 | Arthrodesis, posterior interbody technique,   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22630 | Arthrodesis, posterior interbody technique,   | No                  |                         |                   | MCWRAP              |
| 22632 | Arthrodesis, posterior interbody technique,   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22632 | Arthrodesis, posterior interbody technique,   | No                  |                         |                   | MCWRAP              |
| 22633 | Arthrodesis, combined posterior or poster     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22633 | Arthrodesis, combined posterior or poster     | No                  |                         |                   | MCWRAP              |
| 22634 | Arthrodesis, combined posterior or poster     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22634 | Arthrodesis, combined posterior or poster     | No                  |                         |                   | MCWRAP              |
| 22800 | Arthrodesis, posterior, for spinal deformity, | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22800 | Arthrodesis, posterior, for spinal deformity, | No                  |                         |                   | MCWRAP              |
| 22802 | Arthrodesis, posterior, for spinal deformity, | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22802 | Arthrodesis, posterior, for spinal deformity, | No                  |                         |                   | MCWRAP              |
| 22804 | Arthrodesis, posterior, for spinal deformity, | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22804 | Arthrodesis, posterior, for spinal deformity, | No                  |                         |                   | MCWRAP              |
| 22808 | Arthrodesis, anterior, for spinal deformity,  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22808 | Arthrodesis, anterior, for spinal deformity,  | No                  |                         |                   | MCWRAP              |
| 22810 | Arthrodesis, anterior, for spinal deformity,  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22810 | Arthrodesis, anterior, for spinal deformity,  | No                  |                         |                   | MCWRAP              |
| 22812 | Arthrodesis, anterior, for spinal deformity,  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22812 | Arthrodesis, anterior, for spinal deformity,  | No                  |                         |                   | MCWRAP              |
| 22818 | Kyphectomy, circumferential exposure of s     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22818 | Kyphectomy, circumferential exposure of s     | No                  |                         |                   | MCWRAP              |
| 22819 | Kyphectomy, circumferential exposure of s     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22819 | Kyphectomy, circumferential exposure of s     | No                  |                         |                   | MCWRAP              |
| 22830 | Exploration of spinal fusion                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22830 | Exploration of spinal fusion                  | No                  |                         |                   | MCWRAP              |
| 22836 | Anterior thoracic vertebral body tethering,   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22836 | Anterior thoracic vertebral body tethering,   | No                  |                         |                   | MCWRAP              |
| 22837 | Anterior thoracic vertebral body tethering,   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22837 | Anterior thoracic vertebral body tethering,   | No                  |                         |                   | MCWRAP              |
| 22838 | Revision (eg, augmentation, division of tet   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22838 | Revision (eg, augmentation, division of tet   | No                  |                         |                   | MCWRAP              |
| 22840 | Posterior non-segmental instrumentation (     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22840 | Posterior non-segmental instrumentation (     | No                  |                         |                   | MCWRAP              |
| 22841 | Internal spinal fixation by wiring of spinous | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 22841 | Internal spinal fixation by wiring of spinous | No                  |                         |                   | MCWRAP              |
| 22842 | Posterior segmental instrumentation (eg, p    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|-------------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 22842 | Posterior segmental instrumentation (eg, p      | No                  |                         |                   | MCWRAP                     |
| 22843 | Posterior segmental instrumentation (eg, p      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22843 | Posterior segmental instrumentation (eg, p      | No                  |                         |                   | MCWRAP                     |
| 22844 | Posterior segmental instrumentation (eg, p      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22844 | Posterior segmental instrumentation (eg, p      | No                  |                         |                   | MCWRAP                     |
| 22845 | Anterior instrumentation; 2 to 3 vertebral s    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22845 | Anterior instrumentation; 2 to 3 vertebral s    | No                  |                         |                   | MCWRAP                     |
| 22846 | Anterior instrumentation; 4 to 7 vertebral s    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22846 | Anterior instrumentation; 4 to 7 vertebral s    | No                  |                         |                   | MCWRAP                     |
| 22847 | Anterior instrumentation; 8 or more vertebr     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22847 | Anterior instrumentation; 8 or more vertebr     | No                  |                         |                   | MCWRAP                     |
| 22848 | Pelvic fixation (attachment of caudal end c     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22848 | Pelvic fixation (attachment of caudal end c     | No                  |                         |                   | MCWRAP                     |
| 22849 | Reinsertion of spinal fixation device           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22849 | Reinsertion of spinal fixation device           | No                  |                         |                   | MCWRAP                     |
| 22850 | Removal of posterior nonsegmental instrum       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22850 | Removal of posterior nonsegmental instrum       | No                  |                         |                   | MCWRAP                     |
| 22852 | Removal of posterior segmental instrumen        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22852 | Removal of posterior segmental instrumen        | No                  |                         |                   | MCWRAP                     |
| 22853 | Insertion of interbody biomechanical devic      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22853 | Insertion of interbody biomechanical devic      | No                  |                         |                   | MCWRAP                     |
| 22854 | Insertion of intervertebral biomechanical d     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22854 | Insertion of intervertebral biomechanical d     | No                  |                         |                   | MCWRAP                     |
| 22855 | Removal of anterior instrumentation             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22855 | Removal of anterior instrumentation             | No                  |                         |                   | MCWRAP                     |
| 22856 | Total disc arthroplasty (artificial disc), ante | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22856 | Total disc arthroplasty (artificial disc), ante | No                  |                         |                   | MCWRAP                     |
| 22857 | TOTAL DISC ARTHROPLASTY (ARTIFIC                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22857 | TOTAL DISC ARTHROPLASTY (ARTIFIC                | No                  |                         |                   | MCWRAP                     |
| 22858 | Total disc arthroplasty (artificial disc), ante | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22858 | Total disc arthroplasty (artificial disc), ante | No                  |                         |                   | MCWRAP                     |
| 22859 | Insertion of intervertebral biomechanical d     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22859 | Insertion of intervertebral biomechanical d     | No                  |                         |                   | MCWRAP                     |
| 22860 | Total disc arthroplasty (artificial disc), ante | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22860 | Total disc arthroplasty (artificial disc), ante | No                  |                         |                   | MCWRAP                     |
| 22861 | Revision including replacement of total dis     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22861 | Revision including replacement of total dis     | No                  |                         |                   | MCWRAP                     |
| 22862 | REVISION INCLUDING REPLACEMENT                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22862 | REVISION INCLUDING REPLACEMENT                  | No                  |                         |                   | MCWRAP                     |
| 22864 | Removal of total disc arthroplasty (artificial  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22864 | Removal of total disc arthroplasty (artificial  | No                  |                         |                   | MCWRAP                     |
| 22865 | REMOVAL OF TOTAL DISC ARTHROPL                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22865 | REMOVAL OF TOTAL DISC ARTHROPL                  | No                  |                         |                   | MCWRAP                     |
| 22867 | Insertion of interlaminar/interspinous proced   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22867 | Insertion of interlaminar/interspinous proced   | No                  |                         |                   | MCWRAP                     |
| 22868 | Insertion of interlaminar/interspinous proced   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22868 | Insertion of interlaminar/interspinous proced   | No                  |                         |                   | MCWRAP                     |
| 22869 | Insertion of interlaminar/interspinous proced   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22869 | Insertion of interlaminar/interspinous proced   | No                  |                         |                   | MCWRAP                     |
| 22870 | Insertion of interlaminar/interspinous proced   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22870 | Insertion of interlaminar/interspinous proced   | No                  |                         |                   | MCWRAP                     |
| 22899 | UNLISTED PROCEDURE, SPINE                       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 22899 | UNLISTED PROCEDURE, SPINE                       | No                  |                         |                   | MCWRAP                     |
| 22900 | Excision, abdominal wall tumor, subfascial      | No                  |                         |                   | ALL                        |
| 22901 | EXCISION, TUMOR, SOFT TISSUE OF A               | No                  |                         |                   | ALL                        |
| 22902 | EXCISION, TUMOR, SOFT TISSUE OF A               | No                  |                         |                   | ALL                        |
| 22903 | EXCISION, TUMOR, SOFT TISSUE OF A               | No                  |                         |                   | ALL                        |
| 22904 | RADICAL RESECTION OF TUMOR (EG,                 | No                  |                         |                   | ALL                        |
| 22905 | RADICAL RESECTION OF TUMOR (EG,                 | No                  |                         |                   | ALL                        |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, M                  | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, M                  | No                  |                         |                   | MEDICARE COMP/MCWRAP       |
| 22999 | UNLISTED PROCEDURE, ABDOMEN, M                  | No                  |                         |                   | PRICHO                     |
| 23000 | Removal of subdeltoid calcareous deposit        | No                  |                         |                   | ALL                        |
| 23020 | Capsular contracture release (eg, Sever ty      | No                  |                         |                   | ALL                        |
| 23030 | Incision and drainage, shoulder area; deep      | No                  |                         |                   | ALL                        |
| 23031 | Incision and drainage, shoulder area; infec     | No                  |                         |                   | ALL                        |
| 23035 | Incision, bone cortex (eg, osteomyelitis or     | No                  |                         |                   | ALL                        |
| 23040 | Arthrotomy, glenohumeral joint, including e     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23040 | Arthrotomy, glenohumeral joint, including e     | No                  |                         |                   | MCWRAP                     |
| 23044 | Arthrotomy, acromioclavicular, sternoclavi      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23044 | Arthrotomy, acromioclavicular, sternoclavi      | No                  |                         |                   | MCWRAP                     |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines          |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|------------------------|
| 23065 | Biopsy, soft tissue of shoulder area; super   | No                  |                         |                   | ALL (Except Caid, MMP) |
| 23065 | Biopsy, soft tissue of shoulder area; super   | Yes                 |                         |                   | Caid, MMP              |
| 23066 | Biopsy, soft tissue of shoulder area; deep    | No                  |                         |                   | ALL                    |
| 23071 | EXCISION, TUMOR, SOFT TISSUE OF S             | No                  |                         |                   | ALL (Except Caid, MMP) |
| 23071 | EXCISION, TUMOR, SOFT TISSUE OF S             | Yes                 |                         |                   | Caid, MMP              |
| 23073 | EXCISION, TUMOR, SOFT TISSUE OF S             | No                  |                         |                   | ALL                    |
| 23075 | Excision, soft tissue tumor, shoulder area;   | No                  |                         |                   | ALL (Except Caid, MMP) |
| 23075 | Excision, soft tissue tumor, shoulder area;   | Yes                 |                         |                   | Caid, MMP              |
| 23076 | Excision, soft tissue tumor, shoulder area;   | No                  |                         |                   | ALL                    |
| 23077 | Radical resection of tumor (eg, malignant t   | No                  |                         |                   | ALL                    |
| 23078 | RADICAL RESECTION OF TUMOR (EG, MALIGNANT     | No                  |                         |                   | ALL                    |
| 23100 | Arthrotomy, glenohumeral joint, including t   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23100 | Arthrotomy, glenohumeral joint, including t   | No                  |                         |                   | MCWRAP                 |
| 23101 | Arthrotomy, acromioclavicular joint or stern  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23101 | Arthrotomy, acromioclavicular joint or stern  | No                  |                         |                   | MCWRAP                 |
| 23105 | Arthrotomy; glenohumeral joint, with synov    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23105 | Arthrotomy; glenohumeral joint, with synov    | No                  |                         |                   | MCWRAP                 |
| 23106 | Arthrotomy; sternoclavicular joint, with syn  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23106 | Arthrotomy; sternoclavicular joint, with syn  | No                  |                         |                   | MCWRAP                 |
| 23107 | Arthrotomy, glenohumeral joint, with joint e  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23107 | Arthrotomy, glenohumeral joint, with joint e  | No                  |                         |                   | MCWRAP                 |
| 23120 | Claviculectomy; partial                       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23120 | Claviculectomy; partial                       | No                  |                         |                   | MCWRAP                 |
| 23125 | Claviculectomy; total                         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23125 | Claviculectomy; total                         | No                  |                         |                   | MCWRAP                 |
| 23130 | Acromioplasty or acromionectomy, partial,     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23130 | Acromioplasty or acromionectomy, partial,     | No                  |                         |                   | MCWRAP                 |
| 23140 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23145 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23146 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23150 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23155 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23156 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 23170 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 23172 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 23174 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 23180 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 23182 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 23184 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 23190 | Ostectomy of scapula, partial (eg, superior   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23190 | Ostectomy of scapula, partial (eg, superior   | No                  |                         |                   | MCWRAP                 |
| 23195 | Resection, humeral head                       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23195 | Resection, humeral head                       | No                  |                         |                   | MCWRAP                 |
| 23200 | Radical resection for tumor; clavicle         | No                  |                         |                   | ALL                    |
| 23210 | Radical resection for tumor; scapula          | No                  |                         |                   | ALL                    |
| 23220 | Radical resection of bone tumor, proximal     | No                  |                         |                   | ALL                    |
| 23330 | Removal of foreign body, shoulder; subcut     | No                  |                         |                   | ALL                    |
| 23333 | Removal of foreign body, shoulder; deep (i    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23333 | Removal of foreign body, shoulder; deep (i    | No                  |                         |                   | MCWRAP                 |
| 23334 | Removal of prosthesis, includes debridem      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23334 | Removal of prosthesis, includes debridem      | No                  |                         |                   | MCWRAP                 |
| 23335 | Removal of prosthesis, includes debridem      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23335 | Removal of prosthesis, includes debridem      | No                  |                         |                   | MCWRAP                 |
| 23350 | Injection procedure for shoulder arthrograp   | No                  |                         |                   | ALL                    |
| 23395 | Muscle transfer, any type, shoulder or upp    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23395 | Muscle transfer, any type, shoulder or upp    | No                  |                         |                   | MCWRAP                 |
| 23397 | Muscle transfer, any type, shoulder or upp    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23397 | Muscle transfer, any type, shoulder or upp    | No                  |                         |                   | MCWRAP                 |
| 23400 | Scapulopexy (eg, Sprengels deformity or f     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23400 | Scapulopexy (eg, Sprengels deformity or f     | No                  |                         |                   | MCWRAP                 |
| 23405 | Tenotomy, shoulder area; single tendon        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23405 | Tenotomy, shoulder area; single tendon        | No                  |                         |                   | MCWRAP                 |
| 23406 | Tenotomy, shoulder area; multiple tendons     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23406 | Tenotomy, shoulder area; multiple tendons     | No                  |                         |                   | MCWRAP                 |
| 23410 | Repair of ruptured musculotendinous cuff      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23410 | Repair of ruptured musculotendinous cuff      | No                  |                         |                   | MCWRAP                 |
| 23412 | Repair of ruptured musculotendinous cuff      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23412 | Repair of ruptured musculotendinous cuff      | No                  |                         |                   | MCWRAP                 |
| 23415 | Coracoacromial ligament release, with or v    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 23415 | Coracoacromial ligament release, with or v    | No                  |                         |                   | MCWRAP                 |
| 23420 | Reconstruction of complete shoulder (rotat    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |



**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 23420 | Reconstruction of complete shoulder (rotat          | No                  |                         |                   | MCWRAP                     |
| 23430 | Tenodesis of long tendon of biceps                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23430 | Tenodesis of long tendon of biceps                  | No                  |                         |                   | MCWRAP                     |
| 23440 | Resection or transplantation of long tendon         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23440 | Resection or transplantation of long tendon         | No                  |                         |                   | MCWRAP                     |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt proce         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23450 | Capsulorrhaphy, anterior; Putti-Platt proce         | No                  |                         |                   | MCWRAP                     |
| 23455 | Capsulorrhaphy, anterior; with labral repair        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23455 | Capsulorrhaphy, anterior; with labral repair        | No                  |                         |                   | MCWRAP                     |
| 23460 | Capsulorrhaphy, anterior, any type; with bc         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23460 | Capsulorrhaphy, anterior, any type; with bc         | No                  |                         |                   | MCWRAP                     |
| 23462 | Capsulorrhaphy, anterior, any type; with cd         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23462 | Capsulorrhaphy, anterior, any type; with cd         | No                  |                         |                   | MCWRAP                     |
| 23465 | Capsulorrhaphy, glenohumeral joint, poste           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23465 | Capsulorrhaphy, glenohumeral joint, poste           | No                  |                         |                   | MCWRAP                     |
| 23466 | Capsulorrhaphy, glenohumeral joint, any ty          | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23466 | Capsulorrhaphy, glenohumeral joint, any ty          | No                  |                         |                   | MCWRAP                     |
| 23470 | Arthroplasty, glenohumeral joint; hemiarth          | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23470 | Arthroplasty, glenohumeral joint; hemiarth          | No                  |                         |                   | MCWRAP                     |
| 23472 | Arthroplasty, glenohumeral joint; total shou        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23472 | Arthroplasty, glenohumeral joint; total shou        | No                  |                         |                   | MCWRAP                     |
| 23473 | Revision of total shoulder arthroplasty, incl       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23473 | Revision of total shoulder arthroplasty, incl       | No                  |                         |                   | MCWRAP                     |
| 23474 | Revision of total shoulder arthroplasty, incl       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23474 | Revision of total shoulder arthroplasty, incl       | No                  |                         |                   | MCWRAP                     |
| 23480 | Osteotomy, clavicle, with or without interna        | No                  |                         |                   | ALL                        |
| 23485 | Osteotomy, clavicle, with or without interna        | No                  |                         |                   | ALL                        |
| 23490 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                        |
| 23490 | Prophylactic treatment (nailing, pinning, plating c | Not Covered         |                         |                   | CAID                       |
| 23491 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                        |
| 23491 | Prophylactic treatment (nailing, pinning, plating c | Not Covered         |                         |                   | CAID                       |
| 23500 | Closed treatment of clavicular fracture; wit        | No                  |                         |                   | ALL                        |
| 23505 | Closed treatment of clavicular fracture; wit        | No                  |                         |                   | ALL                        |
| 23515 | Open treatment of clavicular fracture, with         | No                  |                         |                   | ALL                        |
| 23520 | Closed treatment of sternoclavicular disloc         | No                  |                         |                   | ALL                        |
| 23525 | Closed treatment of sternoclavicular disloc         | No                  |                         |                   | ALL                        |
| 23530 | Open treatment of sternoclavicular disloca          | No                  |                         |                   | ALL                        |
| 23532 | Open treatment of sternoclavicular disloca          | No                  |                         |                   | ALL                        |
| 23540 | Closed treatment of acromioclavicular disk          | No                  |                         |                   | ALL                        |
| 23545 | Closed treatment of acromioclavicular disk          | No                  |                         |                   | ALL                        |
| 23550 | Open treatment of acromioclavicular disloc          | No                  |                         |                   | ALL                        |
| 23552 | Open treatment of acromioclavicular disloc          | No                  |                         |                   | ALL                        |
| 23570 | Closed treatment of scapular fracture; with         | No                  |                         |                   | ALL                        |
| 23575 | Closed treatment of scapular fracture; with         | No                  |                         |                   | ALL                        |
| 23585 | Open treatment of scapular fracture (body,          | No                  |                         |                   | ALL                        |
| 23600 | Closed treatment of proximal humeral (sur           | No                  |                         |                   | ALL                        |
| 23605 | Closed treatment of proximal humeral (sur           | No                  |                         |                   | ALL                        |
| 23615 | Open treatment of proximal humeral (surg            | No                  |                         |                   | ALL                        |
| 23616 | Open treatment of proximal humeral (surg            | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23616 | Open treatment of proximal humeral (surg            | No                  |                         |                   | MCWRAP                     |
| 23620 | Treat great humeral tuberosity fx                   | No                  |                         |                   | ALL                        |
| 23625 | Closed treatment of greater humeral tuber           | No                  |                         |                   | ALL                        |
| 23630 | Open treatment of greater humeral tuberos           | No                  |                         |                   | ALL                        |
| 23650 | Closed treatment of shoulder dislocation, v         | No                  |                         |                   | ALL                        |
| 23655 | Closed treatment of shoulder dislocation, v         | No                  |                         |                   | ALL                        |
| 23660 | Open treatment of acute shoulder dislocati          | No                  |                         |                   | ALL                        |
| 23665 | Closed treatment of shoulder dislocation, v         | No                  |                         |                   | ALL                        |
| 23670 | Open treatment of shoulder dislocation, wi          | No                  |                         |                   | ALL                        |
| 23675 | Closed treatment of shoulder dislocation, v         | No                  |                         |                   | ALL                        |
| 23680 | Open treatment of shoulder dislocation, wi          | No                  |                         |                   | ALL                        |
| 23700 | Manipulation under anesthesia, shoulder j           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23700 | Manipulation under anesthesia, shoulder j           | No                  |                         |                   | MCWRAP                     |
| 23800 | Arthrodesis, glenohumeral joint;                    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23800 | Arthrodesis, glenohumeral joint;                    | No                  |                         |                   | MCWRAP                     |
| 23802 | Arthrodesis, glenohumeral joint; with autog         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 23802 | Arthrodesis, glenohumeral joint; with autog         | No                  |                         |                   | MCWRAP                     |
| 23900 | Interthoracoscapular amputation (forequar           | No                  |                         |                   | ALL                        |
| 23920 | Disarticulation of shoulder;                        | No                  |                         |                   | ALL                        |
| 23921 | Disarticulation of shoulder; secondary clos         | No                  |                         |                   | ALL                        |
| 23929 | UNLISTED PROCEDURE, SHOULDER                        | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 23929 | UNLISTED PROCEDURE, SHOULDER                        | No                  |                         |                   | MEDICARE COMP/MCWRAP       |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines          |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|------------------------|
| 23929 | UNLISTED PROCEDURE, SHOULDER                  | No                  |                         |                   | PRICHO                 |
| 23930 | Incision and drainage, upper arm or elbow     | No                  |                         |                   | ALL                    |
| 23931 | Incision and drainage, upper arm or elbow     | No                  |                         |                   | ALL                    |
| 23935 | Incision, deep, with opening of bone cortex   | No                  |                         |                   | ALL                    |
| 24000 | Arthrotomy, elbow, including exploration, d   | No                  |                         |                   | ALL                    |
| 24006 | Arthrotomy of the elbow, with capsular exc    | No                  |                         |                   | ALL                    |
| 24065 | Biopsy, soft tissue of upper arm or elbow a   | No                  |                         |                   | ALL (Except Caid, MMP) |
| 24065 | Biopsy, soft tissue of upper arm or elbow a   | Yes                 |                         |                   | Caid, MMP              |
| 24066 | Biopsy, soft tissue of upper arm or elbow a   | No                  |                         |                   | ALL                    |
| 24071 | EXCISION, TUMOR, SOFT TISSUE OF U             | No                  |                         |                   | ALL (Except Caid, MMP) |
| 24071 | EXCISION, TUMOR, SOFT TISSUE OF U             | Yes                 |                         |                   | Caid, MMP              |
| 24073 | EXCISION, TUMOR, SOFT TISSUE OF U             | No                  |                         |                   | ALL                    |
| 24075 | Excision, tumor, soft tissue of upper arm o   | No                  |                         |                   | ALL (Except Caid, MMP) |
| 24075 | Excision, tumor, soft tissue of upper arm o   | Yes                 |                         |                   | Caid, MMP              |
| 24076 | Excision, tumor, soft tissue of upper arm o   | No                  |                         |                   | ALL                    |
| 24077 | Radical resection of tumor (eg, malignant     | No                  |                         |                   | ALL                    |
| 24079 | RADICAL RESECTION OF TUMOR (EG,               | No                  |                         |                   | ALL                    |
| 24100 | Arthrotomy, elbow; with synovial biopsy on    | No                  |                         |                   | ALL                    |
| 24101 | Arthrotomy, elbow; with joint exploration, w  | No                  |                         |                   | ALL                    |
| 24102 | Arthrotomy, elbow; with synovectomy           | No                  |                         |                   | ALL                    |
| 24105 | Excision, olecranon bursa                     | No                  |                         |                   | ALL                    |
| 24110 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24115 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24116 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24120 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24125 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24126 | Excision or curettage of bone cyst or benign  | No                  |                         |                   | ALL                    |
| 24130 | Excision, radial head                         | No                  |                         |                   | ALL                    |
| 24134 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 24136 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 24138 | Sequestrectomy (eg, for osteomyelitis or b    | No                  |                         |                   | ALL                    |
| 24140 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 24145 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 24147 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                    |
| 24149 | Radical resection of capsule, soft tissue, a  | No                  |                         |                   | ALL                    |
| 24150 | Radical resection for tumor, shaft or distal  | No                  |                         |                   | ALL                    |
| 24152 | Radical resection for tumor, radial head or   | No                  |                         |                   | ALL                    |
| 24155 | Resection of elbow joint (arthrectomy)        | No                  |                         |                   | ALL                    |
| 24160 | Implant removal; elbow joint                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24160 | Implant removal; elbow joint                  | No                  |                         |                   | MCWRAP                 |
| 24164 | Implant removal; radial head                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24164 | Implant removal; radial head                  | No                  |                         |                   | MCWRAP                 |
| 24200 | Removal of foreign body, upper arm or elb     | No                  |                         |                   | ALL                    |
| 24201 | Removal of foreign body, upper arm or elb     | No                  |                         |                   | ALL                    |
| 24220 | Injection procedure for elbow arthrography    | No                  |                         |                   | ALL                    |
| 24300 | Manipulation, elbow, under anesthesia         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24300 | Manipulation, elbow, under anesthesia         | No                  |                         |                   | MCWRAP                 |
| 24301 | Muscle or tendon transfer, any type, upper    | No                  |                         |                   | ALL                    |
| 24305 | Tendon lengthening, upper arm or elbow, i     | No                  |                         |                   | ALL                    |
| 24310 | Tenotomy, open, elbow to shoulder, each       | No                  |                         |                   | ALL                    |
| 24320 | Tenoplasty, with muscle transfer, with or w   | No                  |                         |                   | ALL                    |
| 24330 | Flexor-plasty, elbow (eg, Steindler type ad   | No                  |                         |                   | ALL                    |
| 24331 | Flexor-plasty, elbow (eg, Steindler type ad   | No                  |                         |                   | ALL                    |
| 24332 | Tenolysis, triceps                            | No                  |                         |                   | ALL                    |
| 24340 | Tenodesis of biceps tendon at elbow (sepa     | No                  |                         |                   | ALL                    |
| 24341 | Repair, tendon or muscle, upper arm or ell    | No                  |                         |                   | ALL                    |
| 24342 | Reinsertion of ruptured biceps or triceps te  | No                  |                         |                   | ALL                    |
| 24343 | Repair lateral collateral ligament, elbow, w  | No                  |                         |                   | ALL                    |
| 24344 | Reconstruction lateral collateral ligament,   | No                  |                         |                   | ALL                    |
| 24345 | Repair medial collateral ligament, elbow, v   | No                  |                         |                   | ALL                    |
| 24346 | Reconstruction medial collateral ligament,    | No                  |                         |                   | ALL                    |
| 24357 | TENOTOMY, ELBOW, LATERAL OR MEI               | No                  |                         |                   | ALL                    |
| 24358 | TENOTOMY, ELBOW, LATERAL OR MEI               | No                  |                         |                   | ALL                    |
| 24359 | TENOTOMY, ELBOW, LATERAL OR MEI               | No                  |                         |                   | ALL                    |
| 24360 | Arthroplasty, elbow; with membrane (eg, fa    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24360 | Arthroplasty, elbow; with membrane (eg, fa    | No                  |                         |                   | MCWRAP                 |
| 24361 | Arthroplasty, elbow; with distal humeral pr   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24361 | Arthroplasty, elbow; with distal humeral pr   | No                  |                         |                   | MCWRAP                 |
| 24362 | Arthroplasty, elbow; with implant and fasci   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |
| 24362 | Arthroplasty, elbow; with implant and fasci   | No                  |                         |                   | MCWRAP                 |
| 24363 | Arthroplasty, elbow; with distal humerus an   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)    |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 24363 | Arthroplasty, elbow; with distal humerus ar         | No                  |                         |                   | MCWRAP                     |
| 24365 | Arthroplasty, radial head;                          | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 24365 | Arthroplasty, radial head;                          | No                  |                         |                   | MCWRAP                     |
| 24366 | Arthroplasty, radial head; with implant             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 24366 | Arthroplasty, radial head; with implant             | No                  |                         |                   | MCWRAP                     |
| 24370 | Revision of total elbow arthroplasty, includ        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 24370 | Revision of total elbow arthroplasty, includ        | No                  |                         |                   | MCWRAP                     |
| 24371 | Revision of total elbow arthroplasty, includ        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 24371 | Revision of total elbow arthroplasty, includ        | No                  |                         |                   | MCWRAP                     |
| 24400 | Osteotomy, humerus, with or without inter           | No                  |                         |                   | ALL                        |
| 24410 | Multiple osteotomies with realignment on i          | No                  |                         |                   | ALL                        |
| 24420 | Osteoplasty, humerus (eg, shortening or le          | No                  |                         |                   | ALL                        |
| 24430 | Repair of nonunion or malunion, humerus;            | No                  |                         |                   | ALL                        |
| 24435 | Repair of nonunion or malunion, humerus;            | No                  |                         |                   | ALL                        |
| 24470 | Hemiepiphyseal arrest (eg, cubitus varus d          | No                  |                         |                   | ALL                        |
| 24495 | Decompression fasciotomy, forearm, with             | No                  |                         |                   | ALL                        |
| 24498 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                        |
| 24498 | Prophylactic treatment (nailing, pinning, plating d | Not Covered         |                         |                   | CAID                       |
| 24500 | Closed treatment of humeral shaft fracture          | No                  |                         |                   | ALL                        |
| 24505 | Closed treatment of humeral shaft fracture          | No                  |                         |                   | ALL                        |
| 24515 | Open treatment of humeral shaft fracture v          | No                  |                         |                   | ALL                        |
| 24516 | Treatment of humeral shaft fracture, with i         | No                  |                         |                   | ALL                        |
| 24530 | Closed treatment of supracondylar or trans          | No                  |                         |                   | ALL                        |
| 24535 | Closed treatment of supracondylar or trans          | No                  |                         |                   | ALL                        |
| 24538 | Percutaneous skeletal fixation of supracon          | No                  |                         |                   | ALL                        |
| 24545 | Open treatment of humeral supracondylar             | No                  |                         |                   | ALL                        |
| 24546 | Open treatment of humeral supracondylar             | No                  |                         |                   | ALL                        |
| 24560 | Closed treatment of humeral epicondylar fi          | No                  |                         |                   | ALL                        |
| 24565 | Closed treatment of humeral epicondylar fi          | No                  |                         |                   | ALL                        |
| 24566 | Percutaneous skeletal fixation of humeral           | No                  |                         |                   | ALL                        |
| 24575 | Open treatment of humeral epicondylar fra           | No                  |                         |                   | ALL                        |
| 24576 | Closed treatment of humeral condylar frac           | No                  |                         |                   | ALL                        |
| 24577 | Closed treatment of humeral condylar frac           | No                  |                         |                   | ALL                        |
| 24579 | Open treatment of humeral condylar fractu           | No                  |                         |                   | ALL                        |
| 24582 | Percutaneous skeletal fixation of humeral           | No                  |                         |                   | ALL                        |
| 24586 | Open treatment of periarticular fracture an         | No                  |                         |                   | ALL                        |
| 24587 | Open treatment of periarticular fracture an         | No                  |                         |                   | ALL                        |
| 24600 | Treatment of closed elbow dislocation; wit          | No                  |                         |                   | ALL                        |
| 24605 | Treatment of closed elbow dislocation; req          | No                  |                         |                   | ALL                        |
| 24615 | Open treatment of acute or chronic elbow            | No                  |                         |                   | ALL                        |
| 24620 | Closed treatment of Monteggia type of frac          | No                  |                         |                   | ALL                        |
| 24635 | Open treatment of Monteggia type of fractu          | No                  |                         |                   | ALL                        |
| 24640 | Closed treatment of radial head subluxatio          | No                  |                         |                   | ALL                        |
| 24650 | Closed treatment of radial head or neck fra         | No                  |                         |                   | ALL                        |
| 24655 | Closed treatment of radial head or neck fra         | No                  |                         |                   | ALL                        |
| 24665 | Open treatment of radial head or neck frac          | No                  |                         |                   | ALL                        |
| 24666 | Open treatment of radial head or neck frac          | No                  |                         |                   | ALL                        |
| 24670 | Closed treatment of ulnar fracture, proxima         | No                  |                         |                   | ALL                        |
| 24675 | Closed treatment of ulnar fracture, proxima         | No                  |                         |                   | ALL                        |
| 24685 | Open treatment of ulnar fracture proximal           | No                  |                         |                   | ALL                        |
| 24800 | Arthrodesis, elbow joint; local                     | No                  |                         |                   | ALL                        |
| 24802 | Arthrodesis, elbow joint; with autogenous g         | No                  |                         |                   | ALL                        |
| 24900 | Amputation, arm through humerus; with pr            | No                  |                         |                   | ALL                        |
| 24920 | Amputation, arm through humerus; open, i            | No                  |                         |                   | ALL                        |
| 24925 | Amputation, arm through humerus; second             | No                  |                         |                   | ALL                        |
| 24930 | Amputation, arm through humerus; re-amf             | No                  |                         |                   | ALL                        |
| 24931 | Amputation, arm through humerus; with in            | No                  |                         |                   | ALL                        |
| 24935 | Stump elongation, upper extremity                   | No                  |                         |                   | ALL                        |
| 24940 | Cineplasty, upper extremity, complete pro           | No                  |                         |                   | ALL                        |
| 24999 | UNLISTED PROCEDURE, HUMERUS OF                      | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 24999 | UNLISTED PROCEDURE, HUMERUS OF                      | No                  |                         |                   | MEDICARE COMP/MCWRAP       |
| 24999 | UNLISTED PROCEDURE, HUMERUS OF                      | No                  |                         |                   | PRICHO                     |
| 25000 | Incision, extensor tendon sheath, wrist (eg         | No                  |                         |                   | ALL                        |
| 25001 | Incision, flexor tendon sheath, wrist (eg, fle      | No                  |                         |                   | ALL                        |
| 25020 | Decompression fasciotomy, forearm and/d             | No                  |                         |                   | ALL                        |
| 25023 | Decompression fasciotomy, forearm and/d             | No                  |                         |                   | ALL                        |
| 25024 | Decompression fasciotomy, forearm and/d             | No                  |                         |                   | ALL                        |
| 25025 | Decompression fasciotomy, forearm and/d             | No                  |                         |                   | ALL                        |
| 25028 | Incision and drainage, forearm and/or wris          | No                  |                         |                   | ALL                        |
| 25031 | Incision and drainage, forearm and/or wris          | No                  |                         |                   | ALL                        |
| 25035 | Incision, deep, bone cortex, forearm and/o          | No                  |                         |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key     | Rider Requirement | Product Lines          |
|-------|------------------------------------------------|---------------------|---------|-------------------|------------------------|
| 25040 | Arthrotomy, radiocarpal or midcarpal joint,    | No                  |         |                   | ALL                    |
| 25065 | Biopsy, soft tissue of forearm and/or wrist;   | No                  |         |                   | ALL (Except Caid, MMP) |
| 25065 | Biopsy, soft tissue of forearm and/or wrist;   | Yes                 |         |                   | Caid, MMP              |
| 25066 | Biopsy, soft tissue of forearm and/or wrist;   | No                  |         |                   | ALL                    |
| 25071 | EXCISION, TUMOR, SOFT TISSUE OF F              | No                  |         |                   | ALL (Except Caid, MMP) |
| 25071 | EXCISION, TUMOR, SOFT TISSUE OF F              | Yes                 |         |                   | Caid, MMP              |
| 25073 | EXCISION, TUMOR, SOFT TISSUE OF F              | No                  |         |                   | ALL                    |
| 25075 | Excision, tumor, soft tissue of forearm and    | No                  |         |                   | ALL (Except Caid, MMP) |
| 25075 | Excision, tumor, soft tissue of forearm and    | Yes                 |         |                   | Caid, MMP              |
| 25076 | Excision, tumor, soft tissue of forearm and    | No                  |         |                   | ALL                    |
| 25077 | Radical resection of tumor (eg, malignant      | No                  |         |                   | ALL                    |
| 25078 | RADICAL RESECTION OF TUMOR (EG,                | No                  |         |                   | ALL                    |
| 25085 | Capsulotomy, wrist (eg, contracture)           | No                  |         |                   | ALL                    |
| 25100 | Arthrotomy, wrist joint; with biopsy           | No                  |         |                   | ALL                    |
| 25101 | Arthrotomy, wrist joint; with joint exploratio | No                  |         |                   | ALL                    |
| 25105 | Arthrotomy, wrist joint; with synovectomy      | No                  |         |                   | ALL                    |
| 25107 | Arthrotomy, distal radioulnar joint including  | No                  |         |                   | ALL                    |
| 25109 | EXCISION OF TENDON, FOREARM AND                | No                  |         |                   | ALL                    |
| 25110 | Excision, lesion of tendon sheath, forearm     | No                  |         |                   | ALL                    |
| 25111 | Excision of ganglion, wrist (dorsal or volar)  | No                  |         |                   | ALL                    |
| 25112 | Excision of ganglion, wrist (dorsal or volar)  | No                  |         |                   | ALL                    |
| 25115 | Radical excision of bursa, synovia of wrist,   | No                  |         |                   | ALL                    |
| 25116 | Radical excision of bursa, synovia of wrist,   | No                  |         |                   | ALL                    |
| 25118 | Synovectomy, extensor tendon sheath, wr        | No                  |         |                   | ALL                    |
| 25119 | Synovectomy, extensor tendon sheath, wr        | No                  |         |                   | ALL                    |
| 25120 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25125 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25126 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25130 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25135 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25136 | Excision or curettage of bone cyst or benign   | No                  |         |                   | ALL                    |
| 25145 | Sequestrectomy (eg, for osteomyelitis or b     | No                  |         |                   | ALL                    |
| 25150 | Partial excision (craterization, saucerizatio  | No                  |         |                   | ALL                    |
| 25151 | Partial excision (craterization, saucerizatio  | No                  |         |                   | ALL                    |
| 25170 | Radical resection for tumor, radius or ulna    | No                  |         |                   | ALL                    |
| 25210 | Carpectomy; one bone                           | No                  |         |                   | ALL                    |
| 25215 | Carpectomy; all bones of proximal row          | No                  |         |                   | ALL                    |
| 25230 | Radial styloidectomy (separate procedure)      | No                  |         |                   | ALL                    |
| 25240 | Excision distal ulna partial or complete (eg   | No                  |         |                   | ALL                    |
| 25246 | Injection procedure for wrist arthrography     | No                  |         |                   | ALL                    |
| 25248 | Exploration with removal of deep foreign b     | No                  |         |                   | ALL                    |
| 25250 | Removal of wrist prosthesis; (separate pro     | No                  |         |                   | ALL                    |
| 25251 | Removal of wrist prosthesis; complicated,      | No                  |         |                   | ALL                    |
| 25259 | Manipulation, wrist, under anesthesia          | No                  |         |                   | ALL                    |
| 25260 | Repair, tendon or muscle, flexor, forearm a    | No                  |         |                   | ALL                    |
| 25263 | Repair, tendon or muscle, flexor, forearm a    | No                  |         |                   | ALL                    |
| 25265 | Repair, tendon or muscle, flexor, forearm a    | No                  |         |                   | ALL                    |
| 25270 | Repair, tendon or muscle, extensor, forear     | No                  |         |                   | ALL                    |
| 25272 | Repair, tendon or muscle, extensor, forear     | No                  |         |                   | ALL                    |
| 25274 | Repair, tendon or muscle, extensor, forear     | No                  |         |                   | ALL                    |
| 25275 | Repair, tendon sheath, extensor, forearm a     | No                  |         |                   | ALL                    |
| 25280 | Lengthening or shortening of flexor or exte    | No                  |         |                   | ALL                    |
| 25290 | Tenotomy, open, flexor or extensor tendon      | No                  |         |                   | ALL                    |
| 25295 | Tenolysis, flexor or extensor tendon, forea    | No                  |         |                   | ALL                    |
| 25300 | Tenodesis at wrist; flexors of fingers         | No                  |         |                   | ALL                    |
| 25301 | Tenodesis at wrist; extensors of fingers       | No                  |         |                   | ALL                    |
| 25310 | Tendon transplantation or transfer, flexor c   | No                  |         |                   | ALL                    |
| 25312 | Tendon transplantation or transfer, flexor c   | No                  |         |                   | ALL                    |
| 25315 | Flexor origin slide (eg, for cerebral palsy, \ | No                  |         |                   | ALL                    |
| 25316 | Flexor origin slide (eg, for cerebral palsy, \ | No                  |         |                   | ALL                    |
| 25320 | Capsulorrhaphy or reconstruction, wrist, of    | No                  |         |                   | ALL                    |
| 25332 | Arthroplasty, wrist, with or without interpos  | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)    |
| 25332 | Arthroplasty, wrist, with or without interpos  | No                  |         |                   | MCWRAP                 |
| 25335 | Centralization of wrist on ulna (eg, radial c  | No                  |         |                   | ALL                    |
| 25337 | Reconstruction for stabilization of unstable   | No                  |         |                   | ALL                    |
| 25350 | Osteotomy, radius; distal third                | No                  |         |                   | ALL                    |
| 25355 | Osteotomy, radius; middle or proximal thir     | No                  |         |                   | ALL                    |
| 25360 | Osteotomy; ulna                                | No                  |         |                   | ALL                    |
| 25365 | Osteotomy; radius AND ulna                     | No                  |         |                   | ALL                    |
| 25370 | Multiple osteotomies, with realignment on      | No                  |         |                   | ALL                    |
| 25375 | Multiple osteotomies, with realignment on      | No                  |         |                   | ALL                    |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 25390 | Osteoplasty, radius OR ulna; shortening             | No                  |                         |                   | ALL                 |
| 25391 | Osteoplasty, radius OR ulna; lengthening            | No                  |                         |                   | ALL                 |
| 25392 | Osteoplasty, radius AND ulna; shortening            | No                  |                         |                   | ALL                 |
| 25393 | Osteoplasty, radius AND ulna; lengthening           | No                  |                         |                   | ALL                 |
| 25394 | Osteoplasty, carpal bone, shortening                | No                  |                         |                   | ALL                 |
| 25400 | Repair of nonunion or malunion, radius OR           | No                  |                         |                   | ALL                 |
| 25405 | Repair of nonunion or malunion, radius OR           | No                  |                         |                   | ALL                 |
| 25415 | Repair of nonunion or malunion, radius AN           | No                  |                         |                   | ALL                 |
| 25420 | Repair of nonunion or malunion, radius AN           | No                  |                         |                   | ALL                 |
| 25425 | Repair of defect with autograft; radius OR          | No                  |                         |                   | ALL                 |
| 25426 | Repair of defect with autograft; radius AND         | No                  |                         |                   | ALL                 |
| 25430 | Insertion of vascular pedicle into carpal bo        | No                  |                         |                   | ALL                 |
| 25431 | Repair of nonunion of carpal bone (excludi          | No                  |                         |                   | ALL                 |
| 25440 | Repair of nonunion, scaphoid carpal (navic          | No                  |                         |                   | ALL                 |
| 25441 | Arthroplasty with prosthetic replacement; c         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25441 | Arthroplasty with prosthetic replacement; c         | No                  |                         |                   | MCWRAP              |
| 25442 | Arthroplasty with prosthetic replacement; c         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25442 | Arthroplasty with prosthetic replacement; c         | No                  |                         |                   | MCWRAP              |
| 25443 | Arthroplasty with prosthetic replacement; s         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25443 | Arthroplasty with prosthetic replacement; s         | No                  |                         |                   | MCWRAP              |
| 25444 | Arthroplasty with prosthetic replacement; l         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25444 | Arthroplasty with prosthetic replacement; l         | No                  |                         |                   | MCWRAP              |
| 25445 | Arthroplasty with prosthetic replacement; t         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25445 | Arthroplasty with prosthetic replacement; t         | No                  |                         |                   | MCWRAP              |
| 25446 | Arthroplasty with prosthetic replacement; c         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25446 | Arthroplasty with prosthetic replacement; c         | No                  |                         |                   | MCWRAP              |
| 25447 | Arthroplasty, interposition, intercarpal or ca      | No                  |                         |                   | ALL                 |
| 25448 | Arthroplasty, intercarpal or carpometacarp          | No                  |                         |                   | ALL                 |
| 25449 | Revision of arthroplasty, including removal         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 25449 | Revision of arthroplasty, including removal         | No                  |                         |                   | MCWRAP              |
| 25450 | Epiphyseal arrest by epiphysiodesis or sta          | No                  |                         |                   | ALL                 |
| 25455 | Epiphyseal arrest by epiphysiodesis or sta          | No                  |                         |                   | ALL                 |
| 25490 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                 |
| 25490 | Prophylactic treatment (nailing, pinning, plating c | Not Covered         |                         |                   | CAID                |
| 25491 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                 |
| 25491 | Prophylactic treatment (nailing, pinning, plating c | Not Covered         |                         |                   | CAID                |
| 25492 | Prophylactic treatment (nailing, pinning, pl        | No                  |                         |                   | ALL                 |
| 25492 | Prophylactic treatment (nailing, pinning, plating c | Not Covered         |                         |                   | CAID                |
| 25500 | Closed treatment of radial shaft fracture; w        | No                  |                         |                   | ALL                 |
| 25505 | Closed treatment of radial shaft fracture; w        | No                  |                         |                   | ALL                 |
| 25515 | Open treatment of radial shaft fracture, wit        | No                  |                         |                   | ALL                 |
| 25520 | Closed treatment of radial shaft fracture ar        | No                  |                         |                   | ALL                 |
| 25525 | Open treatment of radial shaft fracture, wit        | No                  |                         |                   | ALL                 |
| 25526 | Open treatment of radial shaft fracture, wit        | No                  |                         |                   | ALL                 |
| 25530 | Closed treatment of ulnar shaft fracture; w         | No                  |                         |                   | ALL                 |
| 25535 | Closed treatment of ulnar shaft fracture; w         | No                  |                         |                   | ALL                 |
| 25545 | Open treatment of ulnar shaft fracture, with        | No                  |                         |                   | ALL                 |
| 25560 | Closed treatment of radial and ulnar shaft          | No                  |                         |                   | ALL                 |
| 25565 | Closed treatment of radial and ulnar shaft          | No                  |                         |                   | ALL                 |
| 25574 | Open treatment of radial AND ulnar shaft f          | No                  |                         |                   | ALL                 |
| 25575 | Open treatment of radial AND ulnar shaft f          | No                  |                         |                   | ALL                 |
| 25600 | Closed treatment of distal radial fracture (e       | No                  |                         |                   | ALL                 |
| 25605 | Closed treatment of distal radial fracture (e       | No                  |                         |                   | ALL                 |
| 25606 | TREAT DISTAL RADIAL FRACTURE                        | No                  |                         |                   | ALL                 |
| 25607 | EPIPHYSEAL SEPARATION, WITH INTE                    | No                  |                         |                   | ALL                 |
| 25608 | OPEN TREATMENT DISTAL RADIAL FR                     | No                  |                         |                   | ALL                 |
| 25609 | OPEN TREATMENT DISTAL FRACTURE                      | No                  |                         |                   | ALL                 |
| 25622 | CLOSED TREATMENT OF CARPAL SCA                      | No                  |                         |                   | ALL                 |
| 25624 | Closed treatment of carpal scaphoid (navic          | No                  |                         |                   | ALL                 |
| 25628 | Open treatment of carpal scaphoid (navicu           | No                  |                         |                   | ALL                 |
| 25630 | Closed treatment of carpal bone fracture (e         | No                  |                         |                   | ALL                 |
| 25635 | Closed treatment of carpal bone fracture (e         | No                  |                         |                   | ALL                 |
| 25645 | Open treatment of carpal bone fracture (ot          | No                  |                         |                   | ALL                 |
| 25650 | Closed treatment of ulnar styloid fracture          | No                  |                         |                   | ALL                 |
| 25651 | Percutaneous skeletal fixation of ulnar styl        | No                  |                         |                   | ALL                 |
| 25652 | Open treatment of ulnar styloid fracture            | No                  |                         |                   | ALL                 |
| 25660 | Closed treatment of radiocarpal or intercar         | No                  |                         |                   | ALL                 |
| 25670 | Open treatment of radiocarpal or intercarp          | No                  |                         |                   | ALL                 |
| 25671 | Percutaneous skeletal fixation of distal rad        | No                  |                         |                   | ALL                 |
| 25675 | Closed treatment of distal radioulnar disloc        | No                  |                         |                   | ALL                 |
| 25676 | Open treatment of distal radioulnar disloc          | No                  |                         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 25680 | Closed treatment of trans-scaphoperilunar      | No                  |                         |                   | ALL                        |
| 25685 | Open treatment of trans-scaphoperilunar t      | No                  |                         |                   | ALL                        |
| 25690 | Closed treatment of lunate dislocation, with   | No                  |                         |                   | ALL                        |
| 25695 | Open treatment of lunate dislocation           | No                  |                         |                   | ALL                        |
| 25800 | Arthrodesis, wrist; complete, without bone     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 25800 | Arthrodesis, wrist; complete, without bone     | No                  |                         |                   | MCWRAP                     |
| 25805 | Arthrodesis, wrist; with sliding graft         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 25805 | Arthrodesis, wrist; with sliding graft         | No                  |                         |                   | MCWRAP                     |
| 25810 | Arthrodesis, wrist; with iliac or other autogr | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 25810 | Arthrodesis, wrist; with iliac or other autogr | No                  |                         |                   | MCWRAP                     |
| 25820 | Arthrodesis, wrist; limited, without bone gr   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 25820 | Arthrodesis, wrist; limited, without bone gr   | No                  |                         |                   | MCWRAP                     |
| 25825 | Arthrodesis, wrist; with autograft (includes   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 25825 | Arthrodesis, wrist; with autograft (includes   | No                  |                         |                   | MCWRAP                     |
| 25830 | Arthrodesis, distal radioulnar joint with seg  | No                  |                         |                   | ALL                        |
| 25900 | Amputation, forearm, through radius and ul     | No                  |                         |                   | ALL                        |
| 25905 | Amputation, forearm, through radius and ul     | No                  |                         |                   | ALL                        |
| 25907 | Amputation, forearm, through radius and ul     | No                  |                         |                   | ALL                        |
| 25909 | Amputation, forearm, through radius and ul     | No                  |                         |                   | ALL                        |
| 25915 | Krukenberg procedure                           | No                  |                         |                   | ALL                        |
| 25920 | Disarticulation through wrist;                 | No                  |                         |                   | ALL                        |
| 25922 | Disarticulation through wrist; secondary cl    | No                  |                         |                   | ALL                        |
| 25924 | Disarticulation through wrist; re-amputation   | No                  |                         |                   | ALL                        |
| 25927 | Transmetacarpal amputation;                    | No                  |                         |                   | ALL                        |
| 25929 | Transmetacarpal amputation; secondary c        | No                  |                         |                   | ALL                        |
| 25931 | Transmetacarpal amputation; re-amputatio       | No                  |                         |                   | ALL                        |
| 25999 | UNLISTED PROCEDURE, FOREARM OF                 | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 25999 | UNLISTED PROCEDURE, FOREARM OF                 | No                  |                         |                   | MEDICARE COMP/MCWRAP       |
| 25999 | UNLISTED PROCEDURE, FOREARM OF                 | No                  |                         |                   | PRICHO                     |
| 26010 | Drainage of finger abscess; simple             | No                  |                         |                   | ALL                        |
| 26011 | Drainage of finger abscess; complicated (e     | No                  |                         |                   | ALL                        |
| 26020 | Drainage of tendon sheath, digit and/or pa     | No                  |                         |                   | ALL                        |
| 26025 | Drainage of palmar bursa; single, bursa        | No                  |                         |                   | ALL                        |
| 26030 | Drainage of palmar bursa; multiple bursa       | No                  |                         |                   | ALL                        |
| 26034 | Incision, bone cortex, hand or finger (eg, o   | No                  |                         |                   | ALL                        |
| 26035 | Decompression fingers and/or hand, inject      | No                  |                         |                   | ALL                        |
| 26037 | Decompressive fasciotomy, hand (exclude        | No                  |                         |                   | ALL                        |
| 26040 | Fasciotomy, palmar (eg, Dupuytren's contr      | No                  |                         |                   | ALL                        |
| 26045 | Fasciotomy, palmar (eg, Dupuytren's contr      | No                  |                         |                   | ALL                        |
| 26055 | Tendon sheath incision (eg, for trigger fing   | No                  |                         |                   | ALL                        |
| 26060 | Tenotomy, percutaneous, single, each digi      | No                  |                         |                   | ALL                        |
| 26070 | Arthrotomy, with exploration, drainage, or t   | No                  |                         |                   | ALL                        |
| 26075 | Arthrotomy, with exploration, drainage, or t   | No                  |                         |                   | ALL                        |
| 26080 | Arthrotomy, with exploration, drainage, or t   | No                  |                         |                   | ALL                        |
| 26100 | Arthrotomy with biopsy; carpometacarpal j      | No                  |                         |                   | ALL                        |
| 26105 | Arthrotomy with biopsy; metacarpophalang       | No                  |                         |                   | ALL                        |
| 26110 | Arthrotomy with biopsy; interphalangeal joi    | No                  |                         |                   | ALL                        |
| 26111 | EXCISION, TUMOR OR VASCULAR MAL                | No                  |                         |                   | ALL (Except Caid, MMP)     |
| 26111 | EXCISION, TUMOR OR VASCULAR MAL                | Yes                 |                         |                   | Caid, MMP                  |
| 26113 | EXCISION, TUMOR, SOFT TISSUE, OR               | No                  |                         |                   | ALL                        |
| 26115 | Excision, tumor or vascular malformation,      | No                  |                         |                   | ALL (Except Caid, MMP)     |
| 26115 | Excision, tumor or vascular malformation,      | Yes                 |                         |                   | Caid, MMP                  |
| 26116 | Excision, tumor or vascular malformation,      | No                  |                         |                   | ALL                        |
| 26117 | Radical resection of tumor (eg, malignant      | No                  |                         |                   | ALL                        |
| 26118 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                        |
| 26121 | Fasciectomy, palm only, with or without Z-     | No                  |                         |                   | ALL                        |
| 26123 | Fasciectomy, partial palmar with release o     | No                  |                         |                   | ALL                        |
| 26125 | Fasciectomy, partial palmar with release o     | No                  |                         |                   | ALL                        |
| 26130 | Synovectomy, carpometacarpal joint             | No                  |                         |                   | ALL                        |
| 26135 | Synovectomy, metacarpophalangeal joint         | No                  |                         |                   | ALL                        |
| 26140 | Synovectomy, proximal interphalangeal joi      | No                  |                         |                   | ALL                        |
| 26145 | Synovectomy, tendon sheath, radical (tend      | No                  |                         |                   | ALL                        |
| 26160 | Excision of lesion of tendon sheath or joint   | No                  |                         |                   | ALL                        |
| 26170 | Excision of tendon, palm, flexor, single (se   | No                  |                         |                   | ALL                        |
| 26180 | Excision of tendon, finger, flexor (separate   | No                  |                         |                   | ALL                        |
| 26185 | Sesamoidectomy, thumb or finger (separa        | No                  |                         |                   | ALL                        |
| 26200 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 26205 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 26210 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 26215 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 26230 | Partial excision (craterization, saucerizatio  | No                  |                         |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                                      | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|------------------------------------------------------------------|---------------------|-----|-------------------|---------------|
| 26235 | Partial excision (craterization, saucerization)                  | No                  |     |                   | ALL           |
| 26236 | Partial excision (craterization, saucerization)                  | No                  |     |                   | ALL           |
| 26250 | Radical resection, metacarpal (eg, tumor);                       | No                  |     |                   | ALL           |
| 26260 | Radical resection, proximal or middle phalanx                    | No                  |     |                   | ALL           |
| 26262 | Radical resection, distal phalanx of finger                      | No                  |     |                   | ALL           |
| 26320 | Removal of implant from finger or hand                           | No                  |     |                   | ALL           |
| 26340 | Manipulation, finger joint, under anesthesia                     | No                  |     |                   | ALL           |
| 26341 | Manipulation, palmar fascial cord (ie, Dupuytren's)              | No                  |     |                   | ALL           |
| 26350 | Repair or advancement, flexor tendon, not specified              | No                  |     |                   | ALL           |
| 26352 | Repair or advancement, flexor tendon, not specified              | No                  |     |                   | ALL           |
| 26356 | Repair or advancement, flexor tendon, in zone 1                  | No                  |     |                   | ALL           |
| 26357 | Repair or advancement, flexor tendon, in zone 2                  | No                  |     |                   | ALL           |
| 26358 | Repair or advancement, flexor tendon, in zone 3                  | No                  |     |                   | ALL           |
| 26370 | Repair or advancement of profundus tendon                        | No                  |     |                   | ALL           |
| 26372 | Repair or advancement of profundus tendon                        | No                  |     |                   | ALL           |
| 26373 | Repair or advancement of profundus tendon                        | No                  |     |                   | ALL           |
| 26390 | Excision flexor tendon, with implantation of synthetic rod       | No                  |     |                   | ALL           |
| 26392 | Removal of synthetic rod and insertion of flexor tendon          | No                  |     |                   | ALL           |
| 26410 | Repair, extensor tendon, hand, primary or revision               | No                  |     |                   | ALL           |
| 26412 | Repair, extensor tendon, hand, primary or revision               | No                  |     |                   | ALL           |
| 26415 | Excision of extensor tendon, with implantation of synthetic rod  | No                  |     |                   | ALL           |
| 26416 | Removal of synthetic rod and insertion of extensor tendon        | No                  |     |                   | ALL           |
| 26418 | Repair, extensor tendon, finger, primary or revision             | No                  |     |                   | ALL           |
| 26420 | Repair, extensor tendon, finger, primary or revision             | No                  |     |                   | ALL           |
| 26426 | Repair of extensor tendon, central slip, secondary               | No                  |     |                   | ALL           |
| 26428 | Repair of extensor tendon, central slip, secondary               | No                  |     |                   | ALL           |
| 26432 | Closed treatment of distal extensor tendon                       | No                  |     |                   | ALL           |
| 26433 | Repair of extensor tendon, distal insertion, primary or revision | No                  |     |                   | ALL           |
| 26434 | Repair of extensor tendon, distal insertion, primary or revision | No                  |     |                   | ALL           |
| 26437 | Realignment of extensor tendon, hand, each joint                 | No                  |     |                   | ALL           |
| 26440 | Tenolysis, flexor tendon; palm OR finger, each joint             | No                  |     |                   | ALL           |
| 26442 | Tenolysis, flexor tendon; palm AND finger, each joint            | No                  |     |                   | ALL           |
| 26445 | Tenolysis, extensor tendon, hand OR finger, each joint           | No                  |     |                   | ALL           |
| 26449 | Tenolysis, complex, extensor tendon, finger, each joint          | No                  |     |                   | ALL           |
| 26450 | Tenotomy, flexor, palm, open, each tendon                        | No                  |     |                   | ALL           |
| 26455 | Tenotomy, flexor, finger, open, each tendon                      | No                  |     |                   | ALL           |
| 26460 | Tenotomy, extensor, hand or finger, open, each joint             | No                  |     |                   | ALL           |
| 26471 | Tenodesis; of proximal interphalangeal joint                     | No                  |     |                   | ALL           |
| 26474 | Tenodesis; of distal joint, each joint                           | No                  |     |                   | ALL           |
| 26476 | Lengthening of tendon, extensor, hand or finger, each joint      | No                  |     |                   | ALL           |
| 26477 | Shortening of tendon, extensor, hand or finger, each joint       | No                  |     |                   | ALL           |
| 26478 | Lengthening of tendon, flexor, hand or finger, each joint        | No                  |     |                   | ALL           |
| 26479 | Shortening of tendon, flexor, hand or finger, each joint         | No                  |     |                   | ALL           |
| 26480 | Transfer or transplant of tendon, carpometacarpal joint          | No                  |     |                   | ALL           |
| 26483 | Transfer or transplant of tendon, carpometacarpal joint          | No                  |     |                   | ALL           |
| 26485 | Transfer or transplant of tendon, palmar; wrist                  | No                  |     |                   | ALL           |
| 26489 | Transfer or transplant of tendon, palmar; wrist                  | No                  |     |                   | ALL           |
| 26490 | Opponensplasty; superficialis tendon transfer                    | No                  |     |                   | ALL           |
| 26492 | Opponensplasty; tendon transfer with graft                       | No                  |     |                   | ALL           |
| 26494 | Opponensplasty; hypothenar muscle transfer                       | No                  |     |                   | ALL           |
| 26496 | Opponensplasty; other methods                                    | No                  |     |                   | ALL           |
| 26497 | Transfer of tendon to restore intrinsic function                 | No                  |     |                   | ALL           |
| 26498 | Transfer of tendon to restore intrinsic function                 | No                  |     |                   | ALL           |
| 26499 | Correction claw finger, other methods                            | No                  |     |                   | ALL           |
| 26500 | Reconstruction of tendon pulley, each tendon                     | No                  |     |                   | ALL           |
| 26502 | Reconstruction of tendon pulley, each tendon                     | No                  |     |                   | ALL           |
| 26508 | Release of thenar muscle(s) (eg, thumb cord)                     | No                  |     |                   | ALL           |
| 26510 | Cross intrinsic transfer, each tendon                            | No                  |     |                   | ALL           |
| 26516 | Capsulodesis, metacarpophalangeal joint; each joint              | No                  |     |                   | ALL           |
| 26517 | Capsulodesis, metacarpophalangeal joint; each joint              | No                  |     |                   | ALL           |
| 26518 | Capsulodesis, metacarpophalangeal joint; each joint              | No                  |     |                   | ALL           |
| 26520 | Capsulectomy or capsulotomy; metacarpophalangeal joint           | No                  |     |                   | ALL           |
| 26525 | Capsulectomy or capsulotomy; interphalangeal joint               | No                  |     |                   | ALL           |
| 26530 | Arthroplasty, metacarpophalangeal joint; each joint              | No                  |     |                   | ALL           |
| 26531 | Arthroplasty, metacarpophalangeal joint; with prosthesis         | No                  |     |                   | ALL           |
| 26535 | Arthroplasty, interphalangeal joint; each joint                  | No                  |     |                   | ALL           |
| 26536 | Arthroplasty, interphalangeal joint; with prosthesis             | No                  |     |                   | ALL           |
| 26540 | Repair of collateral ligament, metacarpophalangeal joint         | No                  |     |                   | ALL           |
| 26541 | Reconstruction, collateral ligament, metacarpophalangeal joint   | No                  |     |                   | ALL           |
| 26542 | Reconstruction, collateral ligament, metacarpophalangeal joint   | No                  |     |                   | ALL           |
| 26545 | Reconstruction, collateral ligament, interphalangeal joint       | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 26546 | Repair non-union, metacarpal or phalanx,      | No                  |     |                   | ALL                        |
| 26548 | Repair and reconstruction, finger, volar pla  | No                  |     |                   | ALL                        |
| 26550 | Pollicization of a digit                      | No                  |     |                   | ALL                        |
| 26551 | Transfer, toe-to-hand with microvascular a    | No                  |     |                   | ALL                        |
| 26553 | Transfer, toe-to-hand with microvascular a    | No                  |     |                   | ALL                        |
| 26554 | Transfer, toe-to-hand with microvascular a    | No                  |     |                   | ALL                        |
| 26555 | Transfer, finger to another position without  | No                  |     |                   | ALL                        |
| 26556 | Transfer, free toe joint, with microvascular  | No                  |     |                   | ALL                        |
| 26560 | Repair of syndactyly (web finger) each wet    | No                  |     |                   | ALL                        |
| 26561 | Repair of syndactyly (web finger) each wet    | No                  |     |                   | ALL                        |
| 26562 | Repair of syndactyly (web finger) each wet    | No                  |     |                   | ALL                        |
| 26565 | Osteotomy; metacarpal, each                   | No                  |     |                   | ALL                        |
| 26567 | Osteotomy; phalanx of finger, each            | No                  |     |                   | ALL                        |
| 26568 | Osteoplasty, lengthening, metacarpal or pl    | No                  |     |                   | ALL                        |
| 26580 | Repair cleft hand                             | No                  |     |                   | ALL                        |
| 26587 | Reconstruction of polydactylous digit, soft   | No                  |     |                   | ALL                        |
| 26590 | Repair macrodactylia, each digit              | No                  |     |                   | ALL                        |
| 26591 | Repair, intrinsic muscles of hand, each mu    | No                  |     |                   | ALL                        |
| 26593 | Release, intrinsic muscles of hand, each n    | No                  |     |                   | ALL                        |
| 26596 | Excision of constricting ring of finger, with | No                  |     |                   | ALL                        |
| 26600 | Closed treatment of metacarpal fracture, s    | No                  |     |                   | ALL                        |
| 26605 | Closed treatment of metacarpal fracture, s    | No                  |     |                   | ALL                        |
| 26607 | Closed treatment of metacarpal fracture, w    | No                  |     |                   | ALL                        |
| 26608 | Percutaneous skeletal fixation of metacarp    | No                  |     |                   | ALL                        |
| 26615 | Open treatment of metacarpal fracture, sir    | No                  |     |                   | ALL                        |
| 26641 | Closed treatment of carpometacarpal disl      | No                  |     |                   | ALL                        |
| 26645 | Closed treatment of carpometacarpal fract     | No                  |     |                   | ALL                        |
| 26650 | Percutaneous skeletal fixation of carpome     | No                  |     |                   | ALL                        |
| 26665 | Open treatment of carpometacarpal fractu      | No                  |     |                   | ALL                        |
| 26670 | Closed treatment of carpometacarpal disl      | No                  |     |                   | ALL                        |
| 26675 | Closed treatment of carpometacarpal disl      | No                  |     |                   | ALL                        |
| 26676 | Percutaneous skeletal fixation of carpome     | No                  |     |                   | ALL                        |
| 26685 | Open treatment of carpometacarpal disloc      | No                  |     |                   | ALL                        |
| 26686 | Open treatment of carpometacarpal disloc      | No                  |     |                   | ALL                        |
| 26700 | Closed treatment of metacarpophalangeal       | No                  |     |                   | ALL                        |
| 26705 | Closed treatment of metacarpophalangeal       | No                  |     |                   | ALL                        |
| 26706 | Percutaneous skeletal fixation of metacarp    | No                  |     |                   | ALL                        |
| 26715 | Open treatment of metacarpophalangeal d       | No                  |     |                   | ALL                        |
| 26720 | Closed treatment of phalangeal shaft fract    | No                  |     |                   | ALL                        |
| 26725 | Closed treatment of phalangeal shaft fract    | No                  |     |                   | ALL                        |
| 26727 | Percutaneous skeletal fixation of unstable    | No                  |     |                   | ALL                        |
| 26735 | Open treatment of phalangeal shaft fractur    | No                  |     |                   | ALL                        |
| 26740 | Closed treatment of articular fracture, invo  | No                  |     |                   | ALL                        |
| 26742 | Closed treatment of articular fracture, invo  | No                  |     |                   | ALL                        |
| 26746 | Open treatment of articular fracture, involv  | No                  |     |                   | ALL                        |
| 26750 | Closed treatment of distal phalangeal fract   | No                  |     |                   | ALL                        |
| 26755 | Closed treatment of distal phalangeal fract   | No                  |     |                   | ALL                        |
| 26756 | Percutaneous skeletal fixation of distal pha  | No                  |     |                   | ALL                        |
| 26765 | Open treatment of distal phalangeal fractu    | No                  |     |                   | ALL                        |
| 26770 | Closed treatment of interphalangeal joint d   | No                  |     |                   | ALL                        |
| 26775 | Closed treatment of interphalangeal joint d   | No                  |     |                   | ALL                        |
| 26776 | Percutaneous skeletal fixation of interphala  | No                  |     |                   | ALL                        |
| 26785 | Open treatment of interphalangeal joint dis   | No                  |     |                   | ALL                        |
| 26820 | Fusion in opposition, thumb, with autogene    | No                  |     |                   | ALL                        |
| 26841 | Arthrodesis, carpometacarpal joint, thumb     | No                  |     |                   | ALL                        |
| 26842 | Arthrodesis, carpometacarpal joint, thumb     | No                  |     |                   | ALL                        |
| 26843 | Arthrodesis, carpometacarpal joint, digit, o  | No                  |     |                   | ALL                        |
| 26844 | Arthrodesis, carpometacarpal joint, digit, o  | No                  |     |                   | ALL                        |
| 26850 | Arthrodesis, metacarpophalangeal joint, w     | No                  |     |                   | ALL                        |
| 26852 | Arthrodesis, metacarpophalangeal joint, w     | No                  |     |                   | ALL                        |
| 26860 | Arthrodesis, interphalangeal joint, with or v | No                  |     |                   | ALL                        |
| 26861 | Arthrodesis, interphalangeal joint, with or v | No                  |     |                   | ALL                        |
| 26862 | Arthrodesis, interphalangeal joint, with or v | No                  |     |                   | ALL                        |
| 26863 | Arthrodesis, interphalangeal joint, with or v | No                  |     |                   | ALL                        |
| 26910 | Amputation, metacarpal, with finger or thum   | No                  |     |                   | ALL                        |
| 26951 | Amputation, finger or thumb, primary or se    | No                  |     |                   | ALL                        |
| 26952 | Amputation, finger or thumb, primary or se    | No                  |     |                   | ALL                        |
| 26989 | UNLISTED PROCEDURE, HANDS OR FI               | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 26989 | UNLISTED PROCEDURE, HANDS OR FI               | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 26989 | UNLISTED PROCEDURE, HANDS OR FI               | No                  |     |                   | PRICHO                     |
| 26990 | Incision and drainage, pelvis or hip joint ar | No                  |     |                   | ALL                        |



**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 26991 | Incision and drainage, pelvis or hip joint ar  | No                  |                         |                   | ALL                 |
| 26992 | Incision, bone cortex, pelvis and/or hip joint | No                  |                         |                   | ALL                 |
| 27000 | Tenotomy, adductor of hip, percutaneous (      | No                  |                         |                   | ALL                 |
| 27001 | Tenotomy, adductor of hip, open                | No                  |                         |                   | ALL                 |
| 27003 | Tenotomy, adductor, subcutaneous, open,        | No                  |                         |                   | ALL                 |
| 27005 | Tenotomy, hip flexor(s), open (separate pr     | No                  |                         |                   | ALL                 |
| 27006 | Tenotomy, abductors and/or extensor(s) of      | No                  |                         |                   | ALL                 |
| 27025 | Fasciotomy, hip or thigh, any type             | No                  |                         |                   | ALL                 |
| 27027 | Decompression fasciotomy(ies), pelvic (bu      | No                  |                         |                   | ALL                 |
| 27030 | Arthrotomy, hip, with drainage (eg, infectio   | No                  |                         |                   | ALL                 |
| 27033 | Arthrotomy, hip, including exploration or re   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27033 | Arthrotomy, hip, including exploration or re   | No                  |                         |                   | MCWRAP              |
| 27035 | Denervation, hip joint, intrapelvic or extrap  | No                  |                         |                   | ALL                 |
| 27036 | Capsulectomy or capsulotomy, hip, with or      | No                  |                         |                   | ALL                 |
| 27040 | Biopsy, soft tissue of pelvis and hip area; s  | No                  |                         |                   | ALL                 |
| 27041 | Biopsy, soft tissue of pelvis and hip area; c  | No                  |                         |                   | ALL                 |
| 27043 | EXCISION, TUMOR, SOF T TISSUE OF F             | No                  |                         |                   | ALL                 |
| 27045 | EXCISION, TUMOR, SOF T TISSUE OF F             | No                  |                         |                   | ALL                 |
| 27047 | Excision, tumor, pelvis and hip area; subc     | No                  |                         |                   | ALL                 |
| 27048 | Excision, tumor, pelvis and hip area; deep     | No                  |                         |                   | ALL                 |
| 27049 | Radical resection of tumor, soft tissue of p   | No                  |                         |                   | ALL                 |
| 27050 | Arthrotomy, with biopsy; sacroiliac joint      | No                  |                         |                   | ALL                 |
| 27052 | Arthrotomy, with biopsy; hip joint             | No                  |                         |                   | ALL                 |
| 27054 | Arthrotomy with synovectomy, hip joint         | No                  |                         |                   | ALL                 |
| 27057 | Decompression fasciotomy(ies), pelvic (bu      | No                  |                         |                   | ALL                 |
| 27059 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                 |
| 27060 | Excision; ischial bursa                        | No                  |                         |                   | ALL                 |
| 27062 | Excision; trochanteric bursa or calcification  | No                  |                         |                   | ALL                 |
| 27065 | Excision of bone cyst or benign tumor, win     | No                  |                         |                   | ALL                 |
| 27066 | Excision of bone cyst or benign tumor, win     | No                  |                         |                   | ALL                 |
| 27067 | Excision of bone cyst or benign tumor, win     | No                  |                         |                   | ALL                 |
| 27070 | Partial excision, wing of ilium, symphysis p   | No                  |                         |                   | ALL                 |
| 27071 | Partial excision, wing of ilium, symphysis p   | No                  |                         |                   | ALL                 |
| 27075 | Radical resection of tumor or infection; wir   | No                  |                         |                   | ALL                 |
| 27076 | Radical resection of tumor or infection; ili   | No                  |                         |                   | ALL                 |
| 27077 | Radical resection of tumor or infection; inn   | No                  |                         |                   | ALL                 |
| 27078 | Radical resection of tumor or infection; isc   | No                  |                         |                   | ALL                 |
| 27080 | Coccygectomy, primary                          | No                  |                         |                   | ALL                 |
| 27086 | Removal of foreign body, pelvis or hip; sub    | No                  |                         |                   | ALL                 |
| 27087 | Removal of foreign body, pelvis or hip; dee    | No                  |                         |                   | ALL                 |
| 27090 | Removal of hip prosthesis; (separate proce     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27090 | Removal of hip prosthesis; (separate proce     | No                  |                         |                   | MCWRAP              |
| 27091 | Removal of hip prosthesis; complicated, in     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27091 | Removal of hip prosthesis; complicated, in     | No                  |                         |                   | MCWRAP              |
| 27093 | Injection procedure for hip arthrography; w    | No                  |                         |                   | ALL                 |
| 27095 | Injection procedure for hip arthrography; w    | No                  |                         |                   | ALL                 |
| 27096 | Injection procedure for sacroiliac joint, arth | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except McWrap) |
| 27096 | Injection procedure for sacroiliac joint, arth | No                  |                         |                   | MCWRAP, Caid, MMP   |
| 27096 | Injection procedure for sacroiliac joint, arth | No                  |                         |                   | PRICHO              |
| 27097 | Release or recession, hamstring, proximal      | No                  |                         |                   | ALL                 |
| 27098 | Transfer, adductor to ischium                  | No                  |                         |                   | ALL                 |
| 27100 | Transfer external oblique muscle to greater    | No                  |                         |                   | ALL                 |
| 27105 | Transfer paraspinal muscle to hip (include     | No                  |                         |                   | ALL                 |
| 27110 | Transfer iliopsoas; to greater trochanter of   | No                  |                         |                   | ALL                 |
| 27111 | Transfer iliopsoas; to femoral neck            | No                  |                         |                   | ALL                 |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, f      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27120 | Acetabuloplasty; (eg, Whitman, Colonna, f      | No                  |                         |                   | MCWRAP              |
| 27122 | Acetabuloplasty; resection, femoral head (     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27122 | Acetabuloplasty; resection, femoral head (     | No                  |                         |                   | MCWRAP              |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27125 | Hemiarthroplasty, hip, partial (eg, femoral    | No                  |                         |                   | MCWRAP              |
| 27130 | Total hip arthroplasty                         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27130 | Total hip arthroplasty                         | No                  |                         |                   | MCWRAP              |
| 27132 | CONVERSION OF PREVIOUS HIP SURG                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27132 | CONVERSION OF PREVIOUS HIP SURG                | No                  |                         |                   | MCWRAP              |
| 27134 | Revision of total hip arthroplasty; both com   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27134 | Revision of total hip arthroplasty; both com   | No                  |                         |                   | MCWRAP              |
| 27137 | Revision of total hip arthroplasty; acetabul   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27137 | Revision of total hip arthroplasty; acetabul   | No                  |                         |                   | MCWRAP              |
| 27138 | Revision of total hip arthroplasty; femoral d  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27138 | Revision of total hip arthroplasty; femoral d  | No                  |                         |                   | MCWRAP              |

**Services that require Prior Authorization List**

| Code  | Description                                                 | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-------------------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 27140 | Osteotomy and transfer of greater trochanter                | No                  |                         |                   | ALL                 |
| 27146 | Osteotomy, iliac, acetabular or innominate                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27146 | Osteotomy, iliac, acetabular or innominate                  | No                  |                         |                   | MCWRAP              |
| 27147 | Osteotomy, iliac, acetabular or innominate                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27147 | Osteotomy, iliac, acetabular or innominate                  | No                  |                         |                   | MCWRAP              |
| 27151 | Osteotomy, iliac, acetabular or innominate                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27151 | Osteotomy, iliac, acetabular or innominate                  | No                  |                         |                   | MCWRAP              |
| 27156 | Osteotomy, iliac, acetabular or innominate                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27156 | Osteotomy, iliac, acetabular or innominate                  | No                  |                         |                   | MCWRAP              |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenital)               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27158 | Osteotomy, pelvis, bilateral (eg, congenital)               | No                  |                         |                   | MCWRAP              |
| 27161 | Osteotomy, femoral neck (separate procedure)                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27161 | Osteotomy, femoral neck (separate procedure)                | No                  |                         |                   | MCWRAP              |
| 27165 | Osteotomy, intertrochanteric or subtrochanteric             | No                  |                         |                   | ALL                 |
| 27170 | Bone graft, femoral head, neck, intertrochanteric           | No                  |                         |                   | ALL                 |
| 27175 | Treatment of slipped femoral epiphysis; by closed method    | No                  |                         |                   | ALL                 |
| 27176 | Treatment of slipped femoral epiphysis; by open method      | No                  |                         |                   | ALL                 |
| 27177 | Open treatment of slipped femoral epiphysis                 | No                  |                         |                   | ALL                 |
| 27178 | Open treatment of slipped femoral epiphysis                 | No                  |                         |                   | ALL                 |
| 27179 | Open treatment of slipped femoral epiphysis                 | No                  |                         |                   | ALL                 |
| 27181 | Open treatment of slipped femoral epiphysis                 | No                  |                         |                   | ALL                 |
| 27185 | Epiphyseal arrest by epiphysiodesis or stapling             | No                  |                         |                   | ALL                 |
| 27187 | Prophylactic treatment (nailing, pinning, plating)          | No                  |                         |                   | ALL                 |
| 27187 | Prophylactic treatment (nailing, pinning, plating)          | Not Covered         |                         |                   | CAID                |
| 27197 | Closed treatment of posterior pelvic ring fracture          | No                  |                         |                   | ALL                 |
| 27198 | Closed treatment of posterior pelvic ring fracture          | No                  |                         |                   | ALL                 |
| 27200 | Closed treatment of coccygeal fracture                      | No                  |                         |                   | ALL                 |
| 27202 | Open treatment of coccygeal fracture                        | No                  |                         |                   | ALL                 |
| 27215 | Open treatment of iliac spine(s), tuberosity of ilium       | No                  |                         |                   | ALL                 |
| 27216 | dislocation (includes ilium, sacroiliac joint)              | No                  |                         |                   | ALL                 |
| 27217 | Open treatment of anterior ring fracture and dislocation    | No                  |                         |                   | ALL                 |
| 27218 | Open treatment of posterior ring fracture and dislocation   | No                  |                         |                   | ALL                 |
| 27220 | Closed treatment of acetabulum (hip socket)                 | No                  |                         |                   | ALL                 |
| 27222 | Closed treatment of acetabulum (hip socket)                 | No                  |                         |                   | ALL                 |
| 27226 | Open treatment of posterior or anterior acetabulum fracture | No                  |                         |                   | ALL                 |
| 27227 | Open treatment of acetabular fracture(s) in hip             | No                  |                         |                   | ALL                 |
| 27228 | Open treatment of acetabular fracture(s) in hip             | No                  |                         |                   | ALL                 |
| 27230 | Closed treatment of femoral fracture, proximal              | No                  |                         |                   | ALL                 |
| 27232 | Closed treatment of femoral fracture, proximal              | No                  |                         |                   | ALL                 |
| 27235 | Percutaneous skeletal fixation of femoral fracture          | No                  |                         |                   | ALL                 |
| 27236 | Open treatment of femoral fracture, proximal                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27236 | Open treatment of femoral fracture, proximal                | No                  |                         |                   | MCWRAP              |
| 27238 | Closed treatment of intertrochanteric, pertrochanteric      | No                  |                         |                   | ALL                 |
| 27240 | Closed treatment of intertrochanteric, pertrochanteric      | No                  |                         |                   | ALL                 |
| 27244 | Treatment of intertrochanteric, pertrochanteric             | No                  |                         |                   | ALL                 |
| 27245 | Treatment of intertrochanteric, pertrochanteric             | No                  |                         |                   | ALL                 |
| 27246 | Closed treatment of greater trochanteric fracture           | No                  |                         |                   | ALL                 |
| 27248 | Open treatment of greater trochanteric fracture             | No                  |                         |                   | ALL                 |
| 27250 | Closed treatment of hip dislocation, traumatic              | No                  |                         |                   | ALL                 |
| 27252 | Closed treatment of hip dislocation, traumatic              | No                  |                         |                   | ALL                 |
| 27253 | Open treatment of hip dislocation, traumatic                | No                  |                         |                   | ALL                 |
| 27254 | Open treatment of hip dislocation, traumatic                | No                  |                         |                   | ALL                 |
| 27256 | Treatment of spontaneous hip dislocation                    | No                  |                         |                   | ALL                 |
| 27257 | Treatment of spontaneous hip dislocation                    | No                  |                         |                   | ALL                 |
| 27258 | Open treatment of spontaneous hip dislocation               | No                  |                         |                   | ALL                 |
| 27259 | Open treatment of spontaneous hip dislocation               | No                  |                         |                   | ALL                 |
| 27265 | Closed treatment of post hip arthroplasty dislocation       | No                  |                         |                   | ALL                 |
| 27266 | Closed treatment of post hip arthroplasty dislocation       | No                  |                         |                   | ALL                 |
| 27267 | CLOSED TREATMENT OF FEMORAL FRACTURE                        | No                  |                         |                   | ALL                 |
| 27268 | CLOSED TREATMENT OF FEMORAL FRACTURE                        | No                  |                         |                   | ALL                 |
| 27269 | OPEN TREATMENT OF FEMORAL FRACTURE                          | No                  |                         |                   | ALL                 |
| 27275 | Manipulation, hip joint, requiring general anesthesia       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27275 | Manipulation, hip joint, requiring general anesthesia       | No                  |                         |                   | MCWRAP              |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except Mcwrap) |
| 27278 | Arthrodesis, sacroiliac joint, percutaneous                 | No                  |                         |                   | MCWRAP              |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27279 | Arthrodesis, sacroiliac joint, percutaneous                 | No                  |                         |                   | MCWRAP              |
| 27280 | Arthrodesis, sacroiliac joint (including obturator foramen) | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27280 | Arthrodesis, sacroiliac joint (including obturator foramen) | No                  |                         |                   | MCWRAP              |
| 27282 | Arthrodesis, symphysis pubis (including obturator foramen)  | No                  |                         |                   | ALL                 |
| 27284 | Arthrodesis, hip joint (including obtaining graft)          | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 27284 | Arthrodesis, hip joint (including obtaining g | No                  |                         |                   | MCWRAP              |
| 27286 | Arthrodesis, hip joint (including obtaining g | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27286 | Arthrodesis, hip joint (including obtaining g | No                  |                         |                   | MCWRAP              |
| 27290 | Interpelviabdominal amputation (hindquart     | No                  |                         |                   | ALL                 |
| 27295 | Disarticulation of hip                        | No                  |                         |                   | ALL                 |
| 27299 | UNLISTED PROCEDURE, PELVIS OR H               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27299 | UNLISTED PROCEDURE, PELVIS OR H               | No                  |                         |                   | MCWRAP              |
| 27301 | Incision and drainage, deep abscess, burs     | No                  |                         |                   | ALL                 |
| 27303 | Incision, deep, with opening of bone cortex   | No                  |                         |                   | ALL                 |
| 27305 | Fasciotomy, iliotibial (tenotomy), open       | No                  |                         |                   | ALL                 |
| 27306 | Tenotomy, percutaneous, adductor or ham       | No                  |                         |                   | ALL                 |
| 27307 | Tenotomy, percutaneous, adductor or ham       | No                  |                         |                   | ALL                 |
| 27310 | Arthrotomy, knee, with exploration, drainag   | No                  |                         |                   | ALL                 |
| 27323 | Biopsy, soft tissue of thigh or knee area; s  | No                  |                         |                   | ALL                 |
| 27324 | Biopsy, soft tissue of thigh or knee area; d  | No                  |                         |                   | ALL                 |
| 27325 | NEURECTOMY, HAMSTRING MUSCLE                  | No                  |                         |                   | ALL                 |
| 27326 | NEURECTOMY, POPLITEAL (GASTROC                | No                  |                         |                   | ALL                 |
| 27327 | Excision, tumor, thigh or knee area; subcu    | No                  |                         |                   | ALL                 |
| 27328 | Excision, tumor, thigh or knee area; deep,    | No                  |                         |                   | ALL                 |
| 27329 | Radical resection of tumor (eg, malignant     | No                  |                         |                   | ALL                 |
| 27330 | ARTHROTOMY, KNEE; WITH SYNOVIAL               | No                  |                         |                   | ALL                 |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOIN              | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27331 | ARTHROTOMY, KNEE; INCLUDING JOIN              | No                  |                         |                   | MCWRAP              |
| 27332 | ARTHROTOMY, WITH EXCISION OF SE               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27332 | ARTHROTOMY, WITH EXCISION OF SE               | No                  |                         |                   | MCWRAP              |
| 27333 | ARTHROTOMY, WITH EXCISION OF SE               | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27333 | ARTHROTOMY, WITH EXCISION OF SE               | No                  |                         |                   | MCWRAP              |
| 27334 | ARTHROTOMY, WITH SYNOVECTOMY                  | No                  |                         |                   | ALL                 |
| 27335 | ARTHROTOMY, WITH SYNOVECTOMY                  | No                  |                         |                   | ALL                 |
| 27337 | EXCISION, TUMOR, SOFT TISSUE OF T             | No                  |                         |                   | ALL                 |
| 27339 | EXCISION, TUMOR, SOFT TISSUE OF T             | No                  |                         |                   | ALL                 |
| 27340 | Excision, prepatellar bursa                   | No                  |                         |                   | ALL                 |
| 27345 | Excision of synovial cyst of popliteal space  | No                  |                         |                   | ALL                 |
| 27347 | Excision of lesion of meniscus or capsule     | No                  |                         |                   | ALL                 |
| 27350 | Patellectomy or hemipatellectomy              | No                  |                         |                   | ALL                 |
| 27355 | Excision or curettage of bone cyst or benig   | No                  |                         |                   | ALL                 |
| 27356 | Excision or curettage of bone cyst or benig   | No                  |                         |                   | ALL                 |
| 27357 | Excision or curettage of bone cyst or benig   | No                  |                         |                   | ALL                 |
| 27358 | Excision or curettage of bone cyst or benig   | No                  |                         |                   | ALL                 |
| 27360 | Partial excision (craterization, saucerizatio | No                  |                         |                   | ALL                 |
| 27364 | RADICAL RESECTION OF TUMOR (EG,               | No                  |                         |                   | ALL                 |
| 27365 | Radical resection of tumor, bone, femur or    | No                  |                         |                   | ALL                 |
| 27369 | Injection procedure for contrast knee arthr   | No                  |                         |                   | ALL                 |
| 27372 | Removal of foreign body, deep, thigh regio    | No                  |                         |                   | ALL                 |
| 27380 | Suture of infrapatellar tendon; primary       | No                  |                         |                   | ALL                 |
| 27381 | Suture of infrapatellar tendon; secondary r   | No                  |                         |                   | ALL                 |
| 27385 | Suture of quadriceps or hamstring muscle      | No                  |                         |                   | ALL                 |
| 27386 | Suture of quadriceps or hamstring muscle      | No                  |                         |                   | ALL                 |
| 27390 | Tenotomy, open, hamstring, knee to hip; s     | No                  |                         |                   | ALL                 |
| 27391 | Tenotomy, open, hamstring, knee to hip; n     | No                  |                         |                   | ALL                 |
| 27392 | Tenotomy, open, hamstring, knee to hip; n     | No                  |                         |                   | ALL                 |
| 27393 | Lengthening of hamstring tendon; single te    | No                  |                         |                   | ALL                 |
| 27394 | Lengthening of hamstring tendon; multiple     | No                  |                         |                   | ALL                 |
| 27395 | Lengthening of hamstring tendon; multiple     | No                  |                         |                   | ALL                 |
| 27396 | Transplant, hamstring tendon to patella; si   | No                  |                         |                   | ALL                 |
| 27397 | Transplant, hamstring tendon to patella; m    | No                  |                         |                   | ALL                 |
| 27400 | Transfer, tendon or muscle, hamstrings to     | No                  |                         |                   | ALL                 |
| 27403 | Arthrotomy with meniscus repair, knee         | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27403 | Arthrotomy with meniscus repair, knee         | No                  |                         |                   | MCWRAP              |
| 27405 | Repair, primary, torn ligament and/or caps    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27405 | Repair, primary, torn ligament and/or caps    | No                  |                         |                   | MCWRAP              |
| 27407 | Repair, primary, torn ligament and/or caps    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27407 | Repair, primary, torn ligament and/or caps    | No                  |                         |                   | MCWRAP              |
| 27409 | Repair, primary, torn ligament and/or caps    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27409 | Repair, primary, torn ligament and/or caps    | No                  |                         |                   | MCWRAP              |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLA                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27412 | AUTOLOGOUS CHONDROCYTE IMPLA                  | No                  |                         |                   | MCWRAP              |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27415 | OSTEOCHONDRAL ALLOGRAFT, KNEE                 | No                  |                         |                   | MCWRAP              |
| 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KN                | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27416 | OSTEOCHONDRAL AUTOGRAFT(S), KN                | No                  |                         |                   | MCWRAP              |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 27418 | Anterior tibial tubercleplasty (eg, Maquet ty | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27418 | Anterior tibial tubercleplasty (eg, Maquet ty | No                  |                         |                   | MCWRAP              |
| 27420 | Reconstruction of dislocating patella; (eg,   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27420 | Reconstruction of dislocating patella; (eg,   | No                  |                         |                   | MCWRAP              |
| 27422 | Reconstruction of dislocating patella; with   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27422 | Reconstruction of dislocating patella; with   | No                  |                         |                   | MCWRAP              |
| 27424 | Reconstruction of dislocating patella; with   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27424 | Reconstruction of dislocating patella; with   | No                  |                         |                   | MCWRAP              |
| 27425 | Lateral retinacular release, open             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27425 | Lateral retinacular release, open             | No                  |                         |                   | MCWRAP              |
| 27427 | Ligamentous reconstruction (augmentation      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27427 | Ligamentous reconstruction (augmentation      | No                  |                         |                   | MCWRAP              |
| 27428 | Ligamentous reconstruction (augmentation      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27428 | Ligamentous reconstruction (augmentation      | No                  |                         |                   | MCWRAP              |
| 27429 | Ligamentous reconstruction (augmentation      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27429 | Ligamentous reconstruction (augmentation      | No                  |                         |                   | MCWRAP              |
| 27430 | Quadricepsplasty (eg, Bennett or Thomps       | No                  |                         |                   | ALL                 |
| 27435 | Capsulotomy, posterior capsular release, k    | No                  |                         |                   | ALL                 |
| 27437 | Arthroplasty, patella; without prosthesis     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27437 | Arthroplasty, patella; without prosthesis     | No                  |                         |                   | MCWRAP              |
| 27438 | Arthroplasty, patella; with prosthesis        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27438 | Arthroplasty, patella; with prosthesis        | No                  |                         |                   | MCWRAP              |
| 27440 | Arthroplasty, knee, tibial plateau;           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27440 | Arthroplasty, knee, tibial plateau;           | No                  |                         |                   | MCWRAP              |
| 27441 | Arthroplasty, knee, tibial plateau; with deb  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27441 | Arthroplasty, knee, tibial plateau; with deb  | No                  |                         |                   | MCWRAP              |
| 27442 | Arthroplasty, femoral condyles or tibial plat | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27442 | Arthroplasty, femoral condyles or tibial plat | No                  |                         |                   | MCWRAP              |
| 27443 | Arthroplasty, femoral condyles or tibial plat | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27443 | Arthroplasty, femoral condyles or tibial plat | No                  |                         |                   | MCWRAP              |
| 27445 | Arthroplasty, knee, hinge prosthesis (eg, V   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27445 | Arthroplasty, knee, hinge prosthesis (eg, V   | No                  |                         |                   | MCWRAP              |
| 27446 | Arthroplasty, knee, condyle and plateau; m    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27446 | Arthroplasty, knee, condyle and plateau; m    | No                  |                         |                   | MCWRAP              |
| 27447 | Arthroplasty, knee, condyle and plateau; m    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27447 | Arthroplasty, knee, condyle and plateau; m    | No                  |                         |                   | MCWRAP              |
| 27448 | Osteotomy, femur, shaft or supracondylar;     | No                  |                         |                   | ALL                 |
| 27450 | Osteotomy, femur, shaft or supracondylar;     | No                  |                         |                   | ALL                 |
| 27454 | Osteotomy, multiple, with realignment on i    | No                  |                         |                   | ALL                 |
| 27455 | Osteotomy, proximal tibia, including fibular  | No                  |                         |                   | ALL                 |
| 27457 | Osteotomy, proximal tibia, including fibular  | No                  |                         |                   | ALL                 |
| 27465 | Osteoplasty, femur; shortening (excluding     | No                  |                         |                   | ALL                 |
| 27466 | Osteoplasty, femur; lengthening               | No                  |                         |                   | ALL                 |
| 27468 | Osteoplasty, femur; combined, lengthening     | No                  |                         |                   | ALL                 |
| 27470 | Repair, nonunion or malunion, femur, dista    | No                  |                         |                   | ALL                 |
| 27472 | Repair, nonunion or malunion, femur, dista    | No                  |                         |                   | ALL                 |
| 27475 | Arrest, epiphyseal, any method (eg, epiphy    | No                  |                         |                   | ALL                 |
| 27477 | Arrest, epiphyseal, any method (eg, epiphy    | No                  |                         |                   | ALL                 |
| 27479 | Arrest, epiphyseal, any method (eg, epiphy    | No                  |                         |                   | ALL                 |
| 27485 | Arrest, hemiepiphyseal, distal femur or pro   | No                  |                         |                   | ALL                 |
| 27486 | Revision of total knee arthroplasty, with or  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27486 | Revision of total knee arthroplasty, with or  | No                  |                         |                   | MCWRAP              |
| 27487 | Revision of total knee arthroplasty, with or  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27487 | Revision of total knee arthroplasty, with or  | No                  |                         |                   | MCWRAP              |
| 27488 | Removal of prosthesis, including total kne    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27488 | Removal of prosthesis, including total kne    | No                  |                         |                   | MCWRAP              |
| 27495 | Prophylactic treatment (nailing, pinning, pl  | No                  |                         |                   | ALL                 |
| 27496 | extensor or adductor);                        | No                  |                         |                   | ALL                 |
| 27497 | Decompression fasciotomy, thigh and/or k      | No                  |                         |                   | ALL                 |
| 27498 | Decompression fasciotomy, thigh and/or k      | No                  |                         |                   | ALL                 |
| 27499 | Decompression fasciotomy, thigh and/or k      | No                  |                         |                   | ALL                 |
| 27500 | Closed treatment of femoral shaft fracture,   | No                  |                         |                   | ALL                 |
| 27501 | Closed treatment of supracondylar or trans    | No                  |                         |                   | ALL                 |
| 27502 | Closed treatment of femoral shaft fracture,   | No                  |                         |                   | ALL                 |
| 27503 | Closed treatment of supracondylar or trans    | No                  |                         |                   | ALL                 |
| 27506 | Open treatment of femoral shaft fracture, v   | No                  |                         |                   | ALL                 |
| 27507 | Open treatment of femoral shaft fracture w    | No                  |                         |                   | ALL                 |
| 27508 | Closed treatment of femoral fracture, dista   | No                  |                         |                   | ALL                 |
| 27509 | Percutaneous skeletal fixation of femoral f   | No                  |                         |                   | ALL                 |
| 27510 | Closed treatment of femoral fracture, dista   | No                  |                         |                   | ALL                 |
| 27511 | Open treatment of femoral supracondylar r     | No                  |                         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|---------|-------------------|---------------------|
| 27513 | Open treatment of femoral supracondylar       | No                  |         |                   | ALL                 |
| 27514 | Open treatment of femoral fracture, distal    | No                  |         |                   | ALL                 |
| 27516 | Closed treatment of distal femoral epiphys    | No                  |         |                   | ALL                 |
| 27517 | Closed treatment of distal femoral epiphys    | No                  |         |                   | ALL                 |
| 27519 | Open treatment of distal femoral epiphys      | No                  |         |                   | ALL                 |
| 27520 | Closed treatment of patellar fracture, with   | No                  |         |                   | ALL                 |
| 27524 | Open treatment of patellar fracture, with in  | No                  |         |                   | ALL                 |
| 27530 | Closed treatment of tibial fracture, proxima  | No                  |         |                   | ALL                 |
| 27532 | Closed treatment of tibial fracture, proxima  | No                  |         |                   | ALL                 |
| 27535 | Open treatment of tibial fracture, proximal   | No                  |         |                   | ALL                 |
| 27536 | Open treatment of tibial fracture, proximal   | No                  |         |                   | ALL                 |
| 27538 | Closed treatment of intercondylar spine(s)    | No                  |         |                   | ALL                 |
| 27540 | Open treatment of intercondylar spine(s) a    | No                  |         |                   | ALL                 |
| 27550 | Closed treatment of knee dislocation; with    | No                  |         |                   | ALL                 |
| 27552 | Closed treatment of knee dislocation; requ    | No                  |         |                   | ALL                 |
| 27556 | Open treatment of knee dislocation, with o    | No                  |         |                   | ALL                 |
| 27557 | Open treatment of knee dislocation, with o    | No                  |         |                   | ALL                 |
| 27558 | Open treatment of knee dislocation, with o    | No                  |         |                   | ALL                 |
| 27560 | Closed treatment of patellar dislocation; w   | No                  |         |                   | ALL                 |
| 27562 | Closed treatment of patellar dislocation; re  | No                  |         |                   | ALL                 |
| 27566 | Open treatment of patellar dislocation, with  | No                  |         |                   | ALL                 |
| 27570 | Manipulation of knee joint under general a    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 27570 | Manipulation of knee joint under general a    | No                  |         |                   | MCWRAP              |
| 27580 | Arthrodesis, knee, any technique              | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 27580 | Arthrodesis, knee, any technique              | No                  |         |                   | MCWRAP              |
| 27590 | Amputation, thigh, through femur, any leve    | No                  |         |                   | ALL                 |
| 27591 | Amputation, thigh, through femur, any leve    | No                  |         |                   | ALL                 |
| 27592 | Amputation, thigh, through femur, any leve    | No                  |         |                   | ALL                 |
| 27594 | Amputation, thigh, through femur, any leve    | No                  |         |                   | ALL                 |
| 27596 | Amputation, thigh, through femur, any leve    | No                  |         |                   | ALL                 |
| 27598 | Disarticulation at knee                       | No                  |         |                   | ALL                 |
| 27599 | UNLISTED PROCEDURE, FEMUR OR K                | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 27599 | UNLISTED PROCEDURE, FEMUR OR K                | No                  |         |                   | MCWRAP              |
| 27600 | Decompression fasciotomy, leg; anterior a     | No                  |         |                   | ALL                 |
| 27601 | Decompression fasciotomy, leg; posterior      | No                  |         |                   | ALL                 |
| 27602 | Decompression fasciotomy, leg; anterior a     | No                  |         |                   | ALL                 |
| 27603 | Incision and drainage, leg or ankle; deep a   | No                  |         |                   | ALL                 |
| 27604 | Incision and drainage, leg or ankle; infecte  | No                  |         |                   | ALL                 |
| 27605 | Tenotomy, percutaneous, Achilles tendon       | No                  |         |                   | ALL                 |
| 27606 | Tenotomy, percutaneous, Achilles tendon       | No                  |         |                   | ALL                 |
| 27607 | Incision (eg, osteomyelitis or bone abscess   | No                  |         |                   | ALL                 |
| 27610 | Arthrotomy, ankle, including exploration, d   | No                  |         |                   | ALL                 |
| 27612 | Arthrotomy, posterior capsular release, an    | No                  |         |                   | ALL                 |
| 27613 | Biopsy, soft tissue of leg or ankle area; su  | No                  |         |                   | ALL                 |
| 27614 | Biopsy, soft tissue of leg or ankle area; de  | No                  |         |                   | ALL                 |
| 27615 | Radical resection of tumor (eg, malignant t   | No                  |         |                   | ALL                 |
| 27616 | RADICAL RESECTION OF TUMOR (EG, MALIGN        | No                  |         |                   | ALL                 |
| 27618 | Excision, tumor, leg or ankle area; subcuta   | No                  |         |                   | ALL                 |
| 27619 | Excision, tumor, leg or ankle area; deep (s   | No                  |         |                   | ALL                 |
| 27620 | Arthrotomy, ankle, with joint exploration, w  | No                  |         |                   | ALL                 |
| 27625 | Arthrotomy, with synovectomy, ankle;          | No                  |         |                   | ALL                 |
| 27626 | Arthrotomy, with synovectomy, ankle; inclu    | No                  |         |                   | ALL                 |
| 27630 | Excision of lesion of tendon sheath or caps   | No                  |         |                   | ALL                 |
| 27632 | EXCISION, TUMOR, SOFT TISSUE OF L             | No                  |         |                   | ALL                 |
| 27634 | EXCISION, TUMOR, SOFT TISSUE OF L             | No                  |         |                   | ALL                 |
| 27635 | Excision or curettage of bone cyst or benig   | No                  |         |                   | ALL                 |
| 27637 | Excision or curettage of bone cyst or benig   | No                  |         |                   | ALL                 |
| 27638 | Excision or curettage of bone cyst or benig   | No                  |         |                   | ALL                 |
| 27640 | Partial excision (craterization, saucerizatio | No                  |         |                   | ALL                 |
| 27641 | Partial excision (craterization, saucerizatio | No                  |         |                   | ALL                 |
| 27645 | Radical resection of tumor, bone; tibia       | No                  |         |                   | ALL                 |
| 27646 | Radical resection of tumor, bone; fibula      | No                  |         |                   | ALL                 |
| 27647 | Radical resection of tumor, bone; talus or    | No                  |         |                   | ALL                 |
| 27648 | Injection procedure for ankle arthrography    | No                  |         |                   | ALL                 |
| 27650 | Repair, primary, open or percutaneous, ru     | No                  |         |                   | ALL                 |
| 27652 | Repair, primary, open or percutaneous, ru     | No                  |         |                   | ALL                 |
| 27654 | Repair, secondary, Achilles tendon, with o    | No                  |         |                   | ALL                 |
| 27656 | Repair, fascial defect of leg                 | No                  |         |                   | ALL                 |
| 27658 | Repair, flexor tendon, leg; primary, without  | No                  |         |                   | ALL                 |
| 27659 | Repair, flexor tendon, leg; secondary, with   | No                  |         |                   | ALL                 |
| 27664 | Repair, extensor tendon, leg; primary, with   | No                  |         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 27665 | Repair, extensor tendon, leg; secondary, w     | No                  |                         |                   | ALL                 |
| 27675 | Repair, dislocating peroneal tendons; with     | No                  |                         |                   | ALL                 |
| 27676 | Repair, dislocating peroneal tendons; with     | No                  |                         |                   | ALL                 |
| 27680 | Tenolysis, flexor or extensor tendon, leg a    | No                  |                         |                   | ALL                 |
| 27681 | Tenolysis, flexor or extensor tendon, leg a    | No                  |                         |                   | ALL                 |
| 27685 | Lengthening or shortening of tendon, leg o     | No                  |                         |                   | ALL                 |
| 27686 | Lengthening or shortening of tendon, leg o     | No                  |                         |                   | ALL                 |
| 27687 | Gastrocnemius recession (eg, Strayer pro       | No                  |                         |                   | ALL                 |
| 27690 | Transfer or transplant of single tendon (wit   | No                  |                         |                   | ALL                 |
| 27691 | Transfer or transplant of single tendon (wit   | No                  |                         |                   | ALL                 |
| 27692 | Transfer or transplant of single tendon (wit   | No                  |                         |                   | ALL                 |
| 27695 | Repair, primary, disrupted ligament, ankle;    | No                  |                         |                   | ALL                 |
| 27696 | Repair, primary, disrupted ligament, ankle;    | No                  |                         |                   | ALL                 |
| 27698 | Repair, secondary, disrupted ligament, an      | No                  |                         |                   | ALL                 |
| 27700 | Arthroplasty, ankle;                           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27700 | Arthroplasty, ankle;                           | No                  |                         |                   | MCWRAP              |
| 27702 | Arthroplasty, ankle; with implant (total ank   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27702 | Arthroplasty, ankle; with implant (total ank   | No                  |                         |                   | MCWRAP              |
| 27703 | Arthroplasty, ankle; revision, total ankle     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27703 | Arthroplasty, ankle; revision, total ankle     | No                  |                         |                   | MCWRAP              |
| 27704 | Removal of ankle implant                       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 27704 | Removal of ankle implant                       | No                  |                         |                   | MCWRAP              |
| 27705 | Osteotomy; tibia                               | No                  |                         |                   | ALL                 |
| 27707 | Osteotomy; fibula                              | No                  |                         |                   | ALL                 |
| 27709 | Osteotomy; tibia and fibula                    | No                  |                         |                   | ALL                 |
| 27712 | Osteotomy; multiple, with realignment on i     | No                  |                         |                   | ALL                 |
| 27715 | Osteoplasty, tibia and fibula, lengthening o   | No                  |                         |                   | ALL                 |
| 27720 | Repair of nonunion or malunion, tibia; with    | No                  |                         |                   | ALL                 |
| 27722 | Repair of nonunion or malunion, tibia; with    | No                  |                         |                   | ALL                 |
| 27724 | Repair of nonunion or malunion, tibia; with    | No                  |                         |                   | ALL                 |
| 27725 | Repair of nonunion or malunion, tibia; by s    | No                  |                         |                   | ALL                 |
| 27726 | REPAIR OF FIBULA NONUNION AND/OF               | No                  |                         |                   | ALL                 |
| 27727 | Repair of congenital pseudarthrosis, tibia     | No                  |                         |                   | ALL                 |
| 27730 | Arrest, epiphyseal (epiphysiodesis), open;     | No                  |                         |                   | ALL                 |
| 27732 | Arrest, epiphyseal (epiphysiodesis), open;     | No                  |                         |                   | ALL                 |
| 27734 | Arrest, epiphyseal (epiphysiodesis), open;     | No                  |                         |                   | ALL                 |
| 27740 | Arrest, epiphyseal (epiphysiodesis), any m     | No                  |                         |                   | ALL                 |
| 27742 | Arrest, epiphyseal (epiphysiodesis), any m     | No                  |                         |                   | ALL                 |
| 27745 | Prophylactic treatment (nailing, pinning, pl   | No                  |                         |                   | ALL                 |
| 27750 | Closed treatment of tibial shaft fracture (w   | No                  |                         |                   | ALL                 |
| 27752 | Closed treatment of tibial shaft fracture (w   | No                  |                         |                   | ALL                 |
| 27756 | Percutaneous skeletal fixation of tibial sha   | No                  |                         |                   | ALL                 |
| 27758 | Open treatment of tibial shaft fracture, (wit  | No                  |                         |                   | ALL                 |
| 27759 | Treatment of tibial shaft fracture (with or w  | No                  |                         |                   | ALL                 |
| 27760 | Closed treatment of medial malleolus fract     | No                  |                         |                   | ALL                 |
| 27762 | Closed treatment of medial malleolus fract     | No                  |                         |                   | ALL                 |
| 27766 | Open treatment of medial malleolus fractu      | No                  |                         |                   | ALL                 |
| 27767 | CLOSED TREATMENT OF POSTERIOR                  | No                  |                         |                   | ALL                 |
| 27768 | CLOSED TREATMENT OF POSTERIOR                  | No                  |                         |                   | ALL                 |
| 27769 | OPEN TREATMENT OF POSTERIOR MA                 | No                  |                         |                   | ALL                 |
| 27780 | Closed treatment of proximal fibula or shaf    | No                  |                         |                   | ALL                 |
| 27781 | Closed treatment of proximal fibula or shaf    | No                  |                         |                   | ALL                 |
| 27784 | Open treatment of proximal fibula or shaft     | No                  |                         |                   | ALL                 |
| 27786 | Closed treatment of distal fibular fracture (  | No                  |                         |                   | ALL                 |
| 27788 | Closed treatment of distal fibular fracture (  | No                  |                         |                   | ALL                 |
| 27792 | Open treatment of distal fibular fracture (la  | No                  |                         |                   | ALL                 |
| 27808 | Closed treatment of bimalleolar ankle fract    | No                  |                         |                   | ALL                 |
| 27810 | Closed treatment of bimalleolar ankle fract    | No                  |                         |                   | ALL                 |
| 27814 | Open treatment of bimalleolar ankle fractu     | No                  |                         |                   | ALL                 |
| 27816 | Closed treatment of trimalleolar ankle fract   | No                  |                         |                   | ALL                 |
| 27818 | Closed treatment of trimalleolar ankle fract   | No                  |                         |                   | ALL                 |
| 27822 | Open treatment of trimalleolar ankle fractu    | No                  |                         |                   | ALL                 |
| 27823 | Open treatment of trimalleolar ankle fractu    | No                  |                         |                   | ALL                 |
| 27824 | Closed treatment of fracture of weight bea     | No                  |                         |                   | ALL                 |
| 27825 | Closed treatment of fracture of weight bea     | No                  |                         |                   | ALL                 |
| 27826 | Open treatment of fracture of weight beari     | No                  |                         |                   | ALL                 |
| 27827 | Open treatment of fracture of weight beari     | No                  |                         |                   | ALL                 |
| 27828 | Open treatment of fracture of weight beari     | No                  |                         |                   | ALL                 |
| 27829 | Open treatment of distal tibiofibular joint (s | No                  |                         |                   | ALL                 |
| 27830 | Closed treatment of proximal tibiofibular jo   | No                  |                         |                   | ALL                 |
| 27831 | Closed treatment of proximal tibiofibular jo   | No                  |                         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 27832 | Open treatment of proximal tibiofibular joint  | No                  |                         |                   | ALL                        |
| 27840 | Closed treatment of ankle dislocation; with    | No                  |                         |                   | ALL                        |
| 27842 | Closed treatment of ankle dislocation; requ    | No                  |                         |                   | ALL                        |
| 27846 | Open treatment of ankle dislocation, with c    | No                  |                         |                   | ALL                        |
| 27848 | Open treatment of ankle dislocation, with c    | No                  |                         |                   | ALL                        |
| 27860 | Manipulation of ankle under general anest      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 27860 | Manipulation of ankle under general anest      | No                  |                         |                   | MCWRAP                     |
| 27870 | Arthrodesis, ankle, open                       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 27870 | Arthrodesis, ankle, open                       | No                  |                         |                   | MCWRAP                     |
| 27871 | Arthrodesis, tibiofibular joint, proximal or d | No                  |                         |                   | ALL                        |
| 27880 | Amputation, leg, through tibia and fibula;     | No                  |                         |                   | ALL                        |
| 27881 | Amputation, leg, through tibia and fibula; w   | No                  |                         |                   | ALL                        |
| 27882 | Amputation, leg, through tibia and fibula; o   | No                  |                         |                   | ALL                        |
| 27884 | Amputation, leg, through tibia and fibula; s   | No                  |                         |                   | ALL                        |
| 27886 | Amputation, leg, through tibia and fibula; r   | No                  |                         |                   | ALL                        |
| 27888 | Amputation, ankle, through malleoli of tibia   | No                  |                         |                   | ALL                        |
| 27889 | Ankle disarticulation                          | No                  |                         |                   | ALL                        |
| 27892 | Decompression fasciotomy, leg; anterior a      | No                  |                         |                   | ALL                        |
| 27893 | Decompression fasciotomy, leg; posterior       | No                  |                         |                   | ALL                        |
| 27894 | Decompression fasciotomy, leg; anterior a      | No                  |                         |                   | ALL                        |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKL                | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 27899 | UNLISTED PROCEDURE, LEG OR ANKL                | No                  |                         |                   | MEDICARE COMP/MCWRAP       |
| 28001 | Incision and drainage, bursa, foot             | No                  |                         |                   | ALL                        |
| 28002 | Incision and drainage below fascia, with or    | No                  |                         |                   | ALL                        |
| 28003 | Incision and drainage below fascia, with or    | No                  |                         |                   | ALL                        |
| 28005 | Incision, bone cortex (eg, osteomyelitis or    | No                  |                         |                   | ALL                        |
| 28008 | Fasciotomy, foot and/or toe                    | No                  |                         |                   | ALL                        |
| 28010 | Tenotomy, percutaneous, toe; single tend       | No                  |                         |                   | ALL                        |
| 28011 | Tenotomy, percutaneous, toe; multiple ten      | No                  |                         |                   | ALL                        |
| 28020 | Arthrotomy, including exploration, drainage    | No                  |                         |                   | ALL                        |
| 28022 | Arthrotomy, including exploration, drainage    | No                  |                         |                   | ALL                        |
| 28024 | Arthrotomy, including exploration, drainage    | No                  |                         |                   | ALL                        |
| 28035 | Release, tarsal tunnel (posterior tibial nerv  | No                  |                         |                   | ALL                        |
| 28039 | EXCISION, TUMOR, SOF TISSUE OF FC              | No                  |                         |                   | ALL                        |
| 28041 | EXCISION, TUMOR, SOFT TISSUE OF F              | No                  |                         |                   | ALL                        |
| 28043 | Excision, tumor, foot; subcutaneous tissue     | No                  |                         |                   | ALL                        |
| 28045 | Excision, tumor, foot; deep, subfascial, intr  | No                  |                         |                   | ALL                        |
| 28046 | Radical resection of tumor (eg, malignant t    | No                  |                         |                   | ALL                        |
| 28047 | RADICAL RESECTION OF TUMOR (EG,                | No                  |                         |                   | ALL                        |
| 28050 | Arthrotomy with biopsy; intertarsal or tarso   | No                  |                         |                   | ALL                        |
| 28052 | Arthrotomy with biopsy; metatarsophalang       | No                  |                         |                   | ALL                        |
| 28054 | Arthrotomy with biopsy; interphalangeal joi    | No                  |                         |                   | ALL                        |
| 28055 | NEURECTOMY, INTRINSIC MUSCULAT                 | No                  |                         |                   | ALL                        |
| 28060 | Fasciectomy, plantar fascia; partial (separ    | No                  |                         |                   | ALL                        |
| 28062 | Fasciectomy, plantar fascia; radical (separ    | No                  |                         |                   | ALL                        |
| 28070 | Synovectomy; intertarsal or tarsometatars      | No                  |                         |                   | ALL                        |
| 28072 | Synovectomy; metatarsophalangeal joint, 4      | No                  |                         |                   | ALL                        |
| 28080 | Excision, interdigital (Morton) neuroma, sir   | No                  |                         |                   | ALL                        |
| 28086 | Synovectomy, tendon sheath, foot; flexor       | No                  |                         |                   | ALL                        |
| 28088 | Synovectomy, tendon sheath, foot; extens       | No                  |                         |                   | ALL                        |
| 28090 | Excision of lesion, tendon, tendon sheath,     | No                  |                         |                   | ALL                        |
| 28092 | Excision of lesion, tendon, tendon sheath,     | No                  |                         |                   | ALL                        |
| 28100 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28102 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28103 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28104 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28106 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28107 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28108 | Excision or curettage of bone cyst or benig    | No                  |                         |                   | ALL                        |
| 28110 | Ostectomy, partial excision, fifth metatars    | No                  |                         |                   | ALL                        |
| 28111 | Ostectomy, complete excision; first metata     | No                  |                         |                   | ALL                        |
| 28112 | Ostectomy, complete excision; other meta       | No                  |                         |                   | ALL                        |
| 28113 | Ostectomy, complete excision; fifth metata     | No                  |                         |                   | ALL                        |
| 28114 | Ostectomy, complete excision; all metatars     | No                  |                         |                   | ALL                        |
| 28116 | Ostectomy, excision of tarsal coalition        | No                  |                         |                   | ALL                        |
| 28118 | Ostectomy, calcaneus;                          | No                  |                         |                   | ALL                        |
| 28119 | Ostectomy, calcaneus; for spur, with or wit    | No                  |                         |                   | ALL                        |
| 28120 | Partial excision (craterization, saucerizatio  | No                  |                         |                   | ALL                        |
| 28122 | Partial excision (craterization, saucerizatio  | No                  |                         |                   | ALL                        |
| 28124 | Partial excision (craterization, saucerizatio  | No                  |                         |                   | ALL                        |
| 28126 | Resection, partial or complete, phalangeal     | No                  |                         |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------|
| 28130 | Talectomy (astragalectomy)                         | No                  |     |                   | ALL           |
| 28140 | Metatarsectomy                                     | No                  |     |                   | ALL           |
| 28150 | Phalangectomy, toe, each toe                       | No                  |     |                   | ALL           |
| 28153 | Resection, condyle(s), distal end of phalanx       | No                  |     |                   | ALL           |
| 28160 | Hemiphalangectomy or interphalangeal joint         | No                  |     |                   | ALL           |
| 28171 | Radical resection of tumor, bone; tarsal (e.g.,    | No                  |     |                   | ALL           |
| 28173 | Radical resection of tumor, bone; metatarsal       | No                  |     |                   | ALL           |
| 28175 | Radical resection of tumor, bone; phalanx          | No                  |     |                   | ALL           |
| 28190 | Removal of foreign body, foot; subcutaneous        | No                  |     |                   | ALL           |
| 28192 | Removal of foreign body, foot; deep                | No                  |     |                   | ALL           |
| 28193 | Removal of foreign body, foot; complicated         | No                  |     |                   | ALL           |
| 28200 | Repair, tendon, flexor, foot; primary or secondary | No                  |     |                   | ALL           |
| 28202 | Repair, tendon, flexor, foot; secondary with       | No                  |     |                   | ALL           |
| 28208 | Repair, tendon, extensor, foot; primary or         | No                  |     |                   | ALL           |
| 28210 | Repair, tendon, extensor, foot; secondary          | No                  |     |                   | ALL           |
| 28220 | Tenolysis, flexor, foot; single tendon             | No                  |     |                   | ALL           |
| 28222 | Tenolysis, flexor, foot; multiple tendons          | No                  |     |                   | ALL           |
| 28225 | Tenolysis, extensor, foot; single tendon           | No                  |     |                   | ALL           |
| 28226 | Tenolysis, extensor, foot; multiple tendons        | No                  |     |                   | ALL           |
| 28230 | Tenotomy, open, tendon flexor; foot, single        | No                  |     |                   | ALL           |
| 28232 | Tenotomy, open, tendon flexor; toe, single         | No                  |     |                   | ALL           |
| 28234 | Tenotomy, open, extensor, foot or toe, each        | No                  |     |                   | ALL           |
| 28238 | Reconstruction (advancement), posterior t          | No                  |     |                   | ALL           |
| 28240 | Tenotomy, lengthening, or release, abductor        | No                  |     |                   | ALL           |
| 28250 | Division of plantar fascia and muscle (eg, s       | No                  |     |                   | ALL           |
| 28260 | Capsulotomy, midfoot; medial release only          | No                  |     |                   | ALL           |
| 28261 | Capsulotomy, midfoot; with tendon lengthen         | No                  |     |                   | ALL           |
| 28262 | Capsulotomy, midfoot; extensive, including         | No                  |     |                   | ALL           |
| 28264 | Capsulotomy, midtarsal (eg, Heyman type            | No                  |     |                   | ALL           |
| 28270 | Capsulotomy; metatarsophalangeal joint, v          | No                  |     |                   | ALL           |
| 28272 | Capsulotomy; interphalangeal joint, each j         | No                  |     |                   | ALL           |
| 28280 | Syndactylization, toes (eg, webbing or Keli        | No                  |     |                   | ALL           |
| 28285 | Correction, hammertoe (eg, interphalange           | No                  |     |                   | ALL           |
| 28286 | Correction, cock-up fifth toe, with plastic s      | No                  |     |                   | ALL           |
| 28288 | Ostectomy, partial, exostectomy or condyle         | No                  |     |                   | ALL           |
| 28289 | Hallux rigidus correction with cheilectomy,        | No                  |     |                   | ALL           |
| 28291 | Hallux rigidus correction with cheilectomy,        | No                  |     |                   | ALL           |
| 28292 | Correction, hallux valgus (bunion), with or        | No                  |     |                   | ALL           |
| 28295 | Correction, hallux valgus (bunionectomy),          | No                  |     |                   | ALL           |
| 28296 | Correction, hallux valgus (bunion), with or        | No                  |     |                   | ALL           |
| 28297 | Correction, hallux valgus (bunion), with or        | No                  |     |                   | ALL           |
| 28298 | Correction, hallux valgus (bunion), with or        | No                  |     |                   | ALL           |
| 28299 | Correction, hallux valgus (bunion), with or        | No                  |     |                   | ALL           |
| 28300 | Osteotomy; calcaneus (eg, Dwyer or Chan            | No                  |     |                   | ALL           |
| 28302 | Osteotomy; talus                                   | No                  |     |                   | ALL           |
| 28304 | Osteotomy, tarsal bones, other than calcan         | No                  |     |                   | ALL           |
| 28305 | Osteotomy, tarsal bones, other than calcan         | No                  |     |                   | ALL           |
| 28306 | Osteotomy, with or without lengthening, sh         | No                  |     |                   | ALL           |
| 28307 | Osteotomy, with or without lengthening, sh         | No                  |     |                   | ALL           |
| 28308 | Osteotomy, with or without lengthening, sh         | No                  |     |                   | ALL           |
| 28309 | Osteotomy, with or without lengthening, sh         | No                  |     |                   | ALL           |
| 28310 | Osteotomy, shortening, angular or rotation         | No                  |     |                   | ALL           |
| 28312 | Osteotomy, shortening, angular or rotation         | No                  |     |                   | ALL           |
| 28313 | Reconstruction, angular deformity of toe, s        | No                  |     |                   | ALL           |
| 28315 | Sesamoidectomy, first toe (separate proce          | No                  |     |                   | ALL           |
| 28320 | Repair, nonunion or malunion; tarsal bone          | No                  |     |                   | ALL           |
| 28322 | Repair, nonunion or malunion; metatarsal,          | No                  |     |                   | ALL           |
| 28340 | Reconstruction, toe, macrodactyly; soft tiss       | No                  |     |                   | ALL           |
| 28341 | Reconstruction, toe, macrodactyly; requirir        | No                  |     |                   | ALL           |
| 28344 | Reconstruction, toe(s); polydactyly                | No                  |     |                   | ALL           |
| 28345 | Reconstruction, toe(s); syndactyly, with or        | No                  |     |                   | ALL           |
| 28360 | Reconstruction, cleft foot                         | No                  |     |                   | ALL           |
| 28400 | Closed treatment of calcaneal fracture; wit        | No                  |     |                   | ALL           |
| 28405 | Closed treatment of calcaneal fracture; wit        | No                  |     |                   | ALL           |
| 28406 | Percutaneous skeletal fixation of calcanea         | No                  |     |                   | ALL           |
| 28415 | Open treatment of calcaneal fracture, with         | No                  |     |                   | ALL           |
| 28420 | Open treatment of calcaneal fracture, with         | No                  |     |                   | ALL           |
| 28430 | Closed treatment of talus fracture; without        | No                  |     |                   | ALL           |
| 28435 | Closed treatment of talus fracture; with ma        | No                  |     |                   | ALL           |
| 28436 | Percutaneous skeletal fixation of talus frac       | No                  |     |                   | ALL           |
| 28445 | Open treatment of talus fracture, with or w        | No                  |     |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|----------------------------|
| 28446 | Open osteochondral autograft, talus (includ   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)        |
| 28446 | Open osteochondral autograft, talus (includ   | No                  |                         |                   | MCWRAP                     |
| 28450 | Treatment of tarsal bone fracture (except t   | No                  |                         |                   | ALL                        |
| 28455 | Treatment of tarsal bone fracture (except t   | No                  |                         |                   | ALL                        |
| 28456 | Percutaneous skeletal fixation of tarsal bo   | No                  |                         |                   | ALL                        |
| 28465 | Open treatment of tarsal bone fracture (ex    | No                  |                         |                   | ALL                        |
| 28470 | Closed treatment of metatarsal fracture; w    | No                  |                         |                   | ALL                        |
| 28475 | Closed treatment of metatarsal fracture; w    | No                  |                         |                   | ALL                        |
| 28476 | Percutaneous skeletal fixation of metatars    | No                  |                         |                   | ALL                        |
| 28485 | Open treatment of metatarsal fracture, with   | No                  |                         |                   | ALL                        |
| 28490 | Closed treatment of fracture great toe, pha   | No                  |                         |                   | ALL                        |
| 28495 | Closed treatment of fracture great toe, pha   | No                  |                         |                   | ALL                        |
| 28496 | Percutaneous skeletal fixation of fracture g  | No                  |                         |                   | ALL                        |
| 28505 | Open treatment of fracture great toe, phala   | No                  |                         |                   | ALL                        |
| 28510 | Closed treatment of fracture, phalanx or pl   | No                  |                         |                   | ALL                        |
| 28515 | Closed treatment of fracture, phalanx or pl   | No                  |                         |                   | ALL                        |
| 28525 | Open treatment of fracture, phalanx or pha    | No                  |                         |                   | ALL                        |
| 28530 | Closed treatment of sesamoid fracture         | No                  |                         |                   | ALL                        |
| 28531 | Open treatment of sesamoid fracture, with     | No                  |                         |                   | ALL                        |
| 28540 | Closed treatment of tarsal bone dislocation   | No                  |                         |                   | ALL                        |
| 28545 | Closed treatment of tarsal bone dislocation   | No                  |                         |                   | ALL                        |
| 28546 | Percutaneous skeletal fixation of tarsal bo   | No                  |                         |                   | ALL                        |
| 28555 | Open treatment of tarsal bone dislocation,    | No                  |                         |                   | ALL                        |
| 28570 | Closed treatment of talotarsal joint disloc   | No                  |                         |                   | ALL                        |
| 28575 | Closed treatment of talotarsal joint disloc   | No                  |                         |                   | ALL                        |
| 28576 | Percutaneous skeletal fixation of talotarsal  | No                  |                         |                   | ALL                        |
| 28585 | Open treatment of talotarsal joint dislocat   | No                  |                         |                   | ALL                        |
| 28600 | Closed treatment of tarsometatarsal joint d   | No                  |                         |                   | ALL                        |
| 28605 | Closed treatment of tarsometatarsal joint d   | No                  |                         |                   | ALL                        |
| 28606 | Percutaneous skeletal fixation of tarsomet    | No                  |                         |                   | ALL                        |
| 28615 | Open treatment of tarsometatarsal joint dis   | No                  |                         |                   | ALL                        |
| 28630 | Closed treatment of metatarsophalangeal       | No                  |                         |                   | ALL                        |
| 28635 | Closed treatment of metatarsophalangeal       | No                  |                         |                   | ALL                        |
| 28636 | Percutaneous skeletal fixation of metatars    | No                  |                         |                   | ALL                        |
| 28645 | Open treatment of metatarsophalangeal jo      | No                  |                         |                   | ALL                        |
| 28660 | Closed treatment of interphalangeal joint d   | No                  |                         |                   | ALL                        |
| 28665 | Closed treatment of interphalangeal joint d   | No                  |                         |                   | ALL                        |
| 28666 | Percutaneous skeletal fixation of interphal   | No                  |                         |                   | ALL                        |
| 28675 | Open treatment of interphalangeal joint dis   | No                  |                         |                   | ALL                        |
| 28705 | Arthrodesis; pantalar                         | No                  |                         |                   | ALL                        |
| 28715 | Arthrodesis; triple                           | No                  |                         |                   | ALL                        |
| 28725 | Arthrodesis; subtalar                         | No                  |                         |                   | ALL                        |
| 28730 | Arthrodesis, midtarsal or tarsometatarsal,    | No                  |                         |                   | ALL                        |
| 28735 | Arthrodesis, midtarsal or tarsometatarsal,    | No                  |                         |                   | ALL                        |
| 28737 | Arthrodesis, with tendon lengthening and a    | No                  |                         |                   | ALL                        |
| 28740 | Arthrodesis, midtarsal or tarsometatarsal,    | No                  |                         |                   | ALL                        |
| 28750 | Arthrodesis, great toe; metatarsophalange     | No                  |                         |                   | ALL                        |
| 28755 | Arthrodesis, great toe; interphalangeal join  | No                  |                         |                   | ALL                        |
| 28760 | Arthrodesis, with extensor hallucis longus    | No                  |                         |                   | ALL                        |
| 28800 | Amputation, foot; midtarsal (eg, Chopart ty   | No                  |                         |                   | ALL                        |
| 28805 | Amputation, foot; transmetatarsal             | No                  |                         |                   | ALL                        |
| 28810 | Amputation, metatarsal, with toe, single      | No                  |                         |                   | ALL                        |
| 28820 | Amputation, toe; metatarsophalangeal join     | No                  |                         |                   | ALL                        |
| 28825 | Amputation, toe; interphalangeal joint        | No                  |                         |                   | ALL                        |
| 28890 | EXTRACORPOREAL SHOCK WAVE, HI                 | Not Covered         |                         |                   | ALL                        |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOE               | Yes                 |                         |                   | ALL (Except Medicare Comp) |
| 28899 | UNLISTED PROCEDURE, FOOT OR TOE               | No                  |                         |                   | MEDICARE COMP/MCWRAP       |
| 29000 | Application of halo type body cast (see 200   | No                  |                         |                   | ALL                        |
| 29010 | Application of Risser jacket, localizer, body | No                  |                         |                   | ALL                        |
| 29015 | Application of Risser jacket, localizer, body | No                  |                         |                   | ALL                        |
| 29035 | Application of body cast, shoulder to hips;   | No                  |                         |                   | ALL                        |
| 29040 | Application of body cast, shoulder to hips;   | No                  |                         |                   | ALL                        |
| 29044 | Application of body cast, shoulder to hips;   | No                  |                         |                   | ALL                        |
| 29046 | Application of body cast, shoulder to hips;   | No                  |                         |                   | ALL                        |
| 29049 | Application, cast; figure-of-eight            | No                  |                         |                   | ALL                        |
| 29055 | Application, cast; shoulder spica             | No                  |                         |                   | ALL                        |
| 29058 | Application, cast; plaster Velpeau            | No                  |                         |                   | ALL                        |
| 29065 | Application, cast; shoulder to hand (long a   | No                  |                         |                   | ALL                        |
| 29075 | Application, cast; elbow to finger (short ar  | No                  |                         |                   | ALL                        |
| 29085 | Application, cast; hand and lower forearm     | No                  |                         |                   | ALL                        |
| 29086 | Application, cast; finger (eg, contracture)   | No                  |                         |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key     | Rider Requirement | Product Lines              |
|-------|-------------------------------------------------|---------------------|---------|-------------------|----------------------------|
| 29105 | Application of long arm splint (shoulder to     | No                  |         |                   | ALL                        |
| 29125 | Application of short arm splint (forearm to     | No                  |         |                   | ALL                        |
| 29126 | Application of short arm splint (forearm to     | No                  |         |                   | ALL                        |
| 29130 | Application of finger splint; static            | No                  |         |                   | ALL                        |
| 29131 | Application of finger splint; dynamic           | No                  |         |                   | ALL                        |
| 29200 | Strapping; thorax                               | No                  |         |                   | ALL                        |
| 29240 | Strapping; shoulder (eg, Velpeau)               | No                  |         |                   | ALL                        |
| 29260 | Strapping; elbow or wrist                       | No                  |         |                   | ALL                        |
| 29280 | Strapping; hand or finger                       | No                  |         |                   | ALL                        |
| 29305 | Application of hip spica cast; one leg          | No                  |         |                   | ALL                        |
| 29325 | Application of hip spica cast; one and one-     | No                  |         |                   | ALL                        |
| 29345 | Application of long leg cast (thigh to toes);   | No                  |         |                   | ALL                        |
| 29355 | Application of long leg cast (thigh to toes);   | No                  |         |                   | ALL                        |
| 29358 | Application of long leg cast brace              | No                  |         |                   | ALL                        |
| 29365 | Application of cylinder cast (thigh to ankle)   | No                  |         |                   | ALL                        |
| 29405 | Application of short leg cast (below knee to    | No                  |         |                   | ALL                        |
| 29425 | Application of short leg cast (below knee to    | No                  |         |                   | ALL                        |
| 29435 | Application of patellar tendon bearing (PTB)    | No                  |         |                   | ALL                        |
| 29440 | Adding walker to previously applied cast        | No                  |         |                   | ALL                        |
| 29445 | Application of rigid total contact leg cast     | No                  |         |                   | ALL                        |
| 29450 | Application of clubfoot cast with molding o     | No                  |         |                   | ALL                        |
| 29505 | Application of long leg splint (thigh to ankle) | No                  |         |                   | ALL                        |
| 29515 | Application of short leg splint (calf to foot)  | No                  |         |                   | ALL                        |
| 29520 | Strapping; hip                                  | No                  |         |                   | ALL                        |
| 29530 | Strapping; knee                                 | No                  |         |                   | ALL                        |
| 29540 | Strapping; ankle and/or foot                    | No                  |         |                   | ALL                        |
| 29550 | Strapping; toes                                 | No                  |         |                   | ALL                        |
| 29580 | Strapping; Unna boot                            | No                  |         |                   | ALL                        |
| 29581 | APPLICATION OF MULTI-LAYER VENOUS               | No                  |         |                   | ALL                        |
| 29584 | Application of multi-layer compression sys      | No                  |         |                   | ALL                        |
| 29700 | Removal or bivalving; gauntlet, boot or bod     | No                  |         |                   | ALL                        |
| 29705 | Removal or bivalving; full arm or full leg ca   | No                  |         |                   | ALL                        |
| 29710 | Removal or bivalving; shoulder or hip spica     | No                  |         |                   | ALL                        |
| 29720 | Repair of spica, body cast or jacket            | No                  |         |                   | ALL                        |
| 29730 | Windowing of cast                               | No                  |         |                   | ALL                        |
| 29740 | Wedging of cast (except clubfoot casts)         | No                  |         |                   | ALL                        |
| 29750 | Wedging of clubfoot cast                        | No                  |         |                   | ALL                        |
| 29799 | UNLISTED PROCEDURE, CASTING OR                  | Yes                 |         |                   | ALL (Except Medicare Comp) |
| 29799 | UNLISTED PROCEDURE, CASTING OR                  | No                  |         |                   | MEDICARE COMP/MCWRAP       |
| 29800 | Arthroscopy, temporomandibular joint, diag      | No                  |         |                   | ALL                        |
| 29804 | Arthroscopy, temporomandibular joint, sur       | No                  |         |                   | ALL                        |
| 29805 | Arthroscopy, shoulder, diagnostic, with or v    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29805 | Arthroscopy, shoulder, diagnostic, with or v    | No                  |         |                   | MCWRAP                     |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrh     | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29806 | Arthroscopy, shoulder, surgical; capsulorrh     | No                  |         |                   | MCWRAP                     |
| 29807 | Arthroscopy, shoulder, surgical; repair of S    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29807 | Arthroscopy, shoulder, surgical; repair of S    | No                  |         |                   | MCWRAP                     |
| 29819 | Arthroscopy, shoulder, surgical; with remo      | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29819 | Arthroscopy, shoulder, surgical; with remo      | No                  |         |                   | MCWRAP                     |
| 29820 | Arthroscopy, shoulder, surgical; synovecto      | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29820 | Arthroscopy, shoulder, surgical; synovecto      | No                  |         |                   | MCWRAP                     |
| 29821 | Arthroscopy, shoulder, surgical; synovecto      | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29821 | Arthroscopy, shoulder, surgical; synovecto      | No                  |         |                   | MCWRAP                     |
| 29822 | Arthroscopy, shoulder, surgical; debrideme      | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29822 | Arthroscopy, shoulder, surgical; debrideme      | No                  |         |                   | MCWRAP                     |
| 29823 | Arthroscopy, shoulder, surgical; debrideme      | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29823 | Arthroscopy, shoulder, surgical; debrideme      | No                  |         |                   | MCWRAP                     |
| 29824 | Arthroscopy, shoulder, surgical; distal clav    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29824 | Arthroscopy, shoulder, surgical; distal clav    | No                  |         |                   | MCWRAP                     |
| 29825 | Arthroscopy, shoulder, surgical; with lysis     | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29825 | Arthroscopy, shoulder, surgical; with lysis     | No                  |         |                   | MCWRAP                     |
| 29826 | Arthroscopy, shoulder, surgical; decompre       | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29826 | Arthroscopy, shoulder, surgical; decompre       | No                  |         |                   | MCWRAP                     |
| 29827 | Arthroscopy, shoulder, surgical; with rotatd    | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29827 | Arthroscopy, shoulder, surgical; with rotatd    | No                  |         |                   | MCWRAP                     |
| 29828 | ARTHROSCOPY, SHOULDER, SURGICAL                 | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)        |
| 29828 | ARTHROSCOPY, SHOULDER, SURGICAL                 | No                  |         |                   | MCWRAP                     |
| 29830 | Arthroscopy, elbow, diagnostic, with or with    | No                  |         |                   | ALL                        |
| 29834 | Arthroscopy, elbow, surgical; with removal      | No                  |         |                   | ALL                        |
| 29835 | Arthroscopy, elbow, surgical; synovectomy       | No                  |         |                   | ALL                        |
| 29836 | Arthroscopy, elbow, surgical; synovectomy       | No                  |         |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-------------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 29837 | Arthroscopy, elbow, surgical; debridement       | No                  |                         |                   | ALL                 |
| 29838 | Arthroscopy, elbow, surgical; debridement       | No                  |                         |                   | ALL                 |
| 29840 | Arthroscopy, wrist, diagnostic, with or with    | No                  |                         |                   | ALL                 |
| 29843 | Arthroscopy, wrist, surgical; for infection, la | No                  |                         |                   | ALL                 |
| 29844 | Arthroscopy, wrist, surgical; synovectomy,      | No                  |                         |                   | ALL                 |
| 29845 | Arthroscopy, wrist, surgical; synovectomy,      | No                  |                         |                   | ALL                 |
| 29846 | Arthroscopy, wrist, surgical; excision and/c    | No                  |                         |                   | ALL                 |
| 29847 | Arthroscopy, wrist, surgical; internal fixatio  | No                  |                         |                   | ALL                 |
| 29848 | Endoscopy, wrist, surgical, with release of     | No                  |                         |                   | ALL                 |
| 29850 | Arthroscopically aided treatment of interco     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29850 | Arthroscopically aided treatment of interco     | No                  |                         |                   | MCWRAP              |
| 29851 | Arthroscopically aided treatment of interco     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29851 | Arthroscopically aided treatment of interco     | No                  |                         |                   | MCWRAP              |
| 29855 | Arthroscopically aided treatment of tibial fr   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29855 | Arthroscopically aided treatment of tibial fr   | No                  |                         |                   | MCWRAP              |
| 29856 | Arthroscopically aided treatment of tibial fr   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29856 | Arthroscopically aided treatment of tibial fr   | No                  |                         |                   | MCWRAP              |
| 29860 | Arthroscopy, hip, diagnostic with or without    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29860 | Arthroscopy, hip, diagnostic with or without    | No                  |                         |                   | MCWRAP              |
| 29861 | Arthroscopy, hip, surgical; with removal of     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29861 | Arthroscopy, hip, surgical; with removal of     | No                  |                         |                   | MCWRAP              |
| 29862 | Arthroscopy, hip, surgical; with debrideme      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29862 | Arthroscopy, hip, surgical; with debrideme      | No                  |                         |                   | MCWRAP              |
| 29863 | Arthroscopy, hip, surgical; with synovector     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29863 | Arthroscopy, hip, surgical; with synovector     | No                  |                         |                   | MCWRAP              |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29866 | ARTHROSCOPY, KNEE, SURGICAL; OS                 | No                  |                         |                   | MCWRAP              |
| 29867 | ARTHROSCOPY, KNEE; SURGICAL; OS                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29867 | ARTHROSCOPY, KNEE; SURGICAL; OS                 | No                  |                         |                   | MCWRAP              |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; ME                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29868 | ARTHROSCOPY, KNEE, SURGICAL; ME                 | No                  |                         |                   | MCWRAP              |
| 29870 | Arthroscopy, knee, diagnostic, with or with     | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29870 | Arthroscopy, knee, diagnostic, with or with     | No                  |                         |                   | MCWRAP              |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FO                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29871 | ARTHROSCOPY, KNEE, SURGICAL; FO                 | No                  |                         |                   | MCWRAP              |
| 29873 | Arthroscopy, knee, surgical; with lateral rel   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29873 | Arthroscopy, knee, surgical; with lateral rel   | No                  |                         |                   | MCWRAP              |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FO                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29874 | ARTHROSCOPY, KNEE, SURGICAL; FO                 | No                  |                         |                   | MCWRAP              |
| 29875 | Arthroscopy, knee, surgical; synovectomy,       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29875 | Arthroscopy, knee, surgical; synovectomy,       | No                  |                         |                   | MCWRAP              |
| 29876 | Arthroscopy, knee, surgical; synovectomy,       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29876 | Arthroscopy, knee, surgical; synovectomy,       | No                  |                         |                   | MCWRAP              |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DE                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29877 | ARTHROSCOPY, KNEE, SURGICAL; DE                 | No                  |                         |                   | MCWRAP              |
| 29879 | ABRASION ARTHROPLASTY (INCLUDE                  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29879 | ABRASION ARTHROPLASTY (INCLUDE                  | No                  |                         |                   | MCWRAP              |
| 29880 | Arthroscopy, knee, surgical; with menisced      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29880 | Arthroscopy, knee, surgical; with menisced      | No                  |                         |                   | MCWRAP              |
| 29881 | Arthroscopy, knee, surgical; with menisced      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29881 | Arthroscopy, knee, surgical; with menisced      | No                  |                         |                   | MCWRAP              |
| 29882 | Arthroscopy, knee, surgical; with meniscus      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29882 | Arthroscopy, knee, surgical; with meniscus      | No                  |                         |                   | MCWRAP              |
| 29883 | Arthroscopy, knee, surgical; with meniscus      | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29883 | Arthroscopy, knee, surgical; with meniscus      | No                  |                         |                   | MCWRAP              |
| 29884 | Arthroscopy, knee, surgical; with lysis of ad   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29884 | Arthroscopy, knee, surgical; with lysis of ad   | No                  |                         |                   | MCWRAP              |
| 29885 | Arthroscopy, knee, surgical; drilling for ost   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29885 | Arthroscopy, knee, surgical; drilling for ost   | No                  |                         |                   | MCWRAP              |
| 29886 | Arthroscopy, knee, surgical; drilling for inta  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29886 | Arthroscopy, knee, surgical; drilling for inta  | No                  |                         |                   | MCWRAP              |
| 29887 | Arthroscopy, knee, surgical; drilling for inta  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29887 | Arthroscopy, knee, surgical; drilling for inta  | No                  |                         |                   | MCWRAP              |
| 29888 | Arthroscopically aided anterior cruciate lig    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29888 | Arthroscopically aided anterior cruciate lig    | No                  |                         |                   | MCWRAP              |
| 29889 | Arthroscopically aided posterior cruciate lig   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29889 | Arthroscopically aided posterior cruciate lig   | No                  |                         |                   | MCWRAP              |
| 29891 | Arthroscopy, ankle, surgical, excision of os    | No                  |                         |                   | ALL                 |
| 29892 | Arthroscopically aided repair of large osted    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 29892 | Arthroscopically aided repair of large osted    | No                  |                         |                   | MCWRAP              |
| 29893 | Endoscopic plantar fasciotomy                   | No                  |                         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key     | Rider Requirement | Product Lines                          |
|-------|-----------------------------------------------|---------------------|---------|-------------------|----------------------------------------|
| 29894 | Arthroscopy, ankle (tibiotalar and fibulotala | No                  |         |                   | ALL                                    |
| 29895 | Arthroscopy, ankle (tibiotalar and fibulotala | No                  |         |                   | ALL                                    |
| 29897 | Arthroscopy, ankle (tibiotalar and fibulotala | No                  |         |                   | ALL                                    |
| 29898 | Arthroscopy, ankle (tibiotalar and fibulotala | No                  |         |                   | ALL                                    |
| 29899 | Arthroscopy, ankle (tibiotalar and fibulotala | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 29899 | Arthroscopy, ankle (tibiotalar and fibulotala | No                  |         |                   | MCWRAP                                 |
| 29900 | Arthroscopy, metacarpophalangeal joint, d     | No                  |         |                   | ALL                                    |
| 29901 | Arthroscopy, metacarpophalangeal joint, s     | No                  |         |                   | ALL                                    |
| 29902 | Arthroscopy, metacarpophalangeal joint, s     | No                  |         |                   | ALL                                    |
| 29904 | ARTHROSCOPY, SUBTALAR JOINT, SU               | No                  |         |                   | ALL                                    |
| 29905 | ARTHROSCOPY, SUBTALAR JOINT, SU               | No                  |         |                   | ALL                                    |
| 29906 | ARTHROSCOPY, SUBTALAR JOINT, SU               | No                  |         |                   | ALL                                    |
| 29907 | ARTHROSCOPY, SUBTALAR JOINT, SU               | No                  |         |                   | ALL                                    |
| 29914 | Arthroscopy, hip, surgical; with femoroplas   | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 29914 | Arthroscopy, hip, surgical; with femoroplas   | No                  |         |                   | MCWRAP                                 |
| 29915 | Arthroscopy, hip, surgical; with acetabulop   | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 29915 | Arthroscopy, hip, surgical; with acetabulop   | No                  |         |                   | MCWRAP                                 |
| 29916 | Arthroscopy, hip, surgical; with labral repai | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 29916 | Arthroscopy, hip, surgical; with labral repai | No                  |         |                   | MCWRAP                                 |
| 29999 | UNLISTED ARTHROSCOPY PROCEDUR                 | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 29999 | UNLISTED ARTHROSCOPY PROCEDUR                 | No                  |         |                   | MCWRAP                                 |
| 30000 | Drainage abscess or hematoma, nasal, int      | No                  |         |                   | ALL                                    |
| 30020 | Drainage abscess or hematoma, nasal sep       | No                  |         |                   | ALL                                    |
| 30100 | Biopsy, intranasal                            | No                  |         |                   | ALL                                    |
| 30110 | Excision, nasal polyp(s), simple              | No                  |         |                   | ALL                                    |
| 30115 | Excision, nasal polyp(s), extensive           | No                  |         |                   | ALL                                    |
| 30117 | Excision or destruction (eg, laser), intranas | No                  |         |                   | ALL                                    |
| 30118 | Excision or destruction (eg, laser), intranas | No                  |         |                   | ALL                                    |
| 30120 | Excision or surgical planing of skin of nose  | No                  |         |                   | ALL (Except Caid, MMP)                 |
| 30120 | Excision or surgical planing of skin of nose  | Yes                 |         |                   | Caid, MMP                              |
| 30124 | Excision dermoid cyst, nose; simple, skin,    | No                  |         |                   | ALL                                    |
| 30125 | Excision dermoid cyst, nose; complex, und     | No                  |         |                   | ALL                                    |
| 30130 | Excision turbinate, partial or complete, any  | No                  |         |                   | ALL                                    |
| 30140 | Submucous resection turbinate, partial or     | No                  |         |                   | ALL                                    |
| 30150 | Rhinectomy; partial                           | No                  |         |                   | ALL                                    |
| 30160 | Rhinectomy; total                             | No                  |         |                   | ALL                                    |
| 30200 | Injection into turbinate(s), therapeutic      | No                  |         |                   | ALL                                    |
| 30210 | Displacement therapy (Proetz type)            | No                  |         |                   | ALL                                    |
| 30210 | Displacement therapy (Proetz type)            | Not Covered         |         |                   | CAID                                   |
| 30220 | Insertion, nasal septal prosthesis (button)   | No                  |         |                   | ALL                                    |
| 30300 | Removal foreign body, intranasal; office ty   | No                  |         |                   | ALL                                    |
| 30310 | REMOVAL FOREIGN BODY, INTRANAS                | No                  |         |                   | ALL                                    |
| 30320 | REMOVAL FOREIGN BODY, INTRANAS                | No                  |         |                   | ALL                                    |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AN              | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AN              | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30400 | RHINOPLASTY, PRIMARY; LATERAL AN              | No                  |         |                   | PRICHO                                 |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE,               | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE,               | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30410 | RHINOPLASTY, PRIMARY; COMPLETE,               | No                  |         |                   | PRICHO                                 |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING               | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING               | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30420 | RHINOPLASTY, PRIMARY; INCLUDING               | No                  |         |                   | PRICHO                                 |
| 30430 | RHINOPLASTY, SECONDARY; MINOR F               | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30430 | RHINOPLASTY, SECONDARY; MINOR F               | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30430 | RHINOPLASTY, SECONDARY; MINOR F               | No                  |         |                   | PRICHO                                 |
| 30435 | RHINOPLASTY, SECONDARY; INTERME               | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30435 | RHINOPLASTY, SECONDARY; INTERME               | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30435 | RHINOPLASTY, SECONDARY; INTERME               | No                  |         |                   | PRICHO                                 |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR F               | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR F               | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30450 | RHINOPLASTY, SECONDARY; MAJOR F               | No                  |         |                   | PRICHO                                 |
| 30460 | RHINOPLASTY FOR NASAL DEFORMIT                | Yes                 |         |                   | ALL (Except Medicare Comp)             |
| 30460 | RHINOPLASTY FOR NASAL DEFORMIT                | No                  |         |                   | MEDICARE COMP/MCWRAP                   |
| 30460 | RHINOPLASTY FOR NASAL DEFORMIT                | No                  |         |                   | PRICHO                                 |
| 30462 | RHINOPLASTY FOR NASAL DEFORMIT                | No                  |         |                   | ALL                                    |
| 30465 | REPAIR OF NASAL VESTIBULAR STEN               | No                  |         |                   | ALL                                    |
| 30468 | Repair of nasal valve collapse with subcut    | Not Covered         |         |                   | ALL (Except Caid, MMP)                 |
| 30468 | Repair of nasal valve collapse with subcut    | No                  |         |                   | CAID, MMP                              |
| 30469 | Repair of nasal valve collapse with low en    | Yes                 |         |                   | ALL (Except CAID, MMP, MCWRAP, PRICHO) |
| 30469 | Repair of nasal valve collapse with low en    | No                  |         |                   | CAID, MMP, MCWRAP, PRICHO              |
| 30520 | SEPTOPLASTY OR SUBMUCOUS RESE                 | No                  |         |                   | ALL                                    |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 30540 | Repair choanal atresia; intranasal              | No                  |     |                   | ALL                        |
| 30545 | Repair choanal atresia; transpalatine           | No                  |     |                   | ALL                        |
| 30560 | Lysis intranasal synechia                       | No                  |     |                   | ALL                        |
| 30580 | Repair fistula; oromaxillary (combine with )    | No                  |     |                   | ALL                        |
| 30600 | Repair fistula; oronasal                        | No                  |     |                   | ALL                        |
| 30620 | SEPTAL OR OTHER INTRANASAL DERM                 | No                  |     |                   | ALL                        |
| 30630 | Repair nasal septal perforations                | No                  |     |                   | ALL                        |
| 30801 | Cautery and/or ablation, mucosa of turbina      | No                  |     |                   | ALL                        |
| 30802 | Cautery and/or ablation, mucosa of turbina      | No                  |     |                   | ALL                        |
| 30901 | Control nasal hemorrhage, anterior, simple      | No                  |     |                   | ALL                        |
| 30903 | Control nasal hemorrhage, anterior, complex     | No                  |     |                   | ALL                        |
| 30905 | Control nasal hemorrhage, posterior, with       | No                  |     |                   | ALL                        |
| 30906 | Control nasal hemorrhage, posterior, with       | No                  |     |                   | ALL                        |
| 30915 | Ligation arteries; ethmoidal                    | No                  |     |                   | ALL                        |
| 30920 | Ligation arteries; internal maxillary artery, t | No                  |     |                   | ALL                        |
| 30930 | Fracture nasal turbinate(s), therapeutic        | No                  |     |                   | ALL                        |
| 30999 | UNLISTED PROCEDURE, NOSE                        | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 30999 | UNLISTED PROCEDURE, NOSE                        | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 30999 | UNLISTED PROCEDURE, NOSE                        | No                  |     |                   | PRICHO                     |
| 31000 | Lavage by cannulation; maxillary sinus (an      | No                  |     |                   | ALL                        |
| 31002 | Lavage by cannulation; sphenoid sinus           | No                  |     |                   | ALL                        |
| 31020 | Sinusotomy, maxillary (antrotomy); intrana      | No                  |     |                   | ALL                        |
| 31030 | Sinusotomy, maxillary (antrotomy); radical      | No                  |     |                   | ALL                        |
| 31032 | Sinusotomy, maxillary (antrotomy); radical      | No                  |     |                   | ALL                        |
| 31040 | Pterygomaxillary fossa surgery, any appro       | No                  |     |                   | ALL                        |
| 31050 | Sinusotomy, sphenoid, with or without biop      | No                  |     |                   | ALL                        |
| 31051 | Sinusotomy, sphenoid, with or without biop      | No                  |     |                   | ALL                        |
| 31070 | Sinusotomy frontal; external, simple (treph     | No                  |     |                   | ALL                        |
| 31075 | Sinusotomy frontal; transorbital, unilateral    | No                  |     |                   | ALL                        |
| 31080 | Sinusotomy frontal; obliterative without ost    | No                  |     |                   | ALL                        |
| 31081 | Sinusotomy frontal; obliterative, without os    | No                  |     |                   | ALL                        |
| 31084 | Sinusotomy frontal; obliterative, with osteo    | No                  |     |                   | ALL                        |
| 31085 | Sinusotomy frontal; obliterative, with osteo    | No                  |     |                   | ALL                        |
| 31086 | Sinusotomy frontal; nonobliterative, with os    | No                  |     |                   | ALL                        |
| 31087 | Sinusotomy frontal; nonobliterative, with os    | No                  |     |                   | ALL                        |
| 31090 | Sinusotomy, unilateral, three or more para      | No                  |     |                   | ALL                        |
| 31200 | Ethmoidectomy; intranasal, anterior             | No                  |     |                   | ALL                        |
| 31201 | Ethmoidectomy; intranasal, total                | No                  |     |                   | ALL                        |
| 31205 | Ethmoidectomy; extranasal, total                | No                  |     |                   | ALL                        |
| 31225 | Maxillectomy; without orbital exenteration      | No                  |     |                   | ALL                        |
| 31230 | Maxillectomy; with orbital exenteration (en     | No                  |     |                   | ALL                        |
| 31231 | Nasal endoscopy, diagnostic, unilateral or      | No                  |     |                   | ALL                        |
| 31233 | Nasal/sinus endoscopy, diagnostic with ma       | No                  |     |                   | ALL                        |
| 31235 | Nasal/sinus endoscopy, diagnostic with sp       | No                  |     |                   | ALL                        |
| 31237 | Nasal/sinus endoscopy, surgical; with biop      | No                  |     |                   | ALL                        |
| 31238 | Nasal/sinus endoscopy, surgical; with cont      | No                  |     |                   | ALL                        |
| 31239 | Nasal/sinus endoscopy, surgical; with dacr      | No                  |     |                   | ALL                        |
| 31240 | Nasal/sinus endoscopy, surgical; with cont      | No                  |     |                   | ALL                        |
| 31241 | Nasal/sinus endoscopy, surgical; with ligat     | No                  |     |                   | ALL                        |
| 31242 | Nasal/sinus endoscopy, surgical; with dest      | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 31242 | Nasal/sinus endoscopy, surgical; with dest      | No                  |     |                   | MCWRAP                     |
| 31243 | Nasal/sinus endoscopy, surgical; with dest      | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 31243 | Nasal/sinus endoscopy, surgical; with dest      | No                  |     |                   | MCWRAP                     |
| 31253 | Nasal/sinus endoscopy, surgical with ethm       | No                  |     |                   | ALL                        |
| 31254 | Nasal/sinus endoscopy, surgical; with ethr      | No                  |     |                   | ALL                        |
| 31255 | Nasal/sinus endoscopy, surgical; with ethr      | No                  |     |                   | ALL                        |
| 31256 | Nasal/sinus endoscopy, surgical, with max       | No                  |     |                   | ALL                        |
| 31257 | Nasal/sinus endoscopy, surgical with ethm       | No                  |     |                   | ALL                        |
| 31259 | Nasal/sinus endoscopy, surgical with ethm       | No                  |     |                   | ALL                        |
| 31267 | Nasal/sinus endoscopy, surgical, with max       | No                  |     |                   | ALL                        |
| 31276 | Nasal/sinus endoscopy, surgical with front      | No                  |     |                   | ALL                        |
| 31287 | Nasal/sinus endoscopy, surgical, with sph       | No                  |     |                   | ALL                        |
| 31288 | Nasal/sinus endoscopy, surgical, with sph       | No                  |     |                   | ALL                        |
| 31290 | Nasal/sinus endoscopy, surgical, with repa      | No                  |     |                   | ALL                        |
| 31291 | Nasal/sinus endoscopy, surgical, with repa      | No                  |     |                   | ALL                        |
| 31292 | Nasal/sinus endoscopy, surgical; with med       | No                  |     |                   | ALL                        |
| 31293 | Nasal/sinus endoscopy, surgical; with med       | No                  |     |                   | ALL                        |
| 31294 | Nasal/sinus endoscopy, surgical; with opti      | No                  |     |                   | ALL                        |
| 31295 | Nasal/sinus endoscopy, surgical; with dilat     | No                  |     |                   | ALL                        |
| 31296 | Nasal/sinus endoscopy, surgical; with dilat     | No                  |     |                   | ALL                        |
| 31297 | Nasal/sinus endoscopy, surgical; with dilat     | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 31298 | Nasal/sinus endoscopy, surgical; with dilat       | No                  |     |                   | ALL                                   |
| 31299 | UNLISTED PROCEDURE, ACCESSORY                     | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 31299 | UNLISTED PROCEDURE, ACCESSORY                     | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 31299 | UNLISTED PROCEDURE, ACCESSORY                     | No                  |     |                   | PRICHO                                |
| 31300 | Laryngotomy (thyrotomy, laryngofissure); v        | No                  |     |                   | ALL                                   |
| 31360 | Laryngectomy; total, without radical neck d       | No                  |     |                   | ALL                                   |
| 31365 | Laryngectomy; total, with radical neck diss       | No                  |     |                   | ALL                                   |
| 31367 | Laryngectomy; subtotal supraglottic, witho        | No                  |     |                   | ALL                                   |
| 31368 | Laryngectomy; subtotal supraglottic, with r       | No                  |     |                   | ALL                                   |
| 31370 | Partial laryngectomy (hemilaryngectomy);          | No                  |     |                   | ALL                                   |
| 31375 | Partial laryngectomy (hemilaryngectomy);          | No                  |     |                   | ALL                                   |
| 31380 | Partial laryngectomy (hemilaryngectomy);          | No                  |     |                   | ALL                                   |
| 31382 | Partial laryngectomy (hemilaryngectomy);          | No                  |     |                   | ALL                                   |
| 31390 | Pharyngolaryngectomy, with radical neck d         | No                  |     |                   | ALL                                   |
| 31395 | Pharyngolaryngectomy, with radical neck d         | No                  |     |                   | ALL                                   |
| 31400 | Arytenoidectomy or arytenoidopexy, extern         | No                  |     |                   | ALL                                   |
| 31420 | Epiglottidectomy                                  | No                  |     |                   | ALL                                   |
| 31500 | Intubation, endotracheal, emergency proce         | No                  |     |                   | ALL                                   |
| 31502 | Tracheotomy tube change prior to establis         | No                  |     |                   | ALL                                   |
| 31505 | Laryngoscopy, indirect; diagnostic (separa        | No                  |     |                   | ALL                                   |
| 31510 | Laryngoscopy, indirect; with biopsy               | No                  |     |                   | ALL                                   |
| 31510 | Laryngoscopy, indirect; with biopsy               | Not Covered         |     |                   | CAID                                  |
| 31511 | Laryngoscopy, indirect; with removal of for       | No                  |     |                   | ALL                                   |
| 31511 | Laryngoscopy, indirect; with removal of foreign b | Not Covered         |     |                   | CAID                                  |
| 31512 | Laryngoscopy, indirect; with removal of les       | No                  |     |                   | ALL                                   |
| 31512 | Laryngoscopy, indirect; with removal of lesion    | Not Covered         |     |                   | CAID                                  |
| 31513 | Laryngoscopy, indirect; with vocal cord inj       | No                  |     |                   | ALL                                   |
| 31513 | Laryngoscopy, indirect; with vocal cord injection | Not Covered         |     |                   | CAID                                  |
| 31515 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31520 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31525 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31526 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31527 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31528 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31529 | Laryngoscopy direct, with or without trache       | No                  |     |                   | ALL                                   |
| 31530 | Laryngoscopy, direct, operative, with foreig      | No                  |     |                   | ALL                                   |
| 31531 | Laryngoscopy, direct, operative, with foreig      | No                  |     |                   | ALL                                   |
| 31535 | Laryngoscopy, direct, operative, with biops       | No                  |     |                   | ALL                                   |
| 31536 | Laryngoscopy, direct, operative, with biops       | No                  |     |                   | ALL                                   |
| 31540 | Laryngoscopy, direct, operative, with excis       | No                  |     |                   | ALL                                   |
| 31541 | Laryngoscopy, direct, operative, with excis       | No                  |     |                   | ALL                                   |
| 31545 | Laryngoscopy, direct, operative, with opera       | No                  |     |                   | ALL                                   |
| 31546 | Laryngoscopy, direct, operative, with opera       | No                  |     |                   | ALL                                   |
| 31551 | Laryngoplasty; for laryngeal stenosis, with       | No                  |     |                   | ALL                                   |
| 31552 | Laryngoplasty; for laryngeal stenosis, with       | No                  |     |                   | ALL                                   |
| 31553 | Laryngoplasty; for laryngeal stenosis, with       | No                  |     |                   | ALL                                   |
| 31554 | Laryngoplasty; for laryngeal stenosis, with       | No                  |     |                   | ALL                                   |
| 31560 | Laryngoscopy, direct, operative, with aryte       | No                  |     |                   | ALL                                   |
| 31561 | Laryngoscopy, direct, operative, with aryte       | No                  |     |                   | ALL                                   |
| 31570 | Laryngoscopy, direct, with injection into vo      | No                  |     |                   | ALL                                   |
| 31571 | Laryngoscopy, direct, with injection into vo      | No                  |     |                   | ALL                                   |
| 31572 | Laryngoscopy, flexible; with ablation or des      | No                  |     |                   | ALL                                   |
| 31573 | Laryngoscopy, flexible; with therapeutic inj      | No                  |     |                   | ALL                                   |
| 31574 | Laryngoscopy, flexible; with injection(s) for     | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 31574 | Laryngoscopy, flexible; with injection(s) for     | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 31574 | Laryngoscopy, flexible; with injection(s) for     | No                  |     |                   | PRICHO                                |
| 31575 | Laryngoscopy, flexible fiberoptic; diagnosti      | No                  |     |                   | ALL                                   |
| 31576 | Laryngoscopy, flexible fiberoptic; with biop      | No                  |     |                   | ALL                                   |
| 31577 | Laryngoscopy, flexible fiberoptic; with rem       | No                  |     |                   | ALL                                   |
| 31578 | Laryngoscopy, flexible fiberoptic; with rem       | No                  |     |                   | ALL                                   |
| 31579 | Laryngoscopy, flexible or rigid fiberoptic, w     | No                  |     |                   | ALL                                   |
| 31580 | Laryngoplasty; for laryngeal web, two stag        | No                  |     |                   | ALL                                   |
| 31584 | Laryngoplasty; with open reduction of fract       | No                  |     |                   | ALL                                   |
| 31587 | Laryngoplasty, cricoid split                      | No                  |     |                   | ALL                                   |
| 31590 | Laryngeal reinnervation by neuromuscular          | No                  |     |                   | ALL                                   |
| 31591 | Laryngoplasty, medialization, unilateral          | No                  |     |                   | ALL                                   |
| 31592 | Cricotracheal resection                           | No                  |     |                   | ALL                                   |
| 31599 | UNLISTED PROCEDURE, LARYNX                        | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 31599 | UNLISTED PROCEDURE, LARYNX                        | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 31599 | UNLISTED PROCEDURE, LARYNX                        | No                  |     |                   | PRICHO                                |
| 31600 | Tracheostomy, planned (separate procedu           | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 31601 | Tracheostomy, planned (separate procedure)         | No                  |     |                   | ALL                                   |
| 31603 | Tracheostomy, emergency procedure; tracheostomy    | No                  |     |                   | ALL                                   |
| 31605 | Tracheostomy, emergency procedure; cricoid         | No                  |     |                   | ALL                                   |
| 31610 | Tracheostomy, fenestration procedure with          | No                  |     |                   | ALL                                   |
| 31611 | Construction of tracheoesophageal fistula          | No                  |     |                   | ALL                                   |
| 31612 | Tracheal puncture, percutaneous with tran          | No                  |     |                   | ALL                                   |
| 31613 | Tracheostoma revision; simple, without fla         | No                  |     |                   | ALL                                   |
| 31614 | Tracheostoma revision; complex, with flap          | No                  |     |                   | ALL                                   |
| 31615 | Tracheobronchoscopy through established            | No                  |     |                   | ALL                                   |
| 31622 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31623 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31624 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31625 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31626 | BRONCHOSCOPY, RIGID OR FLEXIBLE                    | No                  |     |                   | ALL                                   |
| 31627 | BRONCHOSCOPY, RIGID OR FLEXIBLE                    | No                  |     |                   | ALL                                   |
| 31628 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31629 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31630 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31631 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31632 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31633 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31634 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | ALL                                   |
| 31635 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31636 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31637 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31638 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31640 | Bronchoscopy, rigid or flexible, with or with      | No                  |     |                   | ALL                                   |
| 31641 | Bronchoscopy, (rigid or flexible); with destr      | No                  |     |                   | ALL                                   |
| 31643 | Bronchoscopy, (rigid or flexible); with plac       | No                  |     |                   | ALL                                   |
| 31645 | Bronchoscopy, (rigid or flexible); with thera      | No                  |     |                   | ALL                                   |
| 31646 | Bronchoscopy, (rigid or flexible); with thera      | No                  |     |                   | ALL                                   |
| 31647 | Bronchoscopy, rigid or flexible, including fl      | Yes                 |     |                   | ALL (Except MCWRAP)                   |
| 31647 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | MCWRAP                                |
| 31648 | Bronchoscopy, rigid or flexible, including fl      | Yes                 |     |                   | ALL (Except MCWRAP)                   |
| 31648 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | MCWRAP                                |
| 31649 | Bronchoscopy, rigid or flexible, including fl      | Yes                 |     |                   | ALL (Except MCWRAP)                   |
| 31649 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | MCWRAP                                |
| 31651 | Bronchoscopy, rigid or flexible, including fl      | Yes                 |     |                   | ALL (Except MCWRAP)                   |
| 31651 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | MCWRAP                                |
| 31652 | Bronchoscopy, rigid or flexible, including fluoros | No                  |     |                   | ALL                                   |
| 31653 | Bronchoscopy, rigid or flexible, including fluoros | No                  |     |                   | ALL                                   |
| 31654 | Bronchoscopy, rigid or flexible, including fluoros | No                  |     |                   | ALL                                   |
| 31660 | Bronchoscopy, rigid or flexible, including fl      | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 31660 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 31660 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | PRICHO                                |
| 31661 | Bronchoscopy, rigid or flexible, including fl      | No                  |     |                   | ALL                                   |
| 31717 | Catheterization with bronchial brush biopsy        | No                  |     |                   | ALL                                   |
| 31720 | Catheter aspiration (separate procedure);          | No                  |     |                   | ALL                                   |
| 31725 | Catheter aspiration (separate procedure);          | No                  |     |                   | ALL                                   |
| 31730 | Transtracheal (percutaneous) introduction          | No                  |     |                   | ALL                                   |
| 31730 | Transtracheal (percutaneous) introduction of ne    | Not Covered         |     |                   | CAID                                  |
| 31750 | Tracheoplasty; cervical                            | No                  |     |                   | ALL                                   |
| 31755 | Tracheoplasty; tracheopharyngeal fistuliza         | No                  |     |                   | ALL                                   |
| 31760 | Tracheoplasty; intrathoracic                       | No                  |     |                   | ALL                                   |
| 31766 | Carinal reconstruction                             | No                  |     |                   | ALL                                   |
| 31770 | Bronchoplasty; graft repair                        | No                  |     |                   | ALL                                   |
| 31775 | Bronchoplasty; excision stenosis and anas          | No                  |     |                   | ALL                                   |
| 31780 | Excision tracheal stenosis and anastomos           | No                  |     |                   | ALL                                   |
| 31781 | Excision tracheal stenosis and anastomos           | No                  |     |                   | ALL                                   |
| 31785 | Excision of tracheal tumor or carcinoma; c         | No                  |     |                   | ALL                                   |
| 31786 | Excision of tracheal tumor or carcinoma; th        | No                  |     |                   | ALL                                   |
| 31800 | Suture of tracheal wound or injury; cervica        | No                  |     |                   | ALL                                   |
| 31805 | Suture of tracheal wound or injury; intrath        | No                  |     |                   | ALL                                   |
| 31820 | Surgical closure tracheostomy or fistula; w        | No                  |     |                   | ALL                                   |
| 31825 | Surgical closure tracheostomy or fistula; w        | No                  |     |                   | ALL                                   |
| 31830 | Revision of tracheostomy scar                      | No                  |     |                   | ALL                                   |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BF                    | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BF                    | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 31899 | UNLISTED PROCEDURE, TRACHEA, BF                    | No                  |     |                   | PRICHO                                |
| 32035 | Thoracostomy; with rib resection for empy          | No                  |     |                   | ALL                                   |
| 32036 | Thoracostomy; with open flap drainage for          | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 32096 | Thoracotomy, with diagnostic biopsy(ies) of | No                  |     |                   | ALL                                   |
| 32097 | Thoracotomy, with diagnostic biopsy(ies) of | No                  |     |                   | ALL                                   |
| 32098 | Thoracotomy, with biopsy(ies) of pleura     | No                  |     |                   | ALL                                   |
| 32100 | Thoracotomy, major; with exploration and    | No                  |     |                   | ALL                                   |
| 32110 | Thoracotomy, major; with control of trauma  | No                  |     |                   | ALL                                   |
| 32120 | Thoracotomy, major; for postoperative con   | No                  |     |                   | ALL                                   |
| 32124 | Thoracotomy, major; with open intrapleura   | No                  |     |                   | ALL                                   |
| 32140 | Thoracotomy, major; with cyst(s) removal,   | No                  |     |                   | ALL                                   |
| 32141 | Thoracotomy, major; with excision-plicatio  | No                  |     |                   | ALL                                   |
| 32150 | Thoracotomy, major; with removal of intra   | No                  |     |                   | ALL                                   |
| 32151 | Thoracotomy, major; with removal of intra   | No                  |     |                   | ALL                                   |
| 32160 | Thoracotomy, major; with cardiac massag     | No                  |     |                   | ALL                                   |
| 32200 | PNEUMONOSTOMY; WITH OPEN DRAINAGE           | No                  |     |                   | ALL                                   |
| 32215 | Pleural scarification for repeat pneumotho  | No                  |     |                   | ALL                                   |
| 32220 | Decortication, pulmonary (separate proced   | No                  |     |                   | ALL                                   |
| 32225 | Decortication, pulmonary (separate proced   | No                  |     |                   | ALL                                   |
| 32310 | Pleurectomy, parietal (separate procedure   | No                  |     |                   | ALL                                   |
| 32320 | Decortication and parietal pleurectomy      | No                  |     |                   | ALL                                   |
| 32400 | Biopsy, pleura; percutaneous needle         | No                  |     |                   | ALL                                   |
| 32405 | Biopsy, lung or mediastinum, percutaneou    | No                  |     |                   | ALL                                   |
| 32408 | Core needle biopsy, lung or mediastinum,    | No                  |     |                   | ALL                                   |
| 32440 | Removal of lung, total pneumonectomy;       | No                  |     |                   | ALL                                   |
| 32442 | Removal of lung, total pneumonectomy; w     | No                  |     |                   | ALL                                   |
| 32445 | Removal of lung, total pneumonectomy; ex    | No                  |     |                   | ALL                                   |
| 32480 | Removal of lung, other than total pneumor   | No                  |     |                   | ALL                                   |
| 32482 | Removal of lung, other than total pneumor   | No                  |     |                   | ALL                                   |
| 32484 | Removal of lung, other than total pneumor   | No                  |     |                   | ALL                                   |
| 32486 | Removal of lung, other than total pneumor   | No                  |     |                   | ALL                                   |
| 32488 | Removal of lung, other than total pneumor   | No                  |     |                   | ALL                                   |
| 32491 | REMOVAL OF LUNG, OTHER THAN TOTAL           | No                  |     |                   | ALL                                   |
| 32501 | Resection and repair of portion of bronchu  | No                  |     |                   | ALL                                   |
| 32503 | RESECTION OF APICAL LUNG TUMOR              | No                  |     |                   | ALL                                   |
| 32504 | RESECTION OF APICAL LUNG TUMOR              | No                  |     |                   | ALL                                   |
| 32505 | Thoracotomy; with therapeutic wedge rese    | No                  |     |                   | ALL                                   |
| 32506 | Thoracotomy; with therapeutic wedge rese    | No                  |     |                   | ALL                                   |
| 32507 | Thoracotomy; with diagnostic wedge resec    | No                  |     |                   | ALL                                   |
| 32540 | Extrapleural enucleation of empyema (emp    | No                  |     |                   | ALL                                   |
| 32550 | INSERTION OF INDWELLING TUNNELED            | No                  |     |                   | ALL                                   |
| 32551 | TUBE THORACOSTOMY, INCLUDES W/              | No                  |     |                   | ALL                                   |
| 32552 | REMOVAL OF INDWELLING TUNNELED              | No                  |     |                   | ALL                                   |
| 32553 | PLACE INTERSTITIAL DEVICE(S) FOR F          | No                  |     |                   | ALL                                   |
| 32554 | Thoracentesis, needle or catheter, aspirati | No                  |     |                   | ALL                                   |
| 32555 | Thoracentesis, needle or catheter, aspirati | No                  |     |                   | ALL                                   |
| 32556 | Pleural drainage, percutaneous, with inser  | No                  |     |                   | ALL                                   |
| 32557 | Pleural drainage, percutaneous, with inser  | No                  |     |                   | ALL                                   |
| 32560 | CHEMICAL PLEURODESIS (EG, FOR RE            | No                  |     |                   | ALL                                   |
| 32561 | INSTILLATION, VIA CHEST TUBE/CATH           | No                  |     |                   | ALL                                   |
| 32562 | INSTILLATION, VIA CHEST TUBE/CATH           | No                  |     |                   | ALL                                   |
| 32601 | Thoracoscopy, diagnostic (separate proced   | No                  |     |                   | ALL                                   |
| 32604 | Thoracoscopy, diagnostic (separate proced   | No                  |     |                   | ALL                                   |
| 32606 | Thoracoscopy, diagnostic (separate proced   | No                  |     |                   | ALL                                   |
| 32607 | Thoracoscopy; with diagnostic biopsy(ies)   | No                  |     |                   | ALL                                   |
| 32608 | Thoracoscopy; with diagnostic biopsy(ies)   | No                  |     |                   | ALL                                   |
| 32609 | Thoracoscopy; with biopsy(ies) of pleura    | No                  |     |                   | ALL                                   |
| 32650 | Thoracoscopy, surgical; with pleurodesis (  | No                  |     |                   | ALL                                   |
| 32651 | Thoracoscopy, surgical; with partial pulmo  | No                  |     |                   | ALL                                   |
| 32652 | Thoracoscopy, surgical; with total pulmona  | No                  |     |                   | ALL                                   |
| 32653 | Thoracoscopy, surgical; with removal of in  | No                  |     |                   | ALL                                   |
| 32654 | Thoracoscopy, surgical; with control of tra | No                  |     |                   | ALL                                   |
| 32655 | Thoracoscopy, surgical; with excision-plic  | No                  |     |                   | ALL                                   |
| 32656 | Thoracoscopy, surgical; with parietal pleur | No                  |     |                   | ALL                                   |
| 32658 | Thoracoscopy, surgical; with removal of cl  | No                  |     |                   | ALL                                   |
| 32659 | Thoracoscopy, surgical; with creation of pe | No                  |     |                   | ALL                                   |
| 32661 | Thoracoscopy, surgical; with excision of pe | No                  |     |                   | ALL                                   |
| 32662 | Thoracoscopy, surgical; with excision of m  | No                  |     |                   | ALL                                   |
| 32663 | Thoracoscopy, surgical; with lobectomy, to  | No                  |     |                   | ALL                                   |
| 32664 | THORACOSCOPY, SURGICAL; WITH TH             | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 32664 | THORACOSCOPY, SURGICAL; WITH TH             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 32664 | THORACOSCOPY, SURGICAL; WITH TH             | No                  |     |                   | PRICHO                                |
| 32665 | Thoracoscopy, surgical; with esophagomy     | No                  |     |                   | ALL                                   |
| 32666 | Thoracoscopy, surgical; with therapeutic w  | No                  |     |                   | ALL                                   |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                         | Rider Requirement | Product Lines              |
|-------|----------------------------------------------|---------------------|-----------------------------|-------------------|----------------------------|
| 32667 | Thoracoscopy, surgical; with therapeutic w   | No                  |                             |                   | ALL                        |
| 32668 | Thoracoscopy, surgical; with diagnostic we   | No                  |                             |                   | ALL                        |
| 32669 | Thoracoscopy, surgical; with removal of a    | No                  |                             |                   | ALL                        |
| 32670 | Thoracoscopy, surgical; with removal of 2    | No                  |                             |                   | ALL                        |
| 32671 | Thoracoscopy, surgical; with removal of lu   | No                  |                             |                   | ALL                        |
| 32672 | Thoracoscopy, surgical; with resection-pli   | No                  |                             |                   | ALL                        |
| 32673 | Thoracoscopy, surgical; with resection of t  | No                  |                             |                   | ALL                        |
| 32674 | Thoracoscopy, surgical; with mediastinal a   | No                  |                             |                   | ALL                        |
| 32701 | Thoracic target(s) delineation for stereotac | No                  |                             |                   | ALL                        |
| 32800 | Repair lung hernia through chest wall        | No                  |                             |                   | ALL                        |
| 32810 | Closure of chest wall following open flap d  | No                  |                             |                   | ALL                        |
| 32815 | Open closure of major bronchial fistula      | No                  |                             |                   | ALL                        |
| 32820 | Major reconstruction, chest wall (posttraum  | No                  |                             |                   | ALL                        |
| 32850 | DONOR PNEUMONECTOMY(IES) (INCL               | No                  |                             |                   | ALL (Except Caid)          |
| 32850 | DONOR PNEUMONECTOMY(IES) (INCL               | Yes                 |                             |                   | Caid                       |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOUT             | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32851 | LUNG TRANSPLANT, SINGLE; WITHOUT             | Yes                 |                             |                   | Caid, MMP                  |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CA             | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32852 | LUNG TRANSPLANT, SINGLE; WITH CA             | Yes                 |                             |                   | Caid, MMP                  |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATE              | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32853 | LUNG TRANSPLANT, DOUBLE (BILATE              | Yes                 |                             |                   | Caid, MMP                  |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATE              | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32854 | LUNG TRANSPLANT, DOUBLE (BILATE              | Yes                 |                             |                   | Caid, MMP                  |
| 32855 | BACKBENCH STANDARD PREP OF CAI               | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32855 | BACKBENCH STANDARD PREP OF CAI               | Yes                 |                             |                   | Caid, MMP                  |
| 32856 | BACKBENCH STANDARD PREP OF CAI               | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 32856 | BACKBENCH STANDARD PREP OF CAI               | Yes                 |                             |                   | Caid, MMP                  |
| 32900 | Resection of ribs, extrapleural, all stages  | No                  |                             |                   | ALL                        |
| 32905 | Thoracoplasty, Schede type or extrapleura    | No                  |                             |                   | ALL                        |
| 32906 | Thoracoplasty, Schede type or extrapleura    | No                  |                             |                   | ALL                        |
| 32940 | Pneumonolysis, extraperiosteal, including    | No                  |                             |                   | ALL                        |
| 32960 | Pneumothorax, therapeutic, intrapleural inj  | No                  |                             |                   | ALL                        |
| 32994 | Ablation therapy for reduction or eradicat   | No                  |                             |                   | ALL                        |
| 32997 | Total lung lavage (unilateral)               | No                  |                             |                   | ALL                        |
| 32998 | ALBATION THERAPY FOR REDUCTION               | No                  |                             |                   | ALL                        |
| 32999 | UNLISTED PROCEDURE, LUNGS AND F              | Yes                 |                             |                   | ALL (Except Medicare Comp) |
| 32999 | UNLISTED PROCEDURE, LUNGS AND F              | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 32999 | UNLISTED PROCEDURE, LUNGS AND F              | No                  |                             |                   | PRICHO                     |
| 33016 | Pericardiocentesis, including imaging guid   | No                  |                             |                   | ALL                        |
| 33017 | Pericardial drainage with insertion of indw  | No                  |                             |                   | ALL                        |
| 33018 | Pericardial drainage with insertion of indw  | No                  |                             |                   | ALL                        |
| 33019 | Pericardial drainage with insertion of indw  | No                  |                             |                   | ALL                        |
| 33020 | Pericardiotomy for removal of clot or foreig | No                  |                             |                   | ALL                        |
| 33025 | Creation of pericardial window or partial re | No                  |                             |                   | ALL                        |
| 33030 | Pericardiectomy, subtotal or complete; wit   | No                  |                             |                   | ALL                        |
| 33031 | Pericardiectomy, subtotal or complete; wit   | No                  |                             |                   | ALL                        |
| 33050 | Excision of pericardial cyst or tumor        | No                  |                             |                   | ALL                        |
| 33120 | Excision of intracardiac tumor, resection w  | No                  |                             |                   | ALL                        |
| 33130 | Resection of external cardiac tumor          | No                  |                             |                   | ALL                        |
| 33140 | TRANSMYOCARDIAL LASER REVASCU                | No                  |                             |                   | ALL                        |
| 33141 | PERFORMED ST THE TIME OF OTHER               | No                  |                             |                   | ALL                        |
| 33202 | INSERTION OF EPICARDIAL ELECTROI             | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33202 | INSERTION OF EPICARDIAL ELECTROI             | No                  |                             |                   | MCWRAP                     |
| 33203 | INSERTION OF EPICARDIAL ELECTROI             | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33203 | INSERTION OF EPICARDIAL ELECTROI             | No                  |                             |                   | MCWRAP                     |
| 33206 | Insertion or replacement of permanent pac    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33206 | Insertion or replacement of permanent pac    | No                  |                             |                   | MCWRAP                     |
| 33207 | Insertion or replacement of permanent pac    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33207 | Insertion or replacement of permanent pac    | No                  |                             |                   | MCWRAP                     |
| 33208 | Insertion or replacement of permanent pac    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33208 | Insertion or replacement of permanent pac    | No                  |                             |                   | MCWRAP                     |
| 33210 | Insertion or replacement of temporary tran   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33210 | Insertion or replacement of temporary tran   | No                  |                             |                   | MCWRAP                     |
| 33211 | Insertion or replacement of temporary tran   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33211 | Insertion or replacement of temporary tran   | No                  |                             |                   | MCWRAP                     |
| 33212 | Insertion or replacement of pacemaker pul    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33212 | Insertion or replacement of pacemaker pul    | No                  |                             |                   | MCWRAP                     |
| 33213 | Insertion or replacement of pacemaker pul    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33213 | Insertion or replacement of pacemaker pul    | No                  |                             |                   | MCWRAP                     |
| 33214 | Upgrade of implanted pacemaker system,       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 33214 | Upgrade of implanted pacemaker system,       | No                  |                             |                   | MCWRAP                     |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 33215 | Repositioning of previously implanted tran    | No                  |                             |                   | ALL                 |
| 33216 | Insertion of a transvenous electrode; single  | No                  |                             |                   | ALL                 |
| 33217 | Insertion of a transvenous electrode; dual    | No                  |                             |                   | ALL                 |
| 33218 | Repair of single transvenous electrode for    | No                  |                             |                   | ALL                 |
| 33220 | Repair of two transvenous electrodes for a    | No                  |                             |                   | ALL                 |
| 33221 | Insertion of pacemaker pulse generator on     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33221 | Insertion of pacemaker pulse generator on     | No                  |                             |                   | MCWRAP              |
| 33222 | Revision or relocation of skin pocket for pa  | No                  |                             |                   | ALL                 |
| 33223 | REVISION OF SKIN POCKET FOR SING              | No                  |                             |                   | ALL                 |
| 33224 | Insertion of pacing electrode, cardiac veno   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33224 | Insertion of pacing electrode, cardiac veno   | No                  |                             |                   | MCWRAP              |
| 33225 | Insertion of pacing electrode, cardiac veno   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33225 | Insertion of pacing electrode, cardiac veno   | No                  |                             |                   | MCWRAP              |
| 33226 | Repositioning of previously implanted card    | No                  |                             |                   | ALL                 |
| 33227 | Removal of permanent pacemaker pulse g        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33227 | Removal of permanent pacemaker pulse g        | No                  |                             |                   | MCWRAP              |
| 33228 | Removal of permanent pacemaker pulse g        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33228 | Removal of permanent pacemaker pulse g        | No                  |                             |                   | MCWRAP              |
| 33229 | Removal of permanent pacemaker pulse g        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33229 | Removal of permanent pacemaker pulse g        | No                  |                             |                   | MCWRAP              |
| 33230 | Insertion of pacing cardioverter-defibrillato | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33230 | Insertion of pacing cardioverter-defibrillato | No                  |                             |                   | MCWRAP              |
| 33231 | Insertion of pacing cardioverter-defibrillato | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33231 | Insertion of pacing cardioverter-defibrillato | No                  |                             |                   | MCWRAP              |
| 33233 | Removal of permanent pacemaker pulse g        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33233 | Removal of permanent pacemaker pulse g        | No                  |                             |                   | MCWRAP              |
| 33234 | Removal of transvenous pacemaker electr       | No                  |                             |                   | ALL                 |
| 33235 | Removal of transvenous pacemaker electr       | No                  |                             |                   | ALL                 |
| 33236 | Removal of permanent epicardial pacemal       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33236 | Removal of permanent epicardial pacemal       | No                  |                             |                   | MCWRAP              |
| 33237 | Removal of permanent epicardial pacemal       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33237 | Removal of permanent epicardial pacemal       | No                  |                             |                   | MCWRAP              |
| 33238 | Removal of permanent transvenous electr       | No                  |                             |                   | ALL                 |
| 33240 | INSERTION OF SINGLE OR DUAL CHAM              | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33240 | INSERTION OF SINGLE OR DUAL CHAM              | No                  |                             |                   | MCWRAP              |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGL                 | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33241 | SUBCUTANEOUS REMOVAL OF SINGL                 | No                  |                             |                   | MCWRAP              |
| 33243 | REMOVAL OF SINGLE OR DUAL CHAM                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33243 | REMOVAL OF SINGLE OR DUAL CHAM                | No                  |                             |                   | MCWRAP              |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAM                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33244 | REMOVAL OF SINGLE OR DUAL CHAM                | No                  |                             |                   | MCWRAP              |
| 33249 | INSERTION OR REPOSITIONING OF EL              | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33249 | INSERTION OR REPOSITIONING OF EL              | No                  |                             |                   | MCWRAP              |
| 33250 | Operative ablation of supraventricular arrh   | No                  |                             |                   | ALL                 |
| 33251 | Operative ablation of supraventricular arrh   | No                  |                             |                   | ALL                 |
| 33254 | OPERATIVE TISSUE ABLATION AND RE              | No                  |                             |                   | ALL                 |
| 33255 | OPERATIVE TISSUE ABLATION OF ATR              | No                  |                             |                   | ALL                 |
| 33256 | OPERATIVE TISSUE ALBATION OF ATR              | No                  |                             |                   | ALL                 |
| 33257 | OPERATIVE TISSUE ABLATION AND RE              | No                  |                             |                   | ALL                 |
| 33258 | OPERATIVE TISSUE ABLATION AND RE              | No                  |                             |                   | ALL                 |
| 33259 | OPERATIVE TISSUE ABLATION AND RE              | No                  |                             |                   | ALL                 |
| 33261 | Operative ablation of ventricular arrhythmic  | No                  |                             |                   | ALL                 |
| 33262 | Removal of implantable defibrillator pulse    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33262 | Removal of implantable defibrillator pulse    | No                  |                             |                   | MCWRAP              |
| 33263 | Removal of implantable defibrillator pulse    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33263 | Removal of implantable defibrillator pulse    | No                  |                             |                   | MCWRAP              |
| 33264 | Removal of implantable defibrillator pulse    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33264 | Removal of implantable defibrillator pulse    | No                  |                             |                   | MCWRAP              |
| 33265 | ENDOSCOPY, SURGICAL; OPERATIVE                | No                  |                             |                   | ALL                 |
| 33266 | ENDOSCOPY, SURGICAL; OPERATIVE                | No                  |                             |                   | ALL                 |
| 33267 | Exclusion of left atrial appendage, open, a   | No                  |                             |                   | ALL                 |
| 33268 | Exclusion of left atrial appendage, open, p   | No                  |                             |                   | ALL                 |
| 33269 | Exclusion of left atrial appendage, thoraco   | No                  |                             |                   | ALL                 |
| 33270 | Insertion or replacement of permanent sub     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33270 | Insertion or replacement of permanent sub     | No                  |                             |                   | MCWRAP              |
| 33271 | Insertion of subcutaneous implantable def     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33271 | Insertion of subcutaneous implantable def     | No                  |                             |                   | MCWRAP              |
| 33272 | Removal of subcutaneous implantable def       | No                  |                             |                   | ALL                 |
| 33273 | Repositioning of previously implanted sub     | No                  |                             |                   | ALL                 |
| 33274 | Transcatheter insertion or replacement of     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33274 | Transcatheter insertion or replacement of     | No                  |                             |                   | MCWRAP              |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 33275 | Transcatheter removal of permanent lead        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33275 | Transcatheter removal of permanent lead        | No                  |                             |                   | MCWRAP              |
| 33276 | Insertion of phrenic nerve stimulator syste    | Yes                 |                             |                   | ALL (Except MCWRAP) |
| 33276 | Insertion of phrenic nerve stimulator syste    | No                  |                             |                   | MCWRAP              |
| 33277 | Insertion of phrenic nerve stimulator transv   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| 33277 | Insertion of phrenic nerve stimulator transv   | No                  |                             |                   | MCWRAP              |
| 33278 | Removal of phrenic nerve stimulator, inclu     | Yes                 |                             |                   | ALL (Except MCWRAP) |
| 33278 | Removal of phrenic nerve stimulator, inclu     | No                  |                             |                   | MCWRAP              |
| 33279 | Removal of phrenic nerve stimulator, inclu     | No                  |                             |                   | ALL                 |
| 33280 | Removal of phrenic nerve stimulator, inclu     | No                  |                             |                   | ALL                 |
| 33281 | Repositioning of phrenic nerve stimulator t    | No                  |                             |                   | ALL                 |
| 33285 | Insertion, subcutaneous cardiac rhythm m       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33285 | Insertion, subcutaneous cardiac rhythm m       | No                  |                             |                   | MCWRAP              |
| 33286 | Removal, subcutaneous cardiac rhythm m         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33286 | Removal, subcutaneous cardiac rhythm m         | No                  |                             |                   | MCWRAP              |
| 33287 | Removal and replacement of phrenic nerv        | Yes                 |                             |                   | ALL (Except MCWRAP) |
| 33287 | Removal and replacement of phrenic nerv        | No                  |                             |                   | MCWRAP              |
| 33288 | Removal and replacement of phrenic nerv        | Yes                 |                             |                   | ALL (Except MCWRAP) |
| 33288 | Removal and replacement of phrenic nerv        | No                  |                             |                   | MCWRAP              |
| 33289 | Transcatheter implantation of wireless pul     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33289 | Transcatheter implantation of wireless pul     | No                  |                             |                   | MCWRAP              |
| 33300 | Repair of cardiac wound; without bypass        | No                  |                             |                   | ALL                 |
| 33305 | Repair of cardiac wound; with cardiopulm       | No                  |                             |                   | ALL                 |
| 33310 | Cardiotomy, exploratory (includes removal      | No                  |                             |                   | ALL                 |
| 33315 | Cardiotomy, exploratory (includes removal      | No                  |                             |                   | ALL                 |
| 33320 | Suture repair of aorta or great vessels; wit   | No                  |                             |                   | ALL                 |
| 33321 | Suture repair of aorta or great vessels; wit   | No                  |                             |                   | ALL                 |
| 33330 | Insertion of graft, aorta or great vessels; w  | No                  |                             |                   | ALL                 |
| 33332 | Insertion of graft, aorta or great vessels; w  | No                  |                             |                   | ALL                 |
| 33335 | Insertion of graft, aorta or great vessels; w  | No                  |                             |                   | ALL                 |
| 33340 | Percutaneous transcatheter closure of the      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33340 | Percutaneous transcatheter closure of the      | No                  |                             |                   | MCWRAP              |
| 33361 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33361 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33362 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33362 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33363 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33363 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33364 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33364 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33365 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33365 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33366 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33366 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33367 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33367 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33368 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33368 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33369 | Transcatheter aortic valve replacement (T      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33369 | Transcatheter aortic valve replacement (T      | No                  |                             |                   | MCWRAP              |
| 33370 | Transcatheter placement and subsequent         | No                  |                             |                   | ALL                 |
| 33390 | Valvuloplasty, aortic valve, open, with card   | No                  |                             |                   | ALL                 |
| 33391 | Valvuloplasty, aortic valve, open, with card   | No                  |                             |                   | ALL                 |
| 33404 | Construction of apical-aortic conduit          | No                  |                             |                   | ALL                 |
| 33405 | Replacement, aortic valve, with cardiopuln     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33405 | Replacement, aortic valve, with cardiopuln     | No                  |                             |                   | MCWRAP              |
| 33406 | Replacement, aortic valve, with cardiopuln     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33406 | Replacement, aortic valve, with cardiopuln     | No                  |                             |                   | MCWRAP              |
| 33410 | Replacement, aortic valve, with cardiopuln     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33410 | Replacement, aortic valve, with cardiopuln     | No                  |                             |                   | MCWRAP              |
| 33411 | Replacement, aortic valve; with aortic ann     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33411 | Replacement, aortic valve; with aortic ann     | No                  |                             |                   | MCWRAP              |
| 33412 | Replacement, aortic valve; with transventr     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33412 | Replacement, aortic valve; with transventr     | No                  |                             |                   | MCWRAP              |
| 33413 | Replacement, aortic valve; by translocatio     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33413 | Replacement, aortic valve; by translocatio     | No                  |                             |                   | MCWRAP              |
| 33414 | Repair of left ventricular outflow tract obstr | No                  |                             |                   | ALL                 |
| 33415 | Resection or incision of subvalvular tissue    | No                  |                             |                   | ALL                 |
| 33416 | Ventriculomyotomy (-myectomy) for idiopa       | No                  |                             |                   | ALL                 |
| 33417 | Aortoplasty (gusset) for supravalvular sten    | No                  |                             |                   | ALL                 |
| 33418 | Transcatheter mitral valve repair, percutan    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 33418 | Transcatheter mitral valve repair, percutan   | No                  |                             |                   | MCWRAP              |
| 33419 | Transcatheter mitral valve repair, percutan   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33419 | Transcatheter mitral valve repair, percutan   | No                  |                             |                   | MCWRAP              |
| 33420 | Valvotomy, mitral valve; closed heart         | No                  |                             |                   | ALL                 |
| 33422 | Valvotomy, mitral valve; open heart, with c   | No                  |                             |                   | ALL                 |
| 33425 | Valvuloplasty, mitral valve, with cardiopuln  | No                  |                             |                   | ALL                 |
| 33426 | Valvuloplasty, mitral valve, with cardiopuln  | No                  |                             |                   | ALL                 |
| 33427 | Valvuloplasty, mitral valve, with cardiopuln  | No                  |                             |                   | ALL                 |
| 33430 | Replacement, mitral valve, with cardiopuln    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33430 | Replacement, mitral valve, with cardiopuln    | No                  |                             |                   | MCWRAP              |
| 33440 | Replacement, aortic valve; by translocatio    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33440 | Replacement, aortic valve; by translocatio    | No                  |                             |                   | MCWRAP              |
| 33460 | Valvectomy, tricuspid valve, with cardiopul   | No                  |                             |                   | ALL                 |
| 33463 | Valvuloplasty, tricuspid valve; without ring  | No                  |                             |                   | ALL                 |
| 33464 | Valvuloplasty, tricuspid valve; with ring ins | No                  |                             |                   | ALL                 |
| 33465 | Replacement, tricuspid valve, with cardiop    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33465 | Replacement, tricuspid valve, with cardiop    | No                  |                             |                   | MCWRAP              |
| 33468 | Tricuspid valve repositioning and plication   | No                  |                             |                   | ALL                 |
| 33474 | Valvotomy, pulmonary valve, open heart; v     | No                  |                             |                   | ALL                 |
| 33475 | Replacement, pulmonary valve                  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33475 | Replacement, pulmonary valve                  | No                  |                             |                   | MCWRAP              |
| 33476 | Right ventricular resection for infundibular  | No                  |                             |                   | ALL                 |
| 33477 | Transcatheter pulmonary valve implantatio     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33477 | Transcatheter pulmonary valve implantatio     | No                  |                             |                   | MCWRAP              |
| 33478 | Outflow tract augmentation (gusset), with c   | No                  |                             |                   | ALL                 |
| 33496 | Repair of non-structural prosthetic valve d   | No                  |                             |                   | ALL                 |
| 33500 | Repair of coronary arteriovenous or arterio   | No                  |                             |                   | ALL                 |
| 33501 | Repair of coronary arteriovenous or arterio   | No                  |                             |                   | ALL                 |
| 33502 | Repair of anomalous coronary artery; by lig   | No                  |                             |                   | ALL                 |
| 33503 | Repair of anomalous coronary artery; by gi    | No                  |                             |                   | ALL                 |
| 33504 | Repair of anomalous coronary artery; by gi    | No                  |                             |                   | ALL                 |
| 33505 | Repair of anomalous coronary artery; with     | No                  |                             |                   | ALL                 |
| 33506 | Repair of anomalous coronary artery; by tr    | No                  |                             |                   | ALL                 |
| 33507 | REPAIR OF ANOMALOUS (EG, INTRAM               | No                  |                             |                   | ALL                 |
| 33508 | Endoscopy, surgical, including video-assis    | No                  |                             |                   | ALL                 |
| 33509 | Harvest of upper extremity artery, 1 segme    | No                  |                             |                   | ALL                 |
| 33510 | Coronary artery bypass, vein only; single c   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33510 | Coronary artery bypass, vein only; single c   | No                  |                             |                   | MCWRAP              |
| 33511 | Coronary artery bypass, vein only; two cor    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33511 | Coronary artery bypass, vein only; two cor    | No                  |                             |                   | MCWRAP              |
| 33512 | Coronary artery bypass, vein only; three co   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33512 | Coronary artery bypass, vein only; three co   | No                  |                             |                   | MCWRAP              |
| 33513 | Coronary artery bypass, vein only; four cor   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33513 | Coronary artery bypass, vein only; four cor   | No                  |                             |                   | MCWRAP              |
| 33514 | Coronary artery bypass, vein only; five cor   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33514 | Coronary artery bypass, vein only; five cor   | No                  |                             |                   | MCWRAP              |
| 33516 | Coronary artery bypass, vein only; six or m   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33516 | Coronary artery bypass, vein only; six or m   | No                  |                             |                   | MCWRAP              |
| 33517 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33517 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33518 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33518 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33519 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33519 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33521 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33521 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33522 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33522 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33523 | Coronary artery bypass, using venous graf     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33523 | Coronary artery bypass, using venous graf     | No                  |                             |                   | MCWRAP              |
| 33530 | Reoperation, coronary artery bypass proce     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33530 | Reoperation, coronary artery bypass proce     | No                  |                             |                   | MCWRAP              |
| 33533 | Coronary artery bypass, using arterial graf   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33533 | Coronary artery bypass, using arterial graf   | No                  |                             |                   | MCWRAP              |
| 33534 | Coronary artery bypass, using arterial graf   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33534 | Coronary artery bypass, using arterial graf   | No                  |                             |                   | MCWRAP              |
| 33535 | Coronary artery bypass, using arterial graf   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33535 | Coronary artery bypass, using arterial graf   | No                  |                             |                   | MCWRAP              |
| 33536 | Coronary artery bypass, using arterial graf   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33536 | Coronary artery bypass, using arterial graf   | No                  |                             |                   | MCWRAP              |
| 33542 | Myocardial resection (eg, ventricular aneu    | No                  |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 33545 | Repair of postinfarction ventricular septal d  | No                  |                             |                   | ALL                 |
| 33548 | SURCIAL VENTRICULAR RESTORATIO                 | Not Covered         |                             |                   | ALL                 |
| 33572 | Coronary endarterectomy, open, any meth        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 33572 | Coronary endarterectomy, open, any meth        | No                  |                             |                   | MCWRAP              |
| 33600 | Closure of atrioventricular valve (mitral or t | No                  |                             |                   | ALL                 |
| 33602 | Closure of semilunar valve (aortic or pulm     | No                  |                             |                   | ALL                 |
| 33606 | Anastomosis of pulmonary artery to aorta       | No                  |                             |                   | ALL                 |
| 33608 | Repair of complex cardiac anomaly other t      | No                  |                             |                   | ALL                 |
| 33610 | Repair of complex cardiac anomalies (eg,       | No                  |                             |                   | ALL                 |
| 33611 | Repair of double outlet right ventricle with   | No                  |                             |                   | ALL                 |
| 33612 | Repair of double outlet right ventricle with   | No                  |                             |                   | ALL                 |
| 33615 | Repair of complex cardiac anomalies (eg,       | No                  |                             |                   | ALL                 |
| 33617 | Repair of complex cardiac anomalies (eg,       | No                  |                             |                   | ALL                 |
| 33619 | Repair of single ventricle with aortic outflow | No                  |                             |                   | ALL                 |
| 33620 | Application of right and left pulmonary arte   | No                  |                             |                   | ALL                 |
| 33621 | Transthoracic insertion of catheter for sten   | No                  |                             |                   | ALL                 |
| 33622 | Reconstruction of complex cardiac anoma        | No                  |                             |                   | ALL                 |
| 33641 | Repair atrial septal defect, secundum, with    | No                  |                             |                   | ALL                 |
| 33645 | Direct or patch closure, sinus venosus, wit    | No                  |                             |                   | ALL                 |
| 33647 | Repair of atrial septal defect and ventricul   | No                  |                             |                   | ALL                 |
| 33660 | Repair of incomplete or partial atrioventric   | No                  |                             |                   | ALL                 |
| 33665 | Repair of intermediate or transitional atriov  | No                  |                             |                   | ALL                 |
| 33670 | Repair of complete atrioventricular canal, v   | No                  |                             |                   | ALL                 |
| 33675 | CLOSURE OF MULTIPLE VENTRICULAR                | No                  |                             |                   | ALL                 |
| 33676 | CLOSURE OF VENTRICULAR SEPTAL D                | No                  |                             |                   | ALL                 |
| 33677 | CLOSURE OF MULTIPLE VENTRICULAR                | No                  |                             |                   | ALL                 |
| 33681 | Closure of ventricular septal defect, with o   | No                  |                             |                   | ALL                 |
| 33684 | Closure of ventricular septal defect, with o   | No                  |                             |                   | ALL                 |
| 33688 | Closure of ventricular septal defect, with o   | No                  |                             |                   | ALL                 |
| 33690 | Banding of pulmonary artery                    | No                  |                             |                   | ALL                 |
| 33692 | Complete repair tetralogy of Fallot without    | No                  |                             |                   | ALL                 |
| 33694 | Complete repair tetralogy of Fallot without    | No                  |                             |                   | ALL                 |
| 33697 | Complete repair tetralogy of Fallot with pul   | No                  |                             |                   | ALL                 |
| 33702 | Repair sinus of Valsalva fistula, with cardic  | No                  |                             |                   | ALL                 |
| 33710 | Repair sinus of Valsalva fistula, with cardic  | No                  |                             |                   | ALL                 |
| 33720 | Repair sinus of Valsalva aneurysm, with ca     | No                  |                             |                   | ALL                 |
| 33724 | REPAIR OF ISOLATED PARTIAL ANOMA               | No                  |                             |                   | ALL                 |
| 33726 | REPAIR OF PULMONARY VENOUS STE                 | No                  |                             |                   | ALL                 |
| 33730 | Complete repair of anomalous venous retu       | No                  |                             |                   | ALL                 |
| 33732 | Repair of cor triatriatum or supravalvular n   | No                  |                             |                   | ALL                 |
| 33735 | Atrial septectomy or septostomy; closed he     | No                  |                             |                   | ALL                 |
| 33736 | Atrial septectomy or septostomy; open hea      | No                  |                             |                   | ALL                 |
| 33741 | Transcatheter atrial septostomy (TAS) for      | No                  |                             |                   | ALL                 |
| 33745 | Transcatheter intracardiac shunt (TIS) crea    | No                  |                             |                   | ALL                 |
| 33746 | Transcatheter intracardiac shunt (TIS) crea    | No                  |                             |                   | ALL                 |
| 33750 | Shunt; subclavian to pulmonary artery (Bla     | No                  |                             |                   | ALL                 |
| 33755 | Shunt; ascending aorta to pulmonary arter      | No                  |                             |                   | ALL                 |
| 33762 | Shunt; descending aorta to pulmonary arte      | No                  |                             |                   | ALL                 |
| 33764 | Shunt; central, with prosthetic graft          | No                  |                             |                   | ALL                 |
| 33766 | Shunt; superior vena cava to pulmonary at      | No                  |                             |                   | ALL                 |
| 33767 | Shunt; superior vena cava to pulmonary at      | No                  |                             |                   | ALL                 |
| 33768 | ANASTOMOSIS, CAVOPULMONARY, 2N                 | No                  |                             |                   | ALL                 |
| 33770 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33771 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33774 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33775 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33776 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33777 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33778 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33779 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33780 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33781 | Repair of transposition of the great arteries  | No                  |                             |                   | ALL                 |
| 33782 | AORTIC ROOT TRANSLOCATION W/VE                 | No                  |                             |                   | ALL                 |
| 33783 | AORTIC ROOT TRANSLOCATE W/VENT                 | No                  |                             |                   | ALL                 |
| 33786 | Total repair, truncus arteriosus (Rastelli ty  | No                  |                             |                   | ALL                 |
| 33788 | Reimplantation of an anomalous pulmonar        | No                  |                             |                   | ALL                 |
| 33800 | Aortic suspension (aortopexy) for tracheal     | No                  |                             |                   | ALL                 |
| 33802 | Division of aberrant vessel (vascular ring);   | No                  |                             |                   | ALL                 |
| 33803 | Division of aberrant vessel (vascular ring);   | No                  |                             |                   | ALL                 |
| 33814 | Obliteration of aortopulmonary septal defe     | No                  |                             |                   | ALL                 |
| 33820 | Repair of patent ductus arteriosus; by ligat   | No                  |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 33822 | Repair of patent ductus arteriosus; by divis  | No                  |     |                   | ALL                                   |
| 33824 | Repair of patent ductus arteriosus; by divis  | No                  |     |                   | ALL                                   |
| 33840 | Excision of coarctation of aorta, with or wit | No                  |     |                   | ALL                                   |
| 33845 | Excision of coarctation of aorta, with or wit | No                  |     |                   | ALL                                   |
| 33851 | Excision of coarctation of aorta, with or wit | No                  |     |                   | ALL                                   |
| 33852 | Repair of hypoplastic or interrupted aortic   | No                  |     |                   | ALL                                   |
| 33853 | Repair of hypoplastic or interrupted aortic   | No                  |     |                   | ALL                                   |
| 33858 | Ascending aorta graft, with cardiopulmona     | No                  |     |                   | ALL                                   |
| 33859 | Ascending aorta graft, with cardiopulmona     | No                  |     |                   | ALL                                   |
| 33863 | Ascending aorta graft, with cardiopulmona     | No                  |     |                   | ALL                                   |
| 33864 | Ascending aorta graft, with cardiopulmona     | No                  |     |                   | ALL                                   |
| 33866 | Aortic hemiarch graft including isolation ar  | No                  |     |                   | ALL                                   |
| 33871 | Transverse aortic arch graft, with cardiopu   | No                  |     |                   | ALL                                   |
| 33875 | Descending thoracic aorta graft, with or wi   | No                  |     |                   | ALL                                   |
| 33877 | Repair of thoracoabdominal aortic aneurys     | No                  |     |                   | ALL                                   |
| 33880 | ENDOVASCULAR REPAIR OF DESCEN                 | No                  |     |                   | ALL                                   |
| 33881 | ENDOVASCULAR REPAIR OF DESCEN                 | No                  |     |                   | ALL                                   |
| 33883 | PLACEMENT OF PROXIMAL EXTENSIO                | No                  |     |                   | ALL                                   |
| 33884 | PLACEMENT OF PROXIMAL EXTENSIO                | No                  |     |                   | ALL                                   |
| 33886 | PLACEMENT OF DISTAL EXTENSION P               | No                  |     |                   | ALL                                   |
| 33889 | OPEN SUBCLAVIAN TO CAROTID ARTE               | No                  |     |                   | ALL                                   |
| 33891 | BYPASS GRAFT, W/ OTHER THAN VEIN              | No                  |     |                   | ALL                                   |
| 33894 | Endovascular stent repair of coarctation of   | No                  |     |                   | ALL                                   |
| 33895 | Endovascular stent repair of coarctation of   | No                  |     |                   | ALL                                   |
| 33897 | Percutaneous transluminal angioplasty of      | No                  |     |                   | ALL                                   |
| 33900 | Percutaneous pulmonary artery revascular      | No                  |     |                   | ALL                                   |
| 33901 | Percutaneous pulmonary artery revascular      | No                  |     |                   | ALL                                   |
| 33902 | Percutaneous pulmonary artery revascular      | No                  |     |                   | ALL                                   |
| 33903 | Percutaneous pulmonary artery revascular      | No                  |     |                   | ALL                                   |
| 33904 | Percutaneous pulmonary artery revascular      | No                  |     |                   | ALL                                   |
| 33910 | Pulmonary artery embolectomy; with cardit     | No                  |     |                   | ALL                                   |
| 33915 | Pulmonary artery embolectomy; without ca      | No                  |     |                   | ALL                                   |
| 33916 | Pulmonary endarterectomy, with or without     | No                  |     |                   | ALL                                   |
| 33917 | Repair of pulmonary artery stenosis by rec    | No                  |     |                   | ALL                                   |
| 33920 | Repair of pulmonary atresia with ventricula   | No                  |     |                   | ALL                                   |
| 33922 | Transection of pulmonary artery with cardit   | No                  |     |                   | ALL                                   |
| 33924 | Ligation and takedown of a systemic-to-pu     | No                  |     |                   | ALL                                   |
| 33925 | REPAIR OF PULMONARY ARTERY ARB                | No                  |     |                   | ALL                                   |
| 33926 | REPAIR OF PULMONARY ARTERY ARB                | No                  |     |                   | ALL                                   |
| 33927 | Implantation of a total replacement heart s   | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 33927 | Implantation of a total replacement heart s   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 33927 | Implantation of a total replacement heart s   | No                  |     |                   | PRICHO                                |
| 33928 | Removal and replacement of total replacem     | No                  |     |                   | ALL (Except Caid)                     |
| 33928 | Removal and replacement of total replacem     | Yes                 |     |                   | Caid                                  |
| 33929 | Removal of a total replacement heart syste    | No                  |     |                   | ALL (Except Caid)                     |
| 33929 | Removal of a total replacement heart syste    | Yes                 |     |                   | Caid                                  |
| 33930 | DONOR CARDIECTOMY-PNEUMONECT                  | No                  |     |                   | ALL                                   |
| 33930 | DONOR CARDIECTOMY-PNEUMONECTOMY               | Not Covered         |     |                   | CAID                                  |
| 33933 | BACKBENCH STANDARD PREP OF CAI                | No                  |     |                   | ALL (Except Caid, MMP)                |
| 33933 | BACKBENCH STANDARD PREP OF CAI                | Yes                 |     |                   | Caid, MMP                             |
| 33935 | HEART-LUNG TRANSPLANT WITH REC                | No                  |     |                   | ALL (Except Caid, MMP)                |
| 33935 | HEART-LUNG TRANSPLANT WITH REC                | Yes                 |     |                   | Caid, MMP                             |
| 33940 | DONOR CARDIECTOMY, WITH COLD P                | No                  |     |                   | ALL                                   |
| 33940 | DONOR CARDIECTOMY, WITH COLD PRESE            | Not Covered         |     |                   | CAID                                  |
| 33944 | BACKBENCH STANDARD PREP OF CAI                | No                  |     |                   | ALL (Except Caid, MMP)                |
| 33944 | BACKBENCH STANDARD PREP OF CAI                | Yes                 |     |                   | Caid, MMP                             |
| 33945 | HEART TRANSPLANT, WITH OR WITHC               | No                  |     |                   | ALL (Except Caid, MMP)                |
| 33945 | HEART TRANSPLANT, WITH OR WITHC               | Yes                 |     |                   | Caid, MMP                             |
| 33946 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33947 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33948 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33949 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33951 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33952 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33953 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33954 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33955 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33956 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33957 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |
| 33958 | Extracorporeal membrane oxygenation (E        | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 33959 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33962 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33963 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33964 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33965 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33966 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33967 | Insertion of intra-aortic balloon assist dev   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 33967 | Insertion of intra-aortic balloon assist dev   | Yes                 |     |                   | Caid, MMP                  |
| 33968 | Removal of intra-aortic balloon assist dev     | No                  |     |                   | ALL                        |
| 33969 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33970 | Insertion of intra-aortic balloon assist dev   | No                  |     |                   | ALL                        |
| 33971 | Removal of intra-aortic balloon assist dev     | No                  |     |                   | ALL                        |
| 33973 | Insertion of intra-aortic balloon assist dev   | No                  |     |                   | ALL                        |
| 33974 | Removal of intra-aortic balloon assist dev     | No                  |     |                   | ALL                        |
| 33975 | IMPLANTATION OF VENTRICULAR ASS                | No                  |     |                   | ALL (Except Caid, MMP)     |
| 33975 | IMPLANTATION OF VENTRICULAR ASS                | Yes                 |     |                   | Caid, MMP                  |
| 33976 | IMPLANTATION OF VENTRICULAR ASS                | No                  |     |                   | ALL                        |
| 33977 | REMOVAL OF VENTRICULAR ASSIST D                | No                  |     |                   | ALL                        |
| 33978 | REMOVAL OF VENTRICULAR ASSIST D                | No                  |     |                   | ALL                        |
| 33979 | INSERTION OF INTRACORPORAL VEN                 | No                  |     |                   | ALL                        |
| 33980 | REMOVAL OF INTRACORPORAL VEN                   | No                  |     |                   | ALL                        |
| 33981 | REPLACEMENT OF EXTRACORPOREA                   | No                  |     |                   | ALL                        |
| 33982 | REPLACE EXTRACORPOREAL VENTRI                  | No                  |     |                   | ALL                        |
| 33983 | REPLACE EXTRACORPOREAL VENTRI                  | No                  |     |                   | ALL                        |
| 33984 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33985 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33986 | Extracorporeal membrane oxygenation (E         | No                  |     |                   | ALL                        |
| 33987 | Arterial exposure with creation of graft con   | No                  |     |                   | ALL                        |
| 33988 | Insertion of left heart vent by thoracic incis | No                  |     |                   | ALL                        |
| 33989 | Removal of left heart vent by thoracic incis   | No                  |     |                   | ALL                        |
| 33990 | Insertion of ventricular assist device, percu  | No                  |     |                   | ALL (Except Caid, MMP)     |
| 33990 | Insertion of ventricular assist device, percu  | Yes                 |     |                   | Caid, MMP                  |
| 33991 | Insertion of ventricular assist device, percu  | No                  |     |                   | ALL (Except Caid, MMP)     |
| 33991 | Insertion of ventricular assist device, percu  | Yes                 |     |                   | Caid, MMP                  |
| 33992 | Removal of percutaneous ventricular assis      | No                  |     |                   | ALL                        |
| 33993 | Repositioning of percutaneous ventricular      | No                  |     |                   | ALL                        |
| 33995 | Insertion of ventricular assist device, percu  | No                  |     |                   | ALL                        |
| 33997 | Removal of percutaneous right heart ventr      | No                  |     |                   | ALL                        |
| 33999 | UNLISTED PROCEDURE, CARDIAC SU                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 33999 | UNLISTED PROCEDURE, CARDIAC SU                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 33999 | UNLISTED PROCEDURE, CARDIAC SU                 | No                  |     |                   | PRICHO                     |
| 34001 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34051 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34101 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34111 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34151 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34201 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34203 | Embolectomy or thrombectomy, with or wif       | No                  |     |                   | ALL                        |
| 34401 | Thrombectomy, direct or with catheter; ver     | No                  |     |                   | ALL                        |
| 34421 | Thrombectomy, direct or with catheter; ver     | No                  |     |                   | ALL                        |
| 34451 | Thrombectomy, direct or with catheter; ver     | No                  |     |                   | ALL                        |
| 34471 | Thrombectomy, direct or with catheter; sub     | No                  |     |                   | ALL                        |
| 34490 | Thrombectomy, direct or with catheter; axi     | No                  |     |                   | ALL                        |
| 34501 | Valvuloplasty, femoral vein                    | No                  |     |                   | ALL                        |
| 34502 | Reconstruction of vena cava, any method        | No                  |     |                   | ALL                        |
| 34510 | Venous valve transposition, any vein dono      | No                  |     |                   | ALL                        |
| 34520 | Cross-over vein graft to venous system         | No                  |     |                   | ALL                        |
| 34530 | Saphenopopliteal vein anastomosis              | No                  |     |                   | ALL                        |
| 34701 | Endovascular repair of infrarenal aorta by     | No                  |     |                   | ALL                        |
| 34702 | Endovascular repair of infrarenal aorta by     | No                  |     |                   | ALL                        |
| 34703 | Endovascular repair of infrarenal aorta and    | No                  |     |                   | ALL                        |
| 34704 | Endovascular repair of infrarenal aorta and    | No                  |     |                   | ALL                        |
| 34705 | Endovascular repair of infrarenal aorta and    | No                  |     |                   | ALL                        |
| 34706 | Endovascular repair of infrarenal aorta and    | No                  |     |                   | ALL                        |
| 34707 | Endovascular repair of iliac artery by depl    | No                  |     |                   | ALL                        |
| 34708 | Endovascular repair of iliac artery by depl    | No                  |     |                   | ALL                        |
| 34709 | Placement of extension prosthesis(es) dist     | No                  |     |                   | ALL                        |
| 34710 | Delayed placement of distal or proximal ex     | No                  |     |                   | ALL                        |
| 34711 | Delayed placement of distal or proximal ex     | No                  |     |                   | ALL                        |
| 34712 | Transcatheter delivery of enhanced fixation    | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|------------------------------------------------|---------------------|-----|-------------------|---------------|
| 34713 | Percutaneous access and closure of femo        | No                  |     |                   | ALL           |
| 34714 | Open femoral artery exposure with creatio      | No                  |     |                   | ALL           |
| 34715 | Open axillary/subclavian artery exposure f     | No                  |     |                   | ALL           |
| 34716 | Open axillary/subclavian artery exposure v     | No                  |     |                   | ALL           |
| 34717 | Endovascular repair of iliac artery at the tir | No                  |     |                   | ALL           |
| 34718 | Endovascular repair of iliac artery, not ass   | No                  |     |                   | ALL           |
| 34808 | Endovascular placement of iliac artery occ     | No                  |     |                   | ALL           |
| 34812 | Open femoral artery exposure for delivery      | No                  |     |                   | ALL           |
| 34813 | Placement of femoral-femoral prosthetic g      | No                  |     |                   | ALL           |
| 34820 | Open iliac artery exposure for delivery of e   | No                  |     |                   | ALL           |
| 34830 | Open repair of infrarenal aortic aneurysm c    | No                  |     |                   | ALL           |
| 34831 | Open repair of infrarenal aortic aneurysm c    | No                  |     |                   | ALL           |
| 34832 | Open repair of infrarenal aortic aneurysm c    | No                  |     |                   | ALL           |
| 34833 | OPEN ILIAC ARTERY EXPOSURE W/CR                | No                  |     |                   | ALL           |
| 34834 | Open brachial artery exposure to assist in     | No                  |     |                   | ALL           |
| 34839 | Physician planning of a patient-specific fer   | No                  |     |                   | ALL           |
| 34841 | Endovascular repair of visceral aorta (eg, s   | No                  |     |                   | ALL           |
| 34842 | Endovascular repair of visceral aorta (eg, s   | No                  |     |                   | ALL           |
| 34843 | Endovascular repair of visceral aorta (eg, s   | No                  |     |                   | ALL           |
| 34844 | Endovascular repair of visceral aorta (eg, s   | No                  |     |                   | ALL           |
| 34845 | Endovascular repair of visceral aorta and i    | No                  |     |                   | ALL           |
| 34846 | Endovascular repair of visceral aorta and i    | No                  |     |                   | ALL           |
| 34847 | Endovascular repair of visceral aorta and i    | No                  |     |                   | ALL           |
| 34848 | Endovascular repair of visceral aorta and i    | No                  |     |                   | ALL           |
| 35001 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35002 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35005 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35011 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35013 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35021 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35022 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35045 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35081 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35082 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35091 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35092 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35102 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35103 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35111 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35112 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35121 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35122 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35131 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35132 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35141 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35142 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35151 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35152 | Direct repair of aneurysm, pseudoaneurys       | No                  |     |                   | ALL           |
| 35180 | Repair, congenital arteriovenous fistula; he   | No                  |     |                   | ALL           |
| 35182 | Repair, congenital arteriovenous fistula; th   | No                  |     |                   | ALL           |
| 35184 | Repair, congenital arteriovenous fistula; ex   | No                  |     |                   | ALL           |
| 35188 | Repair, acquired or traumatic arteriovenou     | No                  |     |                   | ALL           |
| 35189 | Repair, acquired or traumatic arteriovenou     | No                  |     |                   | ALL           |
| 35190 | Repair, acquired or traumatic arteriovenou     | No                  |     |                   | ALL           |
| 35201 | Repair blood vessel, direct; neck              | No                  |     |                   | ALL           |
| 35206 | Repair blood vessel, direct; upper extremit    | No                  |     |                   | ALL           |
| 35207 | Repair blood vessel, direct; hand, finger      | No                  |     |                   | ALL           |
| 35211 | Repair blood vessel, direct; intrathoracic, v  | No                  |     |                   | ALL           |
| 35216 | Repair blood vessel, direct; intrathoracic, v  | No                  |     |                   | ALL           |
| 35221 | Repair blood vessel, direct; intra-abdomina    | No                  |     |                   | ALL           |
| 35226 | Repair blood vessel, direct; lower extremit    | No                  |     |                   | ALL           |
| 35231 | Repair blood vessel with vein graft; neck      | No                  |     |                   | ALL           |
| 35236 | Repair blood vessel with vein graft; upper     | No                  |     |                   | ALL           |
| 35241 | Repair blood vessel with vein graft; intrath   | No                  |     |                   | ALL           |
| 35246 | Repair blood vessel with vein graft; intrath   | No                  |     |                   | ALL           |
| 35251 | Repair blood vessel with vein graft; intra-a   | No                  |     |                   | ALL           |
| 35256 | Repair blood vessel with vein graft; lower e   | No                  |     |                   | ALL           |
| 35261 | Repair blood vessel with graft other than v    | No                  |     |                   | ALL           |
| 35266 | Repair blood vessel with graft other than v    | No                  |     |                   | ALL           |
| 35271 | Repair blood vessel with graft other than v    | No                  |     |                   | ALL           |
| 35276 | Repair blood vessel with graft other than v    | No                  |     |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 35281 | Repair blood vessel with graft other than v    | No                  |                             |                   | ALL                 |
| 35286 | Repair blood vessel with graft other than v    | No                  |                             |                   | ALL                 |
| 35301 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35302 | THROMBOENDARTERECTOMY; SUPER                   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35302 | THROMBOENDARTERECTOMY; SUPER                   | No                  |                             |                   | MCWRAP              |
| 35303 | THROMBOENDARTERECTOMY; POPLI                   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35303 | THROMBOENDARTERECTOMY; POPLI                   | No                  |                             |                   | MCWRAP              |
| 35304 | THROMBOENDARTERECTOMY; TIBIOP                  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35304 | THROMBOENDARTERECTOMY; TIBIOP                  | No                  |                             |                   | MCWRAP              |
| 35305 | THROMBOENDARTERECTOMY; TIBIAL                  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35305 | THROMBOENDARTERECTOMY; TIBIAL                  | No                  |                             |                   | MCWRAP              |
| 35306 | THROMBOENDARTERECTOMY; TIBIAL                  | No                  |                             |                   | ALL                 |
| 35311 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35321 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35331 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35341 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35351 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35355 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35361 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35363 | Thromboendarterectomy, with or without p       | No                  |                             |                   | ALL                 |
| 35371 | Thromboendarterectomy, with or without p       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35371 | Thromboendarterectomy, with or without p       | No                  |                             |                   | MCWRAP              |
| 35372 | Thromboendarterectomy, with or without p       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35372 | Thromboendarterectomy, with or without p       | No                  |                             |                   | MCWRAP              |
| 35390 | Reoperation, carotid, thromboendarterect       | No                  |                             |                   | ALL                 |
| 35400 | Angioscopy (non-coronary vessels or graft      | No                  |                             |                   | ALL                 |
| 35500 | Harvest of upper extremity vein, one segm      | No                  |                             |                   | ALL                 |
| 35501 | Bypass graft, with vein; carotid               | No                  |                             |                   | ALL                 |
| 35506 | Bypass graft, with vein; carotid-subclavian    | No                  |                             |                   | ALL                 |
| 35508 | Bypass graft, with vein; carotid-vertebral     | No                  |                             |                   | ALL                 |
| 35509 | Bypass graft, with vein; carotid-carotid       | No                  |                             |                   | ALL                 |
| 35510 | Bypass graft, with vein; carotid-brachial      | No                  |                             |                   | ALL                 |
| 35511 | Bypass graft, with vein; subclavian-subclav    | No                  |                             |                   | ALL                 |
| 35512 | Bypass graft, with vein; subclavian-brachia    | No                  |                             |                   | ALL                 |
| 35515 | Bypass graft, with vein; subclavian-vertebr    | No                  |                             |                   | ALL                 |
| 35516 | Bypass graft, with vein; subclavian-axillary   | No                  |                             |                   | ALL                 |
| 35518 | Bypass graft, with vein; axillary-axillary     | No                  |                             |                   | ALL                 |
| 35521 | Bypass graft, with vein; axillary-femoral      | No                  |                             |                   | ALL                 |
| 35522 | Bypass graft, with vein; axillary-brachial     | No                  |                             |                   | ALL                 |
| 35523 | BYPASS GRAFT, WITH VEIN; BRACHIAL              | No                  |                             |                   | ALL                 |
| 35525 | Bypass graft, with vein; brachial-brachial     | No                  |                             |                   | ALL                 |
| 35526 | Bypass graft, with vein; aortosubclavian, a    | No                  |                             |                   | ALL                 |
| 35531 | Bypass graft, with vein; aortoceliac or aort   | No                  |                             |                   | ALL                 |
| 35533 | Bypass graft, with vein; axillary-femoral-fer  | No                  |                             |                   | ALL                 |
| 35535 | Bypass graft, with vein; hepatorenal           | No                  |                             |                   | ALL                 |
| 35536 | Bypass graft, with vein; splenorenal           | No                  |                             |                   | ALL                 |
| 35537 | BYPASS GRAFT, WITH VEIN; AORTOILI              | No                  |                             |                   | ALL                 |
| 35538 | BYPASS GRAFT, WITH VEIN; AORTOBI               | No                  |                             |                   | ALL                 |
| 35539 | BYPASS GRAFT, WITH VEIN; AORTOFE               | No                  |                             |                   | ALL                 |
| 35540 | BYPASS GRAFT, WITH VEIN; AORTOBI               | No                  |                             |                   | ALL                 |
| 35556 | Bypass graft, with vein; femoral-popliteal     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35556 | Bypass graft, with vein; femoral-popliteal     | No                  |                             |                   | MCWRAP              |
| 35558 | Bypass graft, with vein; femoral-femoral       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35558 | Bypass graft, with vein; femoral-femoral       | No                  |                             |                   | MCWRAP              |
| 35560 | Bypass graft, with vein; aortorenal            | No                  |                             |                   | ALL                 |
| 35563 | Bypass graft, with vein; ilioiliac             | No                  |                             |                   | ALL                 |
| 35565 | Bypass graft, with vein; iliofemoral           | No                  |                             |                   | ALL                 |
| 35566 | Bypass graft, with vein; femoral-anterior tib  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35566 | Bypass graft, with vein; femoral-anterior tib  | No                  |                             |                   | MCWRAP              |
| 35570 | Bypass graft, with vein; tibial-tibial, perone | No                  |                             |                   | ALL                 |
| 35571 | Bypass graft, with vein; popliteal-tibial, -pe | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35571 | Bypass graft, with vein; popliteal-tibial, -pe | No                  |                             |                   | MCWRAP              |
| 35572 | Harvest of femoropopliteal vein, one segm      | No                  |                             |                   | ALL                 |
| 35583 | In-situ vein bypass; femoral-popliteal         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35583 | In-situ vein bypass; femoral-popliteal         | No                  |                             |                   | MCWRAP              |
| 35585 | In-situ vein bypass; femoral-anterior tibial,  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35585 | In-situ vein bypass; femoral-anterior tibial,  | No                  |                             |                   | MCWRAP              |
| 35587 | In-situ vein bypass; popliteal-tibial, perone  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35587 | In-situ vein bypass; popliteal-tibial, perone  | No                  |                             |                   | MCWRAP              |
| 35600 | Harvest of upper extremity artery, one seg     | No                  |                             |                   | ALL                 |
| 35601 | Bypass graft, with other than vein; carotid    | No                  |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 35606 | Bypass graft, with other than vein; carotid-   | No                  |                             |                   | ALL                 |
| 35612 | Bypass graft, with other than vein; subclav    | No                  |                             |                   | ALL                 |
| 35616 | Bypass graft, with other than vein; subclav    | No                  |                             |                   | ALL                 |
| 35621 | Bypass graft, with other than vein; axillary-  | No                  |                             |                   | ALL                 |
| 35623 | Bypass graft, with other than vein; axillary-  | No                  |                             |                   | ALL                 |
| 35626 | Bypass graft, with other than vein; aortosu    | No                  |                             |                   | ALL                 |
| 35631 | Bypass graft, with other than vein; aortoce    | No                  |                             |                   | ALL                 |
| 35632 | Bypass graft, with other than vein; ilio-celi  | No                  |                             |                   | ALL                 |
| 35633 | Bypass graft, with other than vein; ilio-mes   | No                  |                             |                   | ALL                 |
| 35634 | Bypass graft, with other than vein; iliorenal  | No                  |                             |                   | ALL                 |
| 35636 | Bypass graft, with other than vein; splenor    | No                  |                             |                   | ALL                 |
| 35637 | BYPASS GRAFT, WITH OTHER THAN V                | No                  |                             |                   | ALL                 |
| 35638 | BYPASS GRAFT, WITH OTHER THAN V                | No                  |                             |                   | ALL                 |
| 35642 | Bypass graft, with other than vein; carotid-   | No                  |                             |                   | ALL                 |
| 35645 | Bypass graft, with other than vein; subclav    | No                  |                             |                   | ALL                 |
| 35646 | Bypass graft, with other than vein; aortobif   | No                  |                             |                   | ALL                 |
| 35647 | Bypass graft, with other than vein; aortofer   | No                  |                             |                   | ALL                 |
| 35650 | Bypass graft, with other than vein; axillary-  | No                  |                             |                   | ALL                 |
| 35654 | Bypass graft, with other than vein; axillary-  | No                  |                             |                   | ALL                 |
| 35656 | Bypass graft, with other than vein; femoral    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35656 | Bypass graft, with other than vein; femoral    | No                  |                             |                   | MCWRAP              |
| 35661 | Bypass graft, with other than vein; femoral    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35661 | Bypass graft, with other than vein; femoral    | No                  |                             |                   | MCWRAP              |
| 35663 | Bypass graft, with other than vein; ilioiliac  | No                  |                             |                   | ALL                 |
| 35665 | Bypass graft, with other than vein; iliofemc   | No                  |                             |                   | ALL                 |
| 35666 | Bypass graft, with other than vein; femoral    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35666 | Bypass graft, with other than vein; femoral    | No                  |                             |                   | MCWRAP              |
| 35671 | Bypass graft, with other than vein; poplitea   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35671 | Bypass graft, with other than vein; poplitea   | No                  |                             |                   | MCWRAP              |
| 35681 | Bypass graft; composite, prosthetic and ve     | No                  |                             |                   | ALL                 |
| 35682 | Bypass graft; autogenous composite, two        | No                  |                             |                   | ALL                 |
| 35683 | Bypass graft; autogenous composite, three      | No                  |                             |                   | ALL                 |
| 35685 | Placement of vein patch or cuff at distal ar   | No                  |                             |                   | ALL                 |
| 35686 | Creation of distal arteriovenous fistula duri  | No                  |                             |                   | ALL                 |
| 35691 | Transposition and/or reimplantation; vertel    | No                  |                             |                   | ALL                 |
| 35693 | Transposition and/or reimplantation; vertel    | No                  |                             |                   | ALL                 |
| 35694 | Transposition and/or reimplantation; subcl     | No                  |                             |                   | ALL                 |
| 35695 | Transposition and/or reimplantation; caroti    | No                  |                             |                   | ALL                 |
| 35697 | Reimplantation, visceral artery to infrarena   | No                  |                             |                   | ALL                 |
| 35700 | Reoperation, femoral-popliteal or femoral      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35700 | Reoperation, femoral-popliteal or femoral      | No                  |                             |                   | MCWRAP              |
| 35701 | Exploration (not followed by surgical repair   | No                  |                             |                   | ALL                 |
| 35702 | Exploration not followed by surgical repair,   | No                  |                             |                   | ALL                 |
| 35703 | Exploration not followed by surgical repair,   | No                  |                             |                   | ALL                 |
| 35800 | Exploration for postoperative hemorrhage,      | No                  |                             |                   | ALL                 |
| 35820 | Exploration for postoperative hemorrhage,      | No                  |                             |                   | ALL                 |
| 35840 | Exploration for postoperative hemorrhage,      | No                  |                             |                   | ALL                 |
| 35860 | Exploration for postoperative hemorrhage,      | No                  |                             |                   | ALL                 |
| 35870 | Repair of graft-enteric fistula                | No                  |                             |                   | ALL                 |
| 35875 | Thrombectomy of arterial or venous graft       | No                  |                             |                   | ALL                 |
| 35876 | Thrombectomy of arterial or venous graft       | No                  |                             |                   | ALL                 |
| 35879 | Revision, lower extremity arterial bypass, v   | No                  |                             |                   | ALL                 |
| 35881 | Revision, lower extremity arterial bypass, v   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35881 | Revision, lower extremity arterial bypass, v   | No                  |                             |                   | MCWRAP              |
| 35883 | REVISION, FEMORAL ANASTOMOSIS C                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35883 | REVISION, FEMORAL ANASTOMOSIS C                | No                  |                             |                   | MCWRAP              |
| 35884 | REVISION, FEMORAL ANASTOMOSIS C                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 35884 | REVISION, FEMORAL ANASTOMOSIS C                | No                  |                             |                   | MCWRAP              |
| 35901 | Excision of infected graft; neck               | No                  |                             |                   | ALL                 |
| 35903 | Excision of infected graft; extremity          | No                  |                             |                   | ALL                 |
| 35905 | Excision of infected graft; thorax             | No                  |                             |                   | ALL                 |
| 35907 | Excision of infected graft; abdomen            | No                  |                             |                   | ALL                 |
| 36000 | Introduction of needle or intracatheter, vein  | No                  |                             |                   | ALL                 |
| 36000 | Introduction of needle or intracatheter, vein  | Not Covered         |                             |                   | CAID                |
| 36002 | Injection procedures (eg, thrombin) for per    | No                  |                             |                   | ALL                 |
| 36005 | Injection procedure for extremity venograp     | No                  |                             |                   | ALL                 |
| 36010 | Introduction of catheter, superior or inferior | No                  |                             |                   | ALL                 |
| 36011 | SELECTIVE CATHETER PLACEMENT, V                | No                  |                             |                   | ALL                 |
| 36012 | Selective catheter placement, venous syst      | No                  |                             |                   | ALL                 |
| 36013 | Introduction of catheter, right heart or main  | No                  |                             |                   | ALL                 |
| 36014 | Selective catheter placement, left or right p  | No                  |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 36015 | Selective catheter placement, segmental c          | No                  |     |                   | ALL                                   |
| 36100 | Introduction of needle or intracatheter, car       | No                  |     |                   | ALL                                   |
| 36140 | Introduction of needle or intracatheter; ext       | No                  |     |                   | ALL                                   |
| 36160 | Introduction of needle or intracatheter, aor       | No                  |     |                   | ALL                                   |
| 36200 | Introduction of catheter, aorta                    | No                  |     |                   | ALL                                   |
| 36215 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36216 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36217 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36218 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36221 | Non-selective catheter placement, thoracic         | No                  |     |                   | ALL                                   |
| 36222 | Selective catheter placement, common ca            | No                  |     |                   | ALL                                   |
| 36223 | Selective catheter placement, common ca            | No                  |     |                   | ALL                                   |
| 36224 | Selective catheter placement, internal carc        | No                  |     |                   | ALL                                   |
| 36225 | Selective catheter placement, subclavian c         | No                  |     |                   | ALL                                   |
| 36226 | Selective catheter placement, vertebral art        | No                  |     |                   | ALL                                   |
| 36227 | Selective catheter placement, external car         | No                  |     |                   | ALL                                   |
| 36228 | Selective catheter placement, each intracr         | No                  |     |                   | ALL                                   |
| 36245 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36246 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36247 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36248 | Selective catheter placement, arterial syste       | No                  |     |                   | ALL                                   |
| 36251 | Selective catheter placement (first-order),        | No                  |     |                   | ALL                                   |
| 36252 | Selective catheter placement (first-order),        | No                  |     |                   | ALL                                   |
| 36253 | Superselective catheter placement (one of          | No                  |     |                   | ALL                                   |
| 36254 | Superselective catheter placement (one of          | No                  |     |                   | ALL                                   |
| 36260 | INSERTION OF IMPLANTABLE INTRA-ARTE                | No                  |     |                   | ALL                                   |
| 36261 | REVISION OF IMPLANTED INTRA-ARTE                   | No                  |     |                   | ALL                                   |
| 36262 | Removal of implanted intra-arterial infusio        | No                  |     |                   | ALL                                   |
| 36299 | UNLISTED PROCEDURE, VASCULAR IN                    | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 36299 | UNLISTED PROCEDURE, VASCULAR IN                    | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 36299 | UNLISTED PROCEDURE, VASCULAR IN                    | No                  |     |                   | PRICHO                                |
| 36400 | Venipuncture, under age 3 years, necessit          | No                  |     |                   | ALL                                   |
| 36405 | Venipuncture, under age 3 years, necessit          | No                  |     |                   | ALL                                   |
| 36406 | Venipuncture, under age 3 years, necessit          | No                  |     |                   | ALL                                   |
| 36410 | Venipuncture, age 3 years or older, necess         | No                  |     |                   | ALL                                   |
| 36410 | Venipuncture, age 3 years or older, necessitat     | Not Covered         |     |                   | CAID                                  |
| 36415 | Collection of venous blood by venipuncture         | No                  |     |                   | ALL                                   |
| 36416 | Collection of capillary blood specimen (eg,        | No                  |     |                   | ALL                                   |
| 36416 | Collection of capillary blood specimen (eg, finger | Not Covered         |     |                   | CAID                                  |
| 36420 | Venipuncture, cutdown; under age 1 year            | No                  |     |                   | ALL                                   |
| 36425 | Venipuncture, cutdown; age 1 or over               | No                  |     |                   | ALL                                   |
| 36430 | Transfusion, blood or blood components             | No                  |     |                   | ALL                                   |
| 36440 | Push transfusion, blood, 2 years or under          | No                  |     |                   | ALL                                   |
| 36450 | Exchange transfusion, blood; newborn               | No                  |     |                   | ALL                                   |
| 36455 | Exchange transfusion, blood; other than ne         | No                  |     |                   | ALL                                   |
| 36456 | Partial exchange transfusion, blood, plasm         | No                  |     |                   | ALL                                   |
| 36460 | Transfusion, intrauterine, fetal                   | No                  |     |                   | ALL                                   |
| 36465 | Injection of non-compounded foam scleros           | No                  |     |                   | ALL                                   |
| 36466 | Injection of non-compounded foam scleros           | No                  |     |                   | ALL                                   |
| 36468 | SINGLE OR MULTIPLE INJECTIONS OF                   | Yes                 |     |                   | Caid, MMP                             |
| 36468 | SINGLE OR MULTIPLE INJECTIONS OF                   | Not Covered         |     |                   | HAP, AHL, FED, UAW, QHP               |
| 36468 | SINGLE OR MULTIPLE INJECTIONS OF                   | No                  |     |                   | MED, MEDICARE Comp                    |
| 36470 | INJECTION OF SCLEROSING SOLUTION                   | No                  |     |                   | ALL                                   |
| 36471 | INJECTION OF SCLEROSING SOLUTION                   | No                  |     |                   | ALL                                   |
| 36473 | Endovenous ablation therapy of incompete           | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO) |
| 36473 | Endovenous ablation therapy of incompete           | No                  |     |                   | MED, MMP, MCWRAP, PRICHO              |
| 36474 | Endovenous ablation therapy of incompete           | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO) |
| 36474 | Endovenous ablation therapy of incompete           | No                  |     |                   | MED, MMP, MCWRAP, PRICHO              |
| 36475 | ENDOVENOUS ABLATION THERAPY OF                     | No                  |     |                   | ALL                                   |
| 36476 | ENDOVENOUS ABLATION THERAPY OF                     | No                  |     |                   | ALL                                   |
| 36478 | ENDOVENOUS ABLATION THERAPY OF                     | No                  |     |                   | ALL                                   |
| 36479 | ENDOVENOUS ABLATION THERAPY OF                     | No                  |     |                   | ALL                                   |
| 36481 | Percutaneous portal vein catheterization b         | No                  |     |                   | ALL                                   |
| 36482 | Endovenous ablation therapy of incompete           | No                  |     |                   | ALL                                   |
| 36483 | Endovenous ablation therapy of incompete           | No                  |     |                   | ALL                                   |
| 36500 | Venous catheterization for selective organ         | No                  |     |                   | ALL                                   |
| 36510 | Catheterization of umbilical vein for diagn        | No                  |     |                   | ALL                                   |
| 36511 | THERAPEUTIC APHERESIS; FOR WHIT                    | No                  |     |                   | ALL                                   |
| 36512 | Therapeutic apheresis; for red blood cells         | No                  |     |                   | ALL                                   |
| 36513 | THERAPEUTIC APHERESIS; FOR PLAT                    | No                  |     |                   | ALL                                   |
| 36514 | Therapeutic apheresis; for plasma pheresi          | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------|
| 36516 | THERAPEUTIC APHERESIS;WITH EXTR               | No                  |     |                   | ALL           |
| 36522 | Photopheresis, extracorporeal                 | No                  |     |                   | ALL           |
| 36555 | Insertion of non-tunneled centrally inserted  | No                  |     |                   | ALL           |
| 36556 | Insertion of non-tunneled centrally inserted  | No                  |     |                   | ALL           |
| 36557 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36558 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36560 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36561 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36563 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36565 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36566 | Insertion of tunneled centrally inserted cen  | No                  |     |                   | ALL           |
| 36568 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36569 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36570 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36571 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36572 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36573 | Insertion of peripherally inserted central ve | No                  |     |                   | ALL           |
| 36575 | Repair of tunneled or non-tunneled central    | No                  |     |                   | ALL           |
| 36576 | Repair of central venous access device, w     | No                  |     |                   | ALL           |
| 36578 | Replacement, catheter only, of central ven    | No                  |     |                   | ALL           |
| 36580 | Replacement, complete, of a non-tunneled      | No                  |     |                   | ALL           |
| 36581 | Replacement, complete, of a tunneled cen      | No                  |     |                   | ALL           |
| 36582 | Replacement, complete, of a tunneled cen      | No                  |     |                   | ALL           |
| 36583 | Replacement, complete, of a tunneled cen      | No                  |     |                   | ALL           |
| 36584 | Replacement, complete, of a peripherally i    | No                  |     |                   | ALL           |
| 36585 | Replacement, complete, of a peripherally i    | No                  |     |                   | ALL           |
| 36589 | Removal of tunneled central venous cathe      | No                  |     |                   | ALL           |
| 36590 | Removal of tunneled central venous acces      | No                  |     |                   | ALL           |
| 36591 | COLLECTION OF BLOOD SPECIMEN FF               | No                  |     |                   | ALL           |
| 36592 | COLLECTION OF BLOOD SPECIMEN US               | No                  |     |                   | ALL           |
| 36593 | DECLOTTING BY THROMBOLYTIC AGE                | No                  |     |                   | ALL           |
| 36595 | Mechanical removal of pericatheter obstru     | No                  |     |                   | ALL           |
| 36596 | Mechanical removal of intraluminal (intra     | No                  |     |                   | ALL           |
| 36597 | Repositioning of previously placed central    | No                  |     |                   | ALL           |
| 36598 | CONTRAST INJECTION(S) FOR RADIO               | No                  |     |                   | ALL           |
| 36600 | Arterial puncture, withdrawal of blood for d  | No                  |     |                   | ALL           |
| 36620 | Arterial catheterization or cannulation for s | No                  |     |                   | ALL           |
| 36625 | Arterial catheterization or cannulation for s | No                  |     |                   | ALL           |
| 36640 | Arterial catheterization for prolonged infusi | No                  |     |                   | ALL           |
| 36660 | Catheterization, umbilical artery, newborn,   | No                  |     |                   | ALL           |
| 36680 | Placement of needle for intraosseous infus    | No                  |     |                   | ALL           |
| 36800 | Insertion of cannula for hemodialysis, othe   | No                  |     |                   | ALL           |
| 36810 | Insertion of cannula for hemodialysis, othe   | No                  |     |                   | ALL           |
| 36815 | Insertion of cannula for hemodialysis, othe   | No                  |     |                   | ALL           |
| 36818 | ARTERIOVENOUS ANASTOMOSIS, OPE                | No                  |     |                   | ALL           |
| 36819 | Arteriovenous anastomosis, open; by upp       | No                  |     |                   | ALL           |
| 36820 | Arteriovenous anastomosis, open; by forea     | No                  |     |                   | ALL           |
| 36821 | Arteriovenous anastomosis, open; direct, d    | No                  |     |                   | ALL           |
| 36823 | Insertion of arterial and venous cannula(s)   | No                  |     |                   | ALL           |
| 36825 | Creation of arteriovenous fistula by other t  | No                  |     |                   | ALL           |
| 36830 | Creation of arteriovenous fistula by other t  | No                  |     |                   | ALL           |
| 36831 | Thrombectomy, open, arteriovenous fistula     | No                  |     |                   | ALL           |
| 36832 | Revision, open, arteriovenous fistula; with   | No                  |     |                   | ALL           |
| 36833 | Revision, open, arteriovenous fistula; with   | No                  |     |                   | ALL           |
| 36835 | Insertion of Thomas shunt (separate proced    | No                  |     |                   | ALL           |
| 36836 | Percutaneous arteriovenous fistula creatio    | No                  |     |                   | ALL           |
| 36837 | Percutaneous arteriovenous fistula creatio    | No                  |     |                   | ALL           |
| 36838 | DISTAL REVASCULARIZATION AND INT              | No                  |     |                   | ALL           |
| 36860 | External cannula declotting (separate proced  | No                  |     |                   | ALL           |
| 36861 | External cannula declotting (separate proced  | No                  |     |                   | ALL           |
| 36901 | Introduction of needle(s) and/or catheter(s)  | No                  |     |                   | ALL           |
| 36902 | Introduction of needle(s) and/or catheter(s)  | No                  |     |                   | ALL           |
| 36903 | Introduction of needle(s) and/or catheter(s)  | No                  |     |                   | ALL           |
| 36904 | Percutaneous transluminal mechanical thr      | No                  |     |                   | ALL           |
| 36905 | Percutaneous transluminal mechanical thr      | No                  |     |                   | ALL           |
| 36906 | Percutaneous transluminal mechanical thr      | No                  |     |                   | ALL           |
| 36907 | Transluminal balloon angioplasty, central d   | No                  |     |                   | ALL           |
| 36908 | Transcatheter placement of intravascular s    | No                  |     |                   | ALL           |
| 36909 | Dialysis circuit permanent vascular emboli    | No                  |     |                   | ALL           |
| 37140 | Venous anastomosis, open; portocaval          | No                  |     |                   | ALL           |
| 37145 | Venous anastomosis, open; renoportal          | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 37160 | Venous anastomosis, open; caval-mesent         | No                  |                             |                   | ALL                 |
| 37180 | Venous anastomosis, open; splenorenal, p       | No                  |                             |                   | ALL                 |
| 37181 | Venous anastomosis, open; splenorenal, c       | No                  |                             |                   | ALL                 |
| 37182 | INSERTION OF TRANSVENOUS INTRAHEPATIC          | No                  |                             |                   | ALL                 |
| 37183 | REVISION OF TRANSVENOUS INTRAHEPATIC           | No                  |                             |                   | ALL                 |
| 37184 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECA         | No                  |                             |                   | ALL                 |
| 37185 | PRIMARY PERCUTANEOUS TRANSLUMINAL MECA         | No                  |                             |                   | ALL                 |
| 37186 | SECONDARY PERCUTANEOUS TRANSLUMINAL ME         | No                  |                             |                   | ALL                 |
| 37187 | PERCUTANEOUS TRANSLUMINAL MECHANICAL           | No                  |                             |                   | ALL                 |
| 37188 | PERCUTANEOUS TRANSLUMINAL MECHANICAL           | No                  |                             |                   | ALL                 |
| 37191 | Insertion of intravascular vena cava filter, e | No                  |                             |                   | ALL                 |
| 37192 | Repositioning of intravascular vena cava fi    | No                  |                             |                   | ALL                 |
| 37193 | Retrieval (removal) of intravascular vena c    | No                  |                             |                   | ALL                 |
| 37195 | Thrombolysis, cerebral, by intravenous infu    | No                  |                             |                   | ALL                 |
| 37197 | Transcatheter retrieval, percutaneous, of in   | No                  |                             |                   | ALL                 |
| 37200 | Transcatheter biopsy                           | No                  |                             |                   | ALL                 |
| 37211 | Transcatheter therapy, arterial infusion for   | No                  |                             |                   | ALL                 |
| 37212 | Transcatheter therapy, venous infusion for     | No                  |                             |                   | ALL                 |
| 37213 | Transcatheter therapy, arterial or venous in   | No                  |                             |                   | ALL                 |
| 37214 | Transcatheter therapy, arterial or venous in   | No                  |                             |                   | ALL                 |
| 37215 | TRANSCATHETER PLACEMENT OF INTERCATH           | No                  |                             |                   | ALL                 |
| 37216 | TRANSCATHETER PLACEMENT OF INTERCATH           | No                  |                             |                   | ALL                 |
| 37217 | Transcatheter placement of an intravascu       | No                  |                             |                   | ALL                 |
| 37218 | Transcatheter placement of intravascular s     | No                  |                             |                   | ALL                 |
| 37220 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37220 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37221 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37221 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37222 | Revascularization, endovascular, open or       | No                  |                             |                   | ALL                 |
| 37223 | Revascularization, endovascular, open or       | No                  |                             |                   | ALL                 |
| 37224 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37224 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37225 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37225 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37226 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37226 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37227 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37227 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37228 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37228 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37229 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37229 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37230 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37230 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37231 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37231 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37232 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37232 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37233 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37233 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37234 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37234 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37235 | Revascularization, endovascular, open or       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37235 | Revascularization, endovascular, open or       | No                  |                             |                   | MCWRAP              |
| 37236 | Transcatheter placement of an intravascu       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37236 | Transcatheter placement of an intravascu       | No                  |                             |                   | MCWRAP              |
| 37237 | Transcatheter placement of an intravascu       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37237 | Transcatheter placement of an intravascu       | No                  |                             |                   | MCWRAP              |
| 37238 | Transcatheter placement of an intravascu       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37238 | Transcatheter placement of an intravascu       | No                  |                             |                   | MCWRAP              |
| 37239 | Transcatheter placement of an intravascu       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37239 | Transcatheter placement of an intravascu       | No                  |                             |                   | MCWRAP              |
| 37241 | Vascular embolization or occlusion, inclusi    | No                  |                             |                   | ALL                 |
| 37242 | Vascular embolization or occlusion, inclusi    | No                  |                             |                   | ALL                 |
| 37243 | Vascular embolization or occlusion, inclusi    | No                  |                             |                   | ALL                 |
| 37244 | Vascular embolization or occlusion, inclusi    | No                  |                             |                   | ALL                 |
| 37246 | Transluminal balloon angioplasty (except i     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37246 | Transluminal balloon angioplasty (except i     | No                  |                             |                   | MCWRAP              |
| 37247 | Transluminal balloon angioplasty (except i     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 37247 | Transluminal balloon angioplasty (except i     | No                  |                             |                   | MCWRAP              |
| 37248 | Transluminal balloon angioplasty (except c     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                         | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----------------------------|-------------------|----------------------------|
| 37248 | Transluminal balloon angioplasty (except d    | No                  |                             |                   | MCWRAP                     |
| 37249 | Transluminal balloon angioplasty (except d    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 37249 | Transluminal balloon angioplasty (except d    | No                  |                             |                   | MCWRAP                     |
| 37252 | Intravascular ultrasound (noncoronary ves     | No                  |                             |                   | ALL                        |
| 37253 | Intravascular ultrasound (noncoronary ves     | No                  |                             |                   | ALL                        |
| 37500 | Vascular endoscopy, surgical, with ligation   | No                  |                             |                   | ALL                        |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PF                | Yes                 |                             |                   | ALL (Except Medicare Comp) |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PF                | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 37501 | UNLISTED VASCULAR ENDOSCOPY PF                | No                  |                             |                   | PRICHO                     |
| 37565 | Ligation, internal jugular vein               | No                  |                             |                   | ALL                        |
| 37600 | Ligation; external carotid artery             | No                  |                             |                   | ALL                        |
| 37605 | Ligation; internal or common carotid artery   | No                  |                             |                   | ALL                        |
| 37606 | Ligation; internal or common carotid artery   | No                  |                             |                   | ALL                        |
| 37607 | Ligation or banding of angioaccess arterio    | No                  |                             |                   | ALL                        |
| 37609 | LIGATION OR BIOPSY, TEMPORAL ART              | No                  |                             |                   | ALL                        |
| 37615 | Ligation, major artery (eg, post-traumatic, i | No                  |                             |                   | ALL                        |
| 37616 | Ligation, major artery (eg, post-traumatic, i | No                  |                             |                   | ALL                        |
| 37617 | Ligation, major artery (eg, post-traumatic, i | No                  |                             |                   | ALL                        |
| 37618 | Ligation, major artery (eg, post-traumatic, i | No                  |                             |                   | ALL                        |
| 37619 | Ligation of inferior vena cava                | No                  |                             |                   | ALL                        |
| 37650 | Ligation of femoral vein                      | No                  |                             |                   | ALL                        |
| 37660 | Ligation of common iliac vein                 | No                  |                             |                   | ALL                        |
| 37700 | Ligation and division of long saphenous ve    | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37700 | Ligation and division of long saphenous ve    | Yes                 |                             |                   | Caid, MMP                  |
| 37718 | LIGATION, DIVISION & STRIPPING, SHC           | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37718 | LIGATION, DIVISION & STRIPPING, SHC           | Yes                 |                             |                   | Caid, MMP                  |
| 37722 | LIGATION, DIVISION & STRIPPING, LON           | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37722 | LIGATION, DIVISION & STRIPPING, LON           | Yes                 |                             |                   | Caid, MMP                  |
| 37735 | Ligation and division and complete strippin   | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37735 | Ligation and division and complete strippin   | Yes                 |                             |                   | Caid, MMP                  |
| 37760 | Ligation of perforator veins, subfascial, rad | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37760 | Ligation of perforator veins, subfascial, rad | Yes                 |                             |                   | Caid, MMP                  |
| 37761 | LIGATION OF PERFORATOR VEINS(S),              | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37761 | LIGATION OF PERFORATOR VEINS(S),              | Yes                 |                             |                   | Caid, MMP                  |
| 37765 | STAB PHLEBECTOMY OF VARICOSE V                | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37765 | STAB PHLEBECTOMY OF VARICOSE V                | Yes                 |                             |                   | Caid, MMP                  |
| 37766 | STAB PHLEBECTOMY OF VARICOSE V                | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37766 | STAB PHLEBECTOMY OF VARICOSE V                | Yes                 |                             |                   | Caid, MMP                  |
| 37780 | LIGATION AND DIVISION OF SHORT SA             | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37780 | LIGATION AND DIVISION OF SHORT SA             | Yes                 |                             |                   | Caid, MMP                  |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION           | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37785 | LIGATION, DIVISION, AND/OR EXCISION           | Yes                 |                             |                   | Caid, MMP                  |
| 37788 | Penile revascularization, artery, with or wit | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37788 | Penile revascularization, artery, with or wit | Yes                 |                             |                   | Caid, MMP                  |
| 37790 | Penile venous occlusive procedure             | No                  |                             |                   | ALL (Except Caid, MMP)     |
| 37790 | Penile venous occlusive procedure             | Yes                 |                             |                   | Caid, MMP                  |
| 37799 | UNLISTED PROCEDURE, VASCULAR S                | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 37799 | UNLISTED PROCEDURE, VASCULAR S                | Yes                 |                             |                   | ALL (Except Medicare Comp) |
| 37799 | UNLISTED PROCEDURE, VASCULAR S                | No                  |                             |                   | PRICHO                     |
| 38100 | Splenectomy; total (separate procedure)       | No                  |                             |                   | ALL                        |
| 38101 | Splenectomy; partial (separate procedure)     | No                  |                             |                   | ALL                        |
| 38102 | Splenectomy; total, en bloc for extensive d   | No                  |                             |                   | ALL                        |
| 38115 | Repair of ruptured spleen (splenorrhaphy)     | No                  |                             |                   | ALL                        |
| 38120 | Laparoscopy, surgical, splenectomy            | No                  |                             |                   | ALL                        |
| 38129 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |                             |                   | ALL (Except Medicare Comp) |
| 38129 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 38129 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |                             |                   | PRICHO                     |
| 38200 | Injection procedure for splenoportography     | No                  |                             |                   | ALL                        |
| 38204 | MANAGEMENT OF RECIPIENT HEMATO                | No                  |                             |                   | ALL                        |
| 38205 | BLOOD-DERIVED HEMATOPOIETIC PR                | No                  |                             |                   | ALL                        |
| 38206 | BLOOD-DERIVED HEMATOPOIETIC PR                | No                  |                             |                   | ALL                        |
| 38207 | TRANSPLANT PREPARATION OF OF HI               | No                  |                             |                   | ALL                        |
| 38208 | THAWING OF PREVIOUSLY FROZEN H                | No                  |                             |                   | ALL                        |
| 38209 | THAWING OF PREVIOUSLY FROZEN H                | No                  |                             |                   | ALL                        |
| 38210 | SPECIFIC CELL DEPLETION WITH HAR              | No                  |                             |                   | ALL                        |
| 38211 | TUMOR CELL DEPLETION                          | No                  |                             |                   | ALL                        |
| 38212 | RED BLOOD CELL REMOVAL                        | No                  |                             |                   | ALL                        |
| 38213 | PLATELET DEPLETION                            | No                  |                             |                   | ALL                        |
| 38214 | PLASMA (VOLUME) DEPLETION                     | No                  |                             |                   | ALL                        |
| 38215 | CELL CONCENTRATION IN PLASMA, M               | No                  |                             |                   | ALL                        |
| 38220 | Bone marrow; aspiration only                  | No                  |                             |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 38221 | Bone marrow; biopsy, needle or trocar            | No                  |     |                   | ALL                        |
| 38222 | Diagnostic bone marrow; biopsy(ies) and a        | No                  |     |                   | ALL                        |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) t       | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 38225 | Chimeric antigen receptor T-cell (CAR-T) t       | No                  |     |                   | MCWRAP                     |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) t       | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 38226 | Chimeric antigen receptor T-cell (CAR-T) t       | No                  |     |                   | MCWRAP                     |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) t       | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 38227 | Chimeric antigen receptor T-cell (CAR-T) t       | No                  |     |                   | MCWRAP                     |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) t       | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 38228 | Chimeric antigen receptor T-cell (CAR-T) t       | No                  |     |                   | MCWRAP                     |
| 38230 | BONE MARROW HARVESTING FOR TR                    | No                  |     |                   | ALL                        |
| 38232 | Bone marrow harvesting for transplantatio        | No                  |     |                   | ALL                        |
| 38240 | BONE MARROW OR BLOOD-DERIVED I                   | No                  |     |                   | ALL                        |
| 38241 | BONE MARROW OR BLOOD-DERIVED I                   | No                  |     |                   | ALL                        |
| 38242 | ALLOGENEIC DONOR LYMPHOCYTE IN                   | No                  |     |                   | ALL                        |
| 38243 | Hematopoietic progenitor cell (HPC); HPC         | No                  |     |                   | ALL (Except Caid, MMP)     |
| 38243 | Hematopoietic progenitor cell (HPC); HPC         | Yes                 |     |                   | Caid, MMP                  |
| 38300 | Drainage of lymph node abscess or lymph          | No                  |     |                   | ALL                        |
| 38305 | Drainage of lymph node abscess or lymph          | No                  |     |                   | ALL                        |
| 38308 | Lymphangiectomy or other operations on ly        | No                  |     |                   | ALL                        |
| 38380 | Suture and/or ligation of thoracic duct; cen     | No                  |     |                   | ALL                        |
| 38381 | Suture and/or ligation of thoracic duct; tho     | No                  |     |                   | ALL                        |
| 38382 | Suture and/or ligation of thoracic duct; abd     | No                  |     |                   | ALL                        |
| 38500 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38505 | Biopsy or excision of lymph node(s); by ne       | No                  |     |                   | ALL                        |
| 38510 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38520 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38525 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38530 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38531 | Biopsy or excision of lymph node(s); open,       | No                  |     |                   | ALL                        |
| 38542 | Dissection, deep jugular node(s)                 | No                  |     |                   | ALL                        |
| 38550 | Excision of cystic hygroma, axillary or cerv     | No                  |     |                   | ALL                        |
| 38555 | Excision of cystic hygroma, axillary or cerv     | No                  |     |                   | ALL                        |
| 38562 | Limited lymphadenectomy for staging (sep         | No                  |     |                   | ALL                        |
| 38564 | Limited lymphadenectomy for staging (sep         | No                  |     |                   | ALL                        |
| 38570 | Laparoscopy, surgical; with retroperitoneal      | No                  |     |                   | ALL                        |
| 38571 | Laparoscopy, surgical; with bilateral total p    | No                  |     |                   | ALL                        |
| 38572 | Laparoscopy, surgical; with bilateral total p    | No                  |     |                   | ALL                        |
| 38573 | Laparoscopy, surgical; with bilateral total p    | No                  |     |                   | ALL                        |
| 38589 | UNLISTED LAPAROSCOPY PROCEDUR                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 38589 | UNLISTED LAPAROSCOPY PROCEDUR                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 38589 | UNLISTED LAPAROSCOPY PROCEDUR                    | No                  |     |                   | PRICHO                     |
| 38700 | Suprahyoid lymphadenectomy                       | No                  |     |                   | ALL                        |
| 38720 | Cervical lymphadenectomy (complete)              | No                  |     |                   | ALL                        |
| 38724 | Cervical lymphadenectomy (modified radic         | No                  |     |                   | ALL                        |
| 38740 | Axillary lymphadenectomy; superficial            | No                  |     |                   | ALL                        |
| 38745 | Axillary lymphadenectomy; complete               | No                  |     |                   | ALL                        |
| 38746 | Thoracic lymphadenectomy, regional, inclu        | No                  |     |                   | ALL                        |
| 38747 | Abdominal lymphadenectomy, regional, in          | No                  |     |                   | ALL                        |
| 38760 | Inguinofemoral lymphadenectomy, superfi          | No                  |     |                   | ALL                        |
| 38765 | Inguinofemoral lymphadenectomy, superfi          | No                  |     |                   | ALL                        |
| 38770 | Pelvic lymphadenectomy, including extern         | No                  |     |                   | ALL                        |
| 38780 | Retroperitoneal transabdominal lymphade          | No                  |     |                   | ALL                        |
| 38790 | Injection procedure; lymphangiography            | No                  |     |                   | ALL                        |
| 38792 | Injection procedure; for identification of se    | No                  |     |                   | ALL                        |
| 38794 | Cannulation, thoracic duct                       | No                  |     |                   | ALL                        |
| 38900 | Intraoperative identification (eg, mapping)      | No                  |     |                   | ALL                        |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LY                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LY                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 38999 | UNLISTED PROCEDURE, HEMIC OR LY                  | No                  |     |                   | PRICHO                     |
| 39000 | Mediastinotomy with exploration, drainage        | No                  |     |                   | ALL                        |
| 39010 | Mediastinotomy with exploration, drainage        | No                  |     |                   | ALL                        |
| 39200 | Excision of mediastinal cyst                     | No                  |     |                   | ALL                        |
| 39220 | Excision of mediastinal tumor                    | No                  |     |                   | ALL                        |
| 39401 | Mediastinoscopy; includes biopsy(ies) of mediast | No                  |     |                   | ALL                        |
| 39402 | Mediastinoscopy; includes biopsy(ies) of mediast | No                  |     |                   | ALL                        |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUF                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUF                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 39499 | UNLISTED PROCEDURE, MEDIASTINUF                  | No                  |     |                   | PRICHO                     |
| 39501 | Repair, laceration of diaphragm, any appr        | No                  |     |                   | ALL                        |
| 39503 | Repair, neonatal diaphragmatic hernia, wit       | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 39540 | Repair, diaphragmatic hernia (other than n   | No                  |     |                   | ALL                         |
| 39541 | Repair, diaphragmatic hernia (other than n   | No                  |     |                   | ALL                         |
| 39545 | Imbrication of diaphragm for eventration, t  | No                  |     |                   | ALL                         |
| 39560 | Resection, diaphragm; with simple repair (   | No                  |     |                   | ALL                         |
| 39561 | Resection, diaphragm; with complex repair    | No                  |     |                   | ALL                         |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM                | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM                | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 39599 | UNLISTED PROCEDURE, DIAPHRAGM                | No                  |     |                   | PRICHO                      |
| 40490 | Biopsy of lip                                | No                  |     |                   | ALL                         |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 40500 | VERMILIONECTOMY (LIP SHAVE), WITH            | No                  |     |                   | MCWRAP, PRICHO              |
| 40510 | EXCISION OF LIP; TRANSVERSE WEDG             | No                  |     |                   | ALL                         |
| 40520 | EXCISION OF LIP; V-EXCISION WITH PF          | No                  |     |                   | ALL                         |
| 40525 | EXCISION OF LIP; FULL THICKNESS, RI          | No                  |     |                   | ALL                         |
| 40527 | EXCISION OF LIP; FULL THICKNESS, RI          | No                  |     |                   | ALL                         |
| 40530 | RESECTION OF LIP, MORE THAN ONE-             | No                  |     |                   | ALL                         |
| 40650 | REPAIR LIP, FULL THICKNESS; VERMIL           | No                  |     |                   | ALL                         |
| 40652 | REPAIR LIP, FULL THICKNESS; UP TO 1          | No                  |     |                   | ALL                         |
| 40654 | REPAIR LIP, FULL THICKNESS; OVER 0           | No                  |     |                   | ALL                         |
| 40700 | PLASTIC REPAIR OF CLEFT LIP/NASAL            | No                  |     |                   | ALL                         |
| 40701 | PLASTIC REPAIR OF CLEFT LIP/NASAL            | No                  |     |                   | ALL                         |
| 40702 | PLASTIC REPAIR OF CLEFT LIP/NASAL            | No                  |     |                   | ALL                         |
| 40720 | PLASTIC REPAIR OF CLEFT LIP/NASAL            | No                  |     |                   | ALL                         |
| 40761 | PLASTIC REPAIR OF CLEFT LIP/NASAL            | No                  |     |                   | ALL                         |
| 40799 | UNLISTED PROCEDURE, LIPS                     | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 40799 | UNLISTED PROCEDURE, LIPS                     | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 40799 | UNLISTED PROCEDURE, LIPS                     | No                  |     |                   | PRICHO                      |
| 40800 | DRAINAGE OF ABSCESS, CYST, HEMA              | No                  |     |                   | ALL                         |
| 40801 | Drainage of abscess, cyst, hematoma, ves     | No                  |     |                   | ALL                         |
| 40804 | REMOVAL OF EMBEDDED FOREIGN BO               | No                  |     |                   | ALL                         |
| 40805 | Removal of embedded foreign body, vestib     | No                  |     |                   | ALL                         |
| 40806 | INCISION OF LABIAL FRENUM (FREN              | No                  |     |                   | ALL                         |
| 40808 | Biopsy, vestibule of mouth                   | No                  |     |                   | ALL                         |
| 40810 | EXCISION OF LESION OF MUCOSA AND             | No                  |     |                   | ALL                         |
| 40812 | Excision of lesion of mucosa and submuc      | No                  |     |                   | ALL                         |
| 40814 | Excision of lesion of mucosa and submuc      | No                  |     |                   | ALL                         |
| 40816 | Excision of lesion of mucosa and submuc      | No                  |     |                   | ALL                         |
| 40818 | Excision of mucosa of vestibule of mouth     | No                  |     |                   | ALL                         |
| 40819 | Excision of frenum, labial or buccal (frenu  | No                  |     |                   | ALL (Except Caid, MMP)      |
| 40819 | Excision of frenum, labial or buccal (frenu  | Yes                 |     |                   | Caid, MMP                   |
| 40820 | Destruction of lesion or scar of vestibule o | No                  |     |                   | ALL                         |
| 40830 | Closure of laceration, vestibule of mouth; 2 | No                  |     |                   | ALL                         |
| 40831 | Closure of laceration, vestibule of mouth; c | No                  |     |                   | ALL                         |
| 40840 | Vestibuloplasty; anterior                    | No                  |     |                   | ALL                         |
| 40842 | Vestibuloplasty; posterior, unilateral       | No                  |     |                   | ALL                         |
| 40843 | Vestibuloplasty; posterior, bilateral        | No                  |     |                   | ALL                         |
| 40844 | Vestibuloplasty; entire arch                 | No                  |     |                   | ALL                         |
| 40845 | Vestibuloplasty; complex (including ridge    | No                  |     |                   | ALL                         |
| 40899 | UNLISTED PROCEDURE, VESTIBULE O              | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 40899 | UNLISTED PROCEDURE, VESTIBULE O              | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 40899 | UNLISTED PROCEDURE, VESTIBULE O              | No                  |     |                   | PRICHO                      |
| 41000 | Intraoral incision and drainage of abscess,  | No                  |     |                   | ALL                         |
| 41005 | Intraoral incision and drainage of abscess,  | No                  |     |                   | ALL                         |
| 41006 | Intraoral incision and drainage of abscess,  | No                  |     |                   | ALL                         |
| 41007 | Intraoral incision and drainage of abscess,  | No                  |     |                   | ALL                         |
| 41008 | Drainage of mouth lesion                     | No                  |     |                   | ALL                         |
| 41009 | Intraoral incision and drainage of abscess,  | No                  |     |                   | ALL                         |
| 41010 | INCISION OF LINGUAL FRENUM (FREN             | No                  |     |                   | ALL                         |
| 41015 | Extraoral incision and drainage of abscess   | No                  |     |                   | ALL                         |
| 41016 | Extraoral incision and drainage of abscess   | No                  |     |                   | ALL                         |
| 41017 | Extraoral incision and drainage of abscess   | No                  |     |                   | ALL                         |
| 41018 | Extraoral incision and drainage of abscess   | No                  |     |                   | ALL                         |
| 41019 | PLACEMENT OF NEEDLES, CATHETER               | No                  |     |                   | ALL                         |
| 41100 | Biopsy of tongue; anterior two-thirds        | No                  |     |                   | ALL                         |
| 41105 | Biopsy of tongue; posterior one-third        | No                  |     |                   | ALL                         |
| 41108 | Biopsy of floor of mouth                     | No                  |     |                   | ALL                         |
| 41110 | Excision of lesion of tongue without clousr  | No                  |     |                   | ALL                         |
| 41112 | Excision of lesion of tongue with closure; a | No                  |     |                   | ALL                         |
| 41113 | Excision of lesion of tongue with closure; p | No                  |     |                   | ALL                         |
| 41114 | Excision of lesion of tongue with closure; v | No                  |     |                   | ALL                         |
| 41115 | EXCISION OF LINGUAL FRENUM (FREN             | No                  |     |                   | ALL                         |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                            |
|-------|-----------------------------------------------|---------------------|-----|-------------------|------------------------------------------|
| 41116 | Excision, lesion of floor of mouth            | No                  |     |                   | ALL                                      |
| 41120 | Glossectomy; less than one-half tongue        | No                  |     |                   | ALL                                      |
| 41130 | Glossectomy; hemiglossectomy                  | No                  |     |                   | ALL                                      |
| 41135 | Glossectomy; partial, with unilateral radical | No                  |     |                   | ALL                                      |
| 41140 | Glossectomy; complete or total, with or with  | No                  |     |                   | ALL                                      |
| 41145 | Glossectomy; complete or total, with or with  | No                  |     |                   | ALL                                      |
| 41150 | Glossectomy; composite procedure with re      | No                  |     |                   | ALL                                      |
| 41153 | Glossectomy; composite procedure with re      | No                  |     |                   | ALL                                      |
| 41155 | Glossectomy; composite procedure with re      | No                  |     |                   | ALL                                      |
| 41250 | Repair of laceration 2.5 cm or less; floor of | No                  |     |                   | ALL                                      |
| 41251 | Repair of laceration 2.5 cm or less; posteri  | No                  |     |                   | ALL                                      |
| 41252 | Repair of laceration of tongue, floor of mou  | No                  |     |                   | ALL                                      |
| 41510 | Suture of tongue to lip for micrognathia (D   | No                  |     |                   | ALL                                      |
| 41512 | Tongue base suspension, permanent suture      | Not Covered         |     |                   | HAP, AHL, FED, UAW, QHP                  |
| 41512 | Tongue base suspension, permanent suture      | No                  |     |                   | MED, Caid                                |
| 41520 | Frenoplasty (surgical revision of frenum, e   | No                  |     |                   | ALL                                      |
| 41530 | Submucosal ablation of the tongue base, r     | Not Covered         |     |                   | ALL (Except Caid, MMP)                   |
| 41530 | Submucosal ablation of the tongue base, r     | No                  |     |                   | Caid, MMP                                |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF          | Yes                 |     |                   | ALL (Except Medicare Comp)               |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF          | No                  |     |                   | MEDICARE COMP/MCWRAP                     |
| 41599 | UNLISTED PROCEDURE, TONGUE, FLOOR OF          | No                  |     |                   | PRICHO                                   |
| 41800 | Drainage of abscess, cyst, hematoma from      | No                  |     |                   | ALL                                      |
| 41805 | Removal of embedded foreign body from c       | No                  |     |                   | ALL                                      |
| 41806 | Removal of embedded foreign body from c       | No                  |     |                   | ALL                                      |
| 41820 | Gingivectomy, excision gingiva, each quad     | No                  |     |                   | ALL                                      |
| 41821 | Operculectomy, excision pericoronal tissue    | No                  |     |                   | ALL                                      |
| 41822 | Excision of fibrous tuberosities, dentoalve   | No                  |     |                   | ALL                                      |
| 41823 | Excision of osseous tuberosities, dentoalve   | Not Covered         |     |                   | ALL (Except Caid, MMP)                   |
| 41823 | Excision of osseous tuberosities, dentoalve   | Yes                 |     |                   | Caid, MMP                                |
| 41825 | Excision of lesion or tumor (except listed a  | Yes                 |     |                   | ALL (Except MEDICARE COMP/McWRAP/PRICHO) |
| 41825 | Excision of lesion or tumor (except listed a  | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO              |
| 41826 | Excision of lesion or tumor (except listed a  | Yes                 |     |                   | ALL (Except MEDICARE COMP/McWRAP/PRICHO) |
| 41826 | Excision of lesion or tumor (except listed a  | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO              |
| 41827 | Excision of lesion or tumor (except listed a  | Yes                 |     |                   | ALL (Except MEDICARE COMP/McWRAP/PRICHO) |
| 41827 | Excision of lesion or tumor (except listed a  | No                  |     |                   | MEDICARE COMP/MCWRAP/PRICHO              |
| 41828 | Excision of hyperplastic alveolar mucosa, i   | Not Covered         |     |                   | ALL (Except Caid, MMP)                   |
| 41828 | Excision of hyperplastic alveolar mucosa, i   | Yes                 |     |                   | Caid, MMP                                |
| 41830 | Alveolectomy, including curettage of osteit   | No                  |     |                   | ALL                                      |
| 41850 | Destruction of lesion (except excision), det  | No                  |     |                   | ALL                                      |
| 41870 | Periodontal mucosal grafting                  | No                  |     |                   | ALL                                      |
| 41872 | Gingivoplasty, each quadrant (specify)        | No                  |     |                   | ALL                                      |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)        | Yes                 |     |                   | Caid, MMP                                |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)        | Not Covered         |     |                   | HAP, AHL, FED, UAW, QHP                  |
| 41874 | ALVEOLOPLASTY, EACH QUADRANT (SPECIFY)        | No                  |     |                   | MED                                      |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR             | Yes                 |     |                   | ALL (Except Medicare Comp)               |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR             | No                  |     |                   | MEDICARE COMP/MCWRAP                     |
| 41899 | UNLISTED PROCEDURE, DENTOALVEOLAR             | No                  |     |                   | PRICHO                                   |
| 42000 | Drainage of abscess of palate, uvula          | No                  |     |                   | ALL                                      |
| 42100 | Biopsy of palate, uvula                       | No                  |     |                   | ALL                                      |
| 42104 | Excision, lesion of palate, uvula; without cl | No                  |     |                   | ALL                                      |
| 42106 | Excision, lesion of palate, uvula; with simp  | No                  |     |                   | ALL                                      |
| 42107 | Excision, lesion of palate, uvula; with local | No                  |     |                   | ALL                                      |
| 42120 | RESECTION OF PALATE OR EXTENSIVE              | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP)    |
| 42120 | RESECTION OF PALATE OR EXTENSIVE              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP          |
| 42120 | RESECTION OF PALATE OR EXTENSIVE              | No                  |     |                   | PRICHO                                   |
| 42140 | UVULECTOMY, EXCISION OF UVULA                 | No                  |     |                   | ALL                                      |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVUL                | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP)    |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVUL                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP          |
| 42145 | PALATOPHARYNGOPLASTY (EG, UVUL                | No                  |     |                   | PRICHO                                   |
| 42160 | DESTRUCTION OF LESION, PALATE OF              | No                  |     |                   | ALL                                      |
| 42180 | Repair, laceration of palate; up to 2 cm      | No                  |     |                   | ALL                                      |
| 42182 | Repair, laceration of palate; over 2 cm or d  | No                  |     |                   | ALL                                      |
| 42200 | PALATOPLASTY FOR CLEFT PALATE, S              | No                  |     |                   | ALL                                      |
| 42205 | PALATOPLASTY FOR CLEFT PALATE, S              | No                  |     |                   | ALL                                      |
| 42210 | PALATOPLASTY FOR CLEFT PALATE, S              | No                  |     |                   | ALL                                      |
| 42215 | PALATOPLASTY FOR CLEFT PALATE; I              | No                  |     |                   | ALL                                      |
| 42220 | PALATOPLASTY FOR CLEFT PALATE; S              | No                  |     |                   | ALL                                      |
| 42225 | PALATOPLASTY FOR CLEFT PALATE; A              | No                  |     |                   | ALL                                      |
| 42226 | LENGTHENING OF PALATE, AND PHAR               | No                  |     |                   | ALL                                      |
| 42227 | LENGTHENING OF PALATE, WITH ISLA              | No                  |     |                   | ALL                                      |
| 42235 | REPAIR OF ANTERIOR PALATE, INCLU              | No                  |     |                   | ALL                                      |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 42260 | REPAIR OF NASOLABIAL FISTULA                    | No                  |     |                   | ALL                        |
| 42280 | MAXILLARY IMPRESSION FOR PALATA                 | No                  |     |                   | ALL                        |
| 42281 | INSERTION OF PIN-RETAINED PALATA                | No                  |     |                   | ALL                        |
| 42299 | UNLISTED PROCEDURE, PALATE, UVU                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 42299 | UNLISTED PROCEDURE, PALATE, UVU                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 42299 | UNLISTED PROCEDURE, PALATE, UVU                 | No                  |     |                   | PRICHO                     |
| 42300 | Drainage of abscess; parotid, simple            | No                  |     |                   | ALL                        |
| 42305 | Drainage of abscess; parotid, complicated       | No                  |     |                   | ALL                        |
| 42310 | Drainage of abscess; submaxillary or subli      | No                  |     |                   | ALL                        |
| 42320 | Drainage of abscess; submaxillary, externa      | No                  |     |                   | ALL                        |
| 42330 | Sialolithotomy; submandibular (submaxilla       | No                  |     |                   | ALL                        |
| 42335 | Sialolithotomy; submandibular (submaxilla       | No                  |     |                   | ALL                        |
| 42340 | Sialolithotomy; parotid, extraoral or compli    | No                  |     |                   | ALL                        |
| 42400 | Biopsy of salivary gland; needle                | No                  |     |                   | ALL                        |
| 42405 | Biopsy of salivary gland; incisional            | No                  |     |                   | ALL                        |
| 42408 | Excision of sublingual salivary cyst (ranula    | No                  |     |                   | ALL                        |
| 42409 | Marsupialization of sublingual salivary cyst    | No                  |     |                   | ALL                        |
| 42410 | Excision of parotid tumor or parotid gland;     | No                  |     |                   | ALL                        |
| 42415 | Excision of parotid tumor or parotid gland;     | No                  |     |                   | ALL                        |
| 42420 | Excision of parotid tumor or parotid gland;     | No                  |     |                   | ALL                        |
| 42425 | Excision of parotid tumor or parotid gland;     | No                  |     |                   | ALL                        |
| 42426 | Excision of parotid tumor or parotid gland;     | No                  |     |                   | ALL                        |
| 42440 | Excision of submandibular (submaxillary) g      | No                  |     |                   | ALL                        |
| 42450 | Excision of sublingual gland                    | No                  |     |                   | ALL                        |
| 42500 | Plastic repair of salivary duct, sialodochop    | No                  |     |                   | ALL                        |
| 42505 | Plastic repair of salivary duct, sialodochop    | No                  |     |                   | ALL                        |
| 42507 | Parotid duct diversion, bilateral (Wilke typ    | No                  |     |                   | ALL                        |
| 42509 | Parotid duct diversion, bilateral (Wilke typ    | No                  |     |                   | ALL                        |
| 42510 | Parotid duct diversion, bilateral (Wilke typ    | No                  |     |                   | ALL                        |
| 42550 | Injection procedure for sialography             | No                  |     |                   | ALL                        |
| 42600 | Closure salivary fistula                        | No                  |     |                   | ALL                        |
| 42650 | Dilation salivary duct                          | No                  |     |                   | ALL                        |
| 42660 | Dilation and catheterization of salivary duc    | No                  |     |                   | ALL                        |
| 42665 | Ligation salivary duct, intraoral               | No                  |     |                   | ALL                        |
| 42699 | UNLISTED PROCEDURE, SALIVARY GL                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 42699 | UNLISTED PROCEDURE, SALIVARY GL                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 42699 | UNLISTED PROCEDURE, SALIVARY GL                 | No                  |     |                   | PRICHO                     |
| 42700 | Incision and drainage abscess; peritonsilla     | No                  |     |                   | ALL                        |
| 42720 | Incision and drainage abscess; retropharyn      | No                  |     |                   | ALL                        |
| 42725 | Incision and drainage abscess; retropharyn      | No                  |     |                   | ALL                        |
| 42800 | Biopsy; oropharynx                              | No                  |     |                   | ALL                        |
| 42804 | Biopsy; nasopharynx, visible lesion, simple     | No                  |     |                   | ALL                        |
| 42806 | Biopsy; nasopharynx, survey for unknown         | No                  |     |                   | ALL                        |
| 42808 | Excision or destruction of lesion of pharynx    | No                  |     |                   | ALL                        |
| 42809 | Removal of foreign body from pharynx            | No                  |     |                   | ALL                        |
| 42810 | Excision branchial cleft cyst or vestige, cor   | No                  |     |                   | ALL                        |
| 42815 | Excision branchial cleft cyst, vestige, or fis  | No                  |     |                   | ALL                        |
| 42820 | Tonsillectomy and adenoidectomy; under 4        | No                  |     |                   | ALL                        |
| 42821 | Tonsillectomy and adenoidectomy; age 12         | No                  |     |                   | ALL                        |
| 42825 | Tonsillectomy, primary or secondary; unde       | No                  |     |                   | ALL                        |
| 42826 | Tonsillectomy, primary or secondary; age        | No                  |     |                   | ALL                        |
| 42830 | Adenoidectomy, primary; under age 12            | No                  |     |                   | ALL                        |
| 42831 | Adenoidectomy, primary; age 12 or over          | No                  |     |                   | ALL                        |
| 42835 | Adenoidectomy, secondary; under age 12          | No                  |     |                   | ALL                        |
| 42836 | Adenoidectomy, secondary; age 12 or ove         | No                  |     |                   | ALL                        |
| 42842 | Radical resection of tonsil, tonsillar pillars, | No                  |     |                   | ALL                        |
| 42844 | Radical resection of tonsil, tonsillar pillars, | No                  |     |                   | ALL                        |
| 42845 | Radical resection of tonsil, tonsillar pillars, | No                  |     |                   | ALL                        |
| 42860 | Excision of tonsil tags                         | No                  |     |                   | ALL                        |
| 42870 | Excision or destruction lingual tonsil, any n   | No                  |     |                   | ALL                        |
| 42890 | Limited pharyngectomy                           | No                  |     |                   | ALL                        |
| 42892 | Resection of lateral pharyngeal wall or pyr     | No                  |     |                   | ALL                        |
| 42894 | Resection of pharyngeal wall requiring clos     | No                  |     |                   | ALL                        |
| 42900 | Suture pharynx for wound or injury              | No                  |     |                   | ALL                        |
| 42950 | Pharyngoplasty (plastic or reconstructive c     | No                  |     |                   | ALL                        |
| 42953 | Pharyngoesophageal repair                       | No                  |     |                   | ALL                        |
| 42955 | Pharyngostomy (fistulization of pharynx, ex     | No                  |     |                   | ALL                        |
| 42960 | Control oropharyngeal hemorrhage, prima         | No                  |     |                   | ALL                        |
| 42961 | Control oropharyngeal hemorrhage, prima         | No                  |     |                   | ALL                        |
| 42962 | Control oropharyngeal hemorrhage, prima         | No                  |     |                   | ALL                        |
| 42970 | Control of nasopharyngeal hemorrhage, pr        | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 42971 | Control of nasopharyngeal hemorrhage, pr     | No                  |     |                   | ALL                        |
| 42972 | Control of nasopharyngeal hemorrhage, pr     | No                  |     |                   | ALL                        |
| 42975 | Drug-induced sleep endoscopy, with dyna      | No                  |     |                   | ALL                        |
| 42999 | UNLISTED PROCEDURE, PHARYNX, AD              | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 42999 | UNLISTED PROCEDURE, PHARYNX, AD              | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 42999 | UNLISTED PROCEDURE, PHARYNX, AD              | No                  |     |                   | PRICHO                     |
| 43020 | Esophagotomy, cervical approach, with re     | No                  |     |                   | ALL                        |
| 43030 | Cricopharyngeal myotomy                      | No                  |     |                   | ALL                        |
| 43045 | Esophagotomy, thoracic approach, with re     | No                  |     |                   | ALL                        |
| 43100 | Excision of lesion, esophagus, with primar   | No                  |     |                   | ALL                        |
| 43101 | Excision of lesion, esophagus, with primar   | No                  |     |                   | ALL                        |
| 43107 | Total or near total esophagectomy, without   | No                  |     |                   | ALL                        |
| 43108 | Total or near total esophagectomy, without   | No                  |     |                   | ALL                        |
| 43112 | Total or near total esophagectomy, with th   | No                  |     |                   | ALL                        |
| 43113 | Total or near total esophagectomy, with th   | No                  |     |                   | ALL                        |
| 43116 | Partial esophagectomy, cervical, with free   | No                  |     |                   | ALL                        |
| 43117 | Partial esophagectomy, distal two-thirds, w  | No                  |     |                   | ALL                        |
| 43118 | Partial esophagectomy, distal two-thirds, w  | No                  |     |                   | ALL                        |
| 43121 | Partial esophagectomy, distal two-thirds, w  | No                  |     |                   | ALL                        |
| 43122 | Partial esophagectomy, thoracoabdominal      | No                  |     |                   | ALL                        |
| 43123 | Partial esophagectomy, thoracoabdominal      | No                  |     |                   | ALL                        |
| 43124 | Total or partial esophagectomy, without re   | No                  |     |                   | ALL                        |
| 43130 | Diverticulectomy of hypopharynx or esoph     | No                  |     |                   | ALL                        |
| 43135 | Diverticulectomy of hypopharynx or esoph     | No                  |     |                   | ALL                        |
| 43180 | Esophagoscopy, rigid, transoral with divert  | No                  |     |                   | ALL                        |
| 43191 | Esophagoscopy, rigid, transoral; diagnosti   | No                  |     |                   | ALL                        |
| 43192 | Esophagoscopy, rigid, transoral; with direc  | No                  |     |                   | ALL                        |
| 43193 | Esophagoscopy, rigid, transoral; with biops  | No                  |     |                   | ALL                        |
| 43194 | Esophagoscopy, rigid, transoral; with remd   | No                  |     |                   | ALL                        |
| 43195 | Esophagoscopy, rigid, transoral; with ballo  | No                  |     |                   | ALL                        |
| 43196 | Esophagoscopy, rigid, transoral; with inser  | No                  |     |                   | ALL                        |
| 43197 | Esophagoscopy, flexible, transnasal; diagn   | No                  |     |                   | ALL                        |
| 43198 | Esophagoscopy, flexible, transnasal; with i  | No                  |     |                   | ALL                        |
| 43200 | Esophagoscopy, rigid or flexible; diagnosti  | No                  |     |                   | ALL                        |
| 43201 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43202 | Esophagoscopy, rigid or flexible; with biop  | No                  |     |                   | ALL                        |
| 43204 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43205 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43206 | Esophagoscopy, rigid or flexible; with optic | No                  |     |                   | ALL                        |
| 43210 | Esophagogastroduodenoscopy, flexible, transo | No                  |     |                   | ALL                        |
| 43211 | Esophagoscopy, flexible, transoral; with er  | No                  |     |                   | ALL                        |
| 43212 | Esophagoscopy, flexible, transoral; with pl  | No                  |     |                   | ALL                        |
| 43213 | Esophagoscopy, flexible, transoral; with di  | No                  |     |                   | ALL                        |
| 43214 | Esophagoscopy, flexible, transoral; with di  | No                  |     |                   | ALL                        |
| 43215 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43216 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43217 | Esophagoscopy, rigid or flexible; with remd  | No                  |     |                   | ALL                        |
| 43220 | ESOPHAGOSCOPY, RIGID OR FLEXIBL              | No                  |     |                   | ALL                        |
| 43226 | Esophagoscopy, rigid or flexible; with inser | No                  |     |                   | ALL                        |
| 43227 | Esophagoscopy, rigid or flexible; with cont  | No                  |     |                   | ALL                        |
| 43229 | Esophagoscopy, flexible, transoral; with at  | No                  |     |                   | ALL                        |
| 43231 | Esophagoscopy, rigid or flexible; with endc  | No                  |     |                   | ALL                        |
| 43232 | Esophagoscopy, rigid or flexible; with trans | No                  |     |                   | ALL                        |
| 43233 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43235 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43236 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43237 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43238 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43239 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43240 | UPPER GASTROINTESTINAL ENDOSC                | No                  |     |                   | ALL                        |
| 43241 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43242 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43243 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43244 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43245 | UPPER GASTROINTESTINAL ENDOSC                | No                  |     |                   | ALL                        |
| 43246 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43247 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43248 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43249 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43250 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43251 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 43252 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43253 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43254 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43255 | UPPER GASTROINTESTINAL ENDOSCO               | No                  |     |                   | ALL                        |
| 43257 | UPPER GI ENDOSCOPY INCL ESOPHA               | Not Covered         |     |                   | ALL (Except Caid, MMP)     |
| 43257 | UPPER GI ENDOSCOPY INCL ESOPHA               | No                  |     |                   | Caid, MMP                  |
| 43259 | Upper gastrointestinal endoscopy including   | No                  |     |                   | ALL                        |
| 43260 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43261 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43262 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43263 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43264 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43265 | ENDOSCOPIC RETROGRADE CHOLAN                 | No                  |     |                   | ALL                        |
| 43266 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43270 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43273 | Endoscopic cannulation of papilla with dire  | No                  |     |                   | ALL                        |
| 43274 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43275 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43276 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43277 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43278 | Endoscopic retrograde cholangiopancreat      | No                  |     |                   | ALL                        |
| 43279 | Laparoscopy, surgical, esophagomyotomy       | No                  |     |                   | ALL                        |
| 43280 | Laparoscopy, surgical, esophagogastric fu    | No                  |     |                   | ALL                        |
| 43281 | LAPAROSCOPY, SURGICAL, REPAIR O              | No                  |     |                   | ALL                        |
| 43282 | LAPAROSCOPY, SURGICAL, REPAIR O              | No                  |     |                   | ALL                        |
| 43283 | Laparoscopy, surgical, esophageal lengthe    | No                  |     |                   | ALL                        |
| 43284 | Laparoscopy, surgical, esophageal sphinc     | Not Covered         |     |                   | ALL (Except Caid, MMP)     |
| 43284 | Laparoscopy, surgical, esophageal sphinc     | No                  |     |                   | Caid, MMP                  |
| 43285 | Removal of esophageal sphincter augmen       | No                  |     |                   | ALL                        |
| 43286 | Esophagectomy, total or near total, with la  | No                  |     |                   | ALL                        |
| 43287 | Esophagectomy, distal two-thirds, with lap   | No                  |     |                   | ALL                        |
| 43288 | Esophagectomy, total or near total, with th  | No                  |     |                   | ALL                        |
| 43289 | UNLISTED LAPAROSCOPY PROCEDUR                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 43289 | UNLISTED LAPAROSCOPY PROCEDUR                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 43289 | UNLISTED LAPAROSCOPY PROCEDUR                | No                  |     |                   | PRICHO                     |
| 43290 | Esophagogastroduodenoscopy, flexible, tr     | Not Covered         |     |                   | ALL (Except CAID, MMP)     |
| 43290 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | CAID, MMP                  |
| 43291 | Esophagogastroduodenoscopy, flexible, tr     | No                  |     |                   | ALL                        |
| 43300 | Esophagoplasty (plastic repair or reconstr   | No                  |     |                   | ALL                        |
| 43305 | Esophagoplasty (plastic repair or reconstr   | No                  |     |                   | ALL                        |
| 43310 | Esophagoplasty (plastic repair or reconstr   | No                  |     |                   | ALL                        |
| 43312 | Esophagoplasty (plastic repair or reconstr   | No                  |     |                   | ALL                        |
| 43313 | Esophagoplasty for congenital defect (plas   | No                  |     |                   | ALL                        |
| 43314 | Esophagoplasty for congenital defect (plas   | No                  |     |                   | ALL                        |
| 43320 | Esophagogastrostomy (cardioplasty), with     | No                  |     |                   | ALL                        |
| 43325 | Esophagogastric fundoplasty; with fundic p   | No                  |     |                   | ALL                        |
| 43327 | Esophagogastric fundoplasty partial or cor   | No                  |     |                   | ALL                        |
| 43328 | Esophagogastric fundoplasty partial or cor   | No                  |     |                   | ALL                        |
| 43330 | Esophagomyotomy (Heller type); abdomin       | No                  |     |                   | ALL                        |
| 43331 | Esophagomyotomy (Heller type); thoracic      | No                  |     |                   | ALL                        |
| 43332 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43333 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43334 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43335 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43336 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43337 | Repair, paraesophageal hiatal hernia (incl   | No                  |     |                   | ALL                        |
| 43338 | Esophageal lengthening procedure (eg, C      | No                  |     |                   | ALL                        |
| 43340 | Esophagojejunostomy (without total gastre    | No                  |     |                   | ALL                        |
| 43341 | Esophagojejunostomy (without total gastre    | No                  |     |                   | ALL                        |
| 43351 | Esophagostomy, fistulization of esophagus    | No                  |     |                   | ALL                        |
| 43352 | Esophagostomy, fistulization of esophagus    | No                  |     |                   | ALL                        |
| 43360 | Gastrointestinal reconstruction for previous | No                  |     |                   | ALL                        |
| 43361 | Gastrointestinal reconstruction for previous | No                  |     |                   | ALL                        |
| 43400 | Ligation, direct, esophageal varices         | No                  |     |                   | ALL                        |
| 43405 | Ligation or stapling at gastroesophageal ju  | No                  |     |                   | ALL                        |
| 43410 | Suture of esophageal wound or injury; cerv   | No                  |     |                   | ALL                        |
| 43415 | Suture of esophageal wound or injury; tran   | No                  |     |                   | ALL                        |
| 43420 | Closure of esophagostomy or fistula; cervi   | No                  |     |                   | ALL                        |
| 43425 | Closure of esophagostomy or fistula; trans   | No                  |     |                   | ALL                        |
| 43450 | Dilation of esophagus, by unguided sound     | No                  |     |                   | ALL                        |
| 43453 | Dilation of esophagus, over guide wire       | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                      |
|-------|----------------------------------------------|---------------------|-----|-------------------|------------------------------------|
| 43460 | Esophagogastric tamponade, with balloon      | No                  |     |                   | ALL                                |
| 43496 | Free jejunum transfer with microvascular a   | No                  |     |                   | ALL                                |
| 43497 | Lower esophageal myotomy, transoral (ie,     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43497 | Lower esophageal myotomy, transora           | No                  |     |                   | MCWRAP, PRICHO                     |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS                | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS                | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 43499 | UNLISTED PROCEDURE, ESOPHAGUS                | No                  |     |                   | PRICHO                             |
| 43500 | Gastrotomy; with exploration or foreign bo   | No                  |     |                   | ALL                                |
| 43501 | Gastrotomy; with suture repair of bleeding   | No                  |     |                   | ALL                                |
| 43502 | Gastrotomy; with suture repair of pre-exist  | No                  |     |                   | ALL                                |
| 43510 | Gastrotomy; with esophageal dilation and     | No                  |     |                   | ALL                                |
| 43520 | Pyloromyotomy, cutting of pyloric muscle (   | No                  |     |                   | ALL                                |
| 43605 | Biopsy of stomach, by laparotomy             | No                  |     |                   | ALL                                |
| 43610 | EXCISION, LOCAL; ULCER OR BENIGN             | No                  |     |                   | ALL                                |
| 43611 | EXCISION, LOCAL; MALIGNANT TUMOR             | No                  |     |                   | ALL                                |
| 43620 | GASTRECTOMY, TOTAL; WITH ESOPH               | No                  |     |                   | ALL                                |
| 43621 | GASTRECTOMY, TOTAL; WITH ROUX-E              | No                  |     |                   | ALL                                |
| 43622 | GASTRECTOMY, TOTAL; WITH FORMA               | No                  |     |                   | ALL                                |
| 43631 | GASTRECTOMY, PARTIAL, DISTAL; WI             | No                  |     |                   | ALL                                |
| 43632 | GASTRECTOMY, PARTIAL, DISTAL; WI             | No                  |     |                   | ALL                                |
| 43633 | GASTRECTOMY, PARTIAL, DISTAL; WI             | No                  |     |                   | ALL                                |
| 43634 | GASTRECTOMY, PARTIAL, DISTAL; WI             | No                  |     |                   | ALL                                |
| 43635 | VAGOTOMY WHEN PERFORMED WITH                 | No                  |     |                   | ALL                                |
| 43640 | VAGOTOMY INCLUDING PYLOROPLAS                | No                  |     |                   | ALL                                |
| 43641 | VAGOTOMY INCLUDING PYLOROPLAS                | No                  |     |                   | ALL                                |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | HAP, MED, FED, UAW, QHP, CAID, MMP |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 43644 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | PRICHO                             |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | HAP, MED, FED, UAW, QHP, CAID, MMP |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 43645 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | PRICHO                             |
| 43647 | LAPAROSCOPY, SURGICAL; IMPLANTA              | No                  |     |                   | ALL (Except Caid, MMP)             |
| 43647 | LAPAROSCOPY, SURGICAL; IMPLANTA              | Yes                 |     |                   | Caid, MMP                          |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION              | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION              | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 43648 | LAPAROSCOPY, SURGICAL; REVISION              | No                  |     |                   | PRICHO                             |
| 43651 | LAPAROSCOPY, SURGICAL; TRANSEC               | No                  |     |                   | ALL                                |
| 43652 | TRANSECTION OF VAGUS NERVES, SE              | No                  |     |                   | ALL                                |
| 43653 | GASTROSTOMY, WITHOUT CONSTRU                 | No                  |     |                   | ALL                                |
| 43659 | UNLISTED LAPAROSCOPY PROCEDUR                | Yes                 |     |                   | ALL (Except Medicare Comp)         |
| 43659 | UNLISTED LAPAROSCOPY PROCEDUR                | No                  |     |                   | MEDICARE COMP/MCWRAP               |
| 43659 | UNLISTED LAPAROSCOPY PROCEDUR                | No                  |     |                   | PRICHO                             |
| 43752 | Naso- or oro-gastric tube placement, requi   | No                  |     |                   | ALL                                |
| 43753 | Gastric intubation and aspiration(s) therap  | No                  |     |                   | ALL                                |
| 43754 | Gastric intubation and aspiration, diagnost  | No                  |     |                   | ALL                                |
| 43755 | Gastric intubation and aspiration, diagnost  | No                  |     |                   | ALL                                |
| 43756 | Duodenal intubation and aspiration, diagn    | No                  |     |                   | ALL                                |
| 43757 | Duodenal intubation and aspiration, diagn    | No                  |     |                   | ALL                                |
| 43761 | Repositioning of the gastric feeding tube, e | No                  |     |                   | ALL                                |
| 43763 | Replacement of gastrostomy tube, percuta     | No                  |     |                   | ALL                                |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43770 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43771 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43772 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43773 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43774 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)        |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC               | Yes                 |     | ABAR              | AHL                                |
| 43775 | LAPAROSCOPY, SURGICAL, GASTRIC               | No                  |     |                   | MCWRAP, PRICHO                     |
| 43800 | Pyloroplasty                                 | No                  |     |                   | ALL                                |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                          |
|-------|----------------------------------------------|---------------------|-----|-------------------|----------------------------------------|
| 43810 | Gastroduodenostomy                           | No                  |     |                   | ALL                                    |
| 43820 | Gastrojejunostomy; without vagotomy          | No                  |     |                   | ALL                                    |
| 43825 | Gastrojejunostomy; with vagotomy, any ty     | No                  |     |                   | ALL                                    |
| 43830 | Gastrostomy, open; without construction o    | No                  |     |                   | ALL                                    |
| 43831 | Gastrostomy, open; neonatal, for feeding     | No                  |     |                   | ALL                                    |
| 43832 | Gastrostomy, open; with construction of ga   | No                  |     |                   | ALL                                    |
| 43840 | Gastrorrhaphy, suture of perforated duode    | No                  |     |                   | ALL                                    |
| 43842 | GASTRIC RESTRICTIVE PROCEDURE,               | Not Covered         |     |                   | ALL (Except Caid)                      |
| 43842 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | Caid                                   |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43843 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE                | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE                | Yes                 |     | ABAR              | AHL                                    |
| 43845 | GASTRIC RESTRICTIVE PROCEDURE                | No                  |     |                   | MCWRAP, PRICHO                         |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43846 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43847 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR             | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR             | Yes                 |     | ABAR              | AHL                                    |
| 43848 | REVISION, OPEN, OF GASTRIC RESTR             | No                  |     |                   | MCWRAP, PRICHO                         |
| 43860 | REVISION OF GASTROJEJUNAL ANAST              | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, CAID, MMP) |
| 43860 | REVISION OF GASTROJEJUNAL ANAST              | Yes                 |     | ABAR              | AHL                                    |
| 43860 | REVISION OF GASTROJEJUNAL ANAST              | No                  |     |                   | MCWRAP, PRICHO, CAID, MMP              |
| 43865 | REVISION OF GASTROJEJUNAL ANAST              | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, CAID, MMP) |
| 43865 | REVISION OF GASTROJEJUNAL ANAST              | Yes                 |     | ABAR              | AHL                                    |
| 43865 | REVISION OF GASTROJEJUNAL ANAST              | No                  |     |                   | MCWRAP, PRICHO, CAID, MMP              |
| 43870 | Closure of gastrostomy, surgical             | No                  |     |                   | ALL                                    |
| 43880 | Closure of gastrocolic fistula               | No                  |     |                   | ALL                                    |
| 43881 | IMPLANTATION OF GASTRIC NEUROST              | Yes                 |     |                   | ALL                                    |
| 43881 | IMPLANTATION OF GASTRIC NEUROST              | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 43881 | IMPLANTATION OF GASTRIC NEUROST              | No                  |     |                   | PRICHO                                 |
| 43882 | REVISION OR REMOVAL OF GASTRIC I             | Yes                 |     |                   | ALL                                    |
| 43882 | REVISION OR REMOVAL OF GASTRIC I             | No                  |     |                   | PRICHO                                 |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43886 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43887 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)            |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE,               | Yes                 |     | ABAR              | AHL                                    |
| 43888 | GASTRIC RESTRICTIVE PROCEDURE,               | No                  |     |                   | MCWRAP, PRICHO                         |
| 43999 | UNLISTED PROCEDURE, STOMACH                  | Yes                 |     |                   | ALL (Except Medicare Comp)             |
| 43999 | UNLISTED PROCEDURE, STOMACH                  | No                  |     |                   | MEDICARE COMP/MCWRAP                   |
| 43999 | UNLISTED PROCEDURE, STOMACH                  | No                  |     |                   | PRICHO                                 |
| 44005 | Enterolysis (freeing of intestinal adhesion) | No                  |     |                   | ALL                                    |
| 44010 | Duodenotomy, for exploration, biopsy(s), o   | No                  |     |                   | ALL                                    |
| 44015 | Tube or needle catheter jejunostomy for en   | No                  |     |                   | ALL                                    |
| 44020 | Enterotomy, small intestine, other than du   | No                  |     |                   | ALL                                    |
| 44021 | Enterotomy, small intestine, other than du   | No                  |     |                   | ALL                                    |
| 44025 | Colotomy, for exploration, biopsy(s), or for | No                  |     |                   | ALL                                    |
| 44050 | Reduction of volvulus, intussusception, int  | No                  |     |                   | ALL                                    |
| 44055 | Correction of malrotation by lysis of duode  | No                  |     |                   | ALL                                    |
| 44100 | Biopsy of intestine by capsule, tube, peror  | No                  |     |                   | ALL                                    |
| 44110 | Excision of one or more lesions of small o   | No                  |     |                   | ALL                                    |
| 44111 | Excision of one or more lesions of small o   | No                  |     |                   | ALL                                    |
| 44120 | Enterectomy, resection of small intestine; s | No                  |     |                   | ALL                                    |
| 44121 | Enterectomy, resection of small intestine; s | No                  |     |                   | ALL                                    |
| 44125 | Enterectomy, resection of small intestine; y | No                  |     |                   | ALL                                    |
| 44126 | Enterectomy, resection of small intestine f  | No                  |     |                   | ALL                                    |
| 44127 | Enterectomy, resection of small intestine f  | No                  |     |                   | ALL                                    |
| 44128 | Enterectomy, resection of small intestine f  | No                  |     |                   | ALL                                    |
| 44130 | Enteroenterostomy, anastomosis of intesti    | No                  |     |                   | ALL                                    |
| 44132 | DONOR ENTERECTOMY, INCLUDING C               | No                  |     |                   | ALL (Except Caid)                      |
| 44132 | DONOR ENTERECTOMY, INCLUDING C               | Yes                 |     |                   | Caid                                   |
| 44133 | DONOR ENTERECTOMY, INCLUDING C               | No                  |     |                   | ALL (Except Caid)                      |
| 44133 | DONOR ENTERECTOMY, INCLUDING C               | Yes                 |     |                   | Caid                                   |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 44135 | INTESTINAL ALLOTRANSPLANTATION;               | No                  |     |                   | ALL (Except Caid)          |
| 44135 | INTESTINAL ALLOTRANSPLANTATION;               | Yes                 |     |                   | Caid                       |
| 44136 | INTESTINAL ALLOTRANSPLANTATION;               | No                  |     |                   | ALL (Except Caid)          |
| 44136 | INTESTINAL ALLOTRANSPLANTATION;               | Yes                 |     |                   | Caid                       |
| 44137 | REMOVAL OF TRANSPLANTED INTEST                | No                  |     |                   | ALL (Except Caid)          |
| 44137 | REMOVAL OF TRANSPLANTED INTEST                | Yes                 |     |                   | Caid                       |
| 44139 | Mobilization (take-down) of splenic flexure   | No                  |     |                   | ALL                        |
| 44140 | Colectomy, partial; with anastomosis          | No                  |     |                   | ALL                        |
| 44141 | Colectomy, partial; with skin level cecostomy | No                  |     |                   | ALL                        |
| 44143 | (Hartmann type procedure)                     | No                  |     |                   | ALL                        |
| 44144 | Colectomy, partial; with resection, with colo | No                  |     |                   | ALL                        |
| 44145 | Colectomy, partial; with coloproctostomy (l   | No                  |     |                   | ALL                        |
| 44146 | Colectomy, partial; with coloproctostomy (l   | No                  |     |                   | ALL                        |
| 44147 | Colectomy, partial; abdominal and transan     | No                  |     |                   | ALL                        |
| 44150 | Colectomy, total, abdominal, without proct    | No                  |     |                   | ALL                        |
| 44151 | Colectomy, total, abdominal, without proct    | No                  |     |                   | ALL                        |
| 44155 | Colectomy, total, abdominal, with proctect    | No                  |     |                   | ALL                        |
| 44156 | Colectomy, total, abdominal, with proctect    | No                  |     |                   | ALL                        |
| 44157 | COLECTOMY, TOTAL, ABDOMINAL, WITH             | No                  |     |                   | ALL                        |
| 44158 | COLECTOMY, TOTAL, ABDOMINAL, WITH             | No                  |     |                   | ALL                        |
| 44160 | Colectomy, partial, with removal of termina   | No                  |     |                   | ALL                        |
| 44180 | Lap, enterolysis                              | No                  |     |                   | ALL                        |
| 44186 | Lap, jejunostomy                              | No                  |     |                   | ALL                        |
| 44187 | Lap, ileo/jejuno-stomy                        | No                  |     |                   | ALL                        |
| 44188 | Lap, colostomy                                | No                  |     |                   | ALL                        |
| 44202 | Laparoscopy, surgical; enterectomy, resec     | No                  |     |                   | ALL                        |
| 44203 | LAPAROSCOPIC RESECTION OF SMALL               | No                  |     |                   | ALL                        |
| 44204 | Laparoscopy, surgical; colectomy, partial,    | No                  |     |                   | ALL                        |
| 44205 | Laparoscopy, surgical; colectomy, partial,    | No                  |     |                   | ALL                        |
| 44206 | COLECTOMY, PARTIAL, WITH END COL              | No                  |     |                   | ALL                        |
| 44207 | COLECTOMY, PARTIAL WITH ANASTOMO              | No                  |     |                   | ALL                        |
| 44208 | COLECTOMY, PARTIAL, WITH ANASTOM              | No                  |     |                   | ALL                        |
| 44210 | COLECTOMY, TOTAL, ABDOMINAL, WITH             | No                  |     |                   | ALL                        |
| 44211 | LAPAROSCOPY, SURGICAL; COLECTO                | No                  |     |                   | ALL                        |
| 44212 | Laparoscopy, surgical; colectomy, total, ab   | No                  |     |                   | ALL                        |
| 44213 | Lap, mobil splenic fl add-on                  | No                  |     |                   | ALL                        |
| 44227 | Lap, close enterostomy                        | No                  |     |                   | ALL                        |
| 44238 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 44238 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 44238 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | PRICHO                     |
| 44300 | Enterostomy or cecostomy, tube (eg, for d     | No                  |     |                   | ALL                        |
| 44310 | Ileostomy or jejunostomy, non-tube (separ     | No                  |     |                   | ALL                        |
| 44312 | Revision of ileostomy; simple (release of s   | No                  |     |                   | ALL                        |
| 44314 | Revision of ileostomy; complicated (recons    | No                  |     |                   | ALL                        |
| 44316 | Continent ileostomy (Kock procedure) (se      | No                  |     |                   | ALL                        |
| 44320 | Colostomy or skin level cecostomy; (separ     | No                  |     |                   | ALL                        |
| 44322 | Colostomy or skin level cecostomy; with m     | No                  |     |                   | ALL                        |
| 44340 | Revision of colostomy; simple (release of s   | No                  |     |                   | ALL                        |
| 44345 | Revision of colostomy; complicated (recon     | No                  |     |                   | ALL                        |
| 44346 | Revision of colostomy; with repair of parad   | No                  |     |                   | ALL                        |
| 44360 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44361 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44363 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44364 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44365 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44366 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44369 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44370 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44372 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44373 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44376 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44377 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44378 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44379 | Small intestinal endoscopy, enteroscopy b     | No                  |     |                   | ALL                        |
| 44380 | Ileoscopy, through stoma; diagnostic, with    | No                  |     |                   | ALL                        |
| 44381 | Ileoscopy, through stoma; with transendos     | No                  |     |                   | ALL                        |
| 44382 | Ileoscopy, through stoma; with biopsy, sing   | No                  |     |                   | ALL                        |
| 44384 | Ileoscopy, through stoma; with placement      | No                  |     |                   | ALL                        |
| 44385 | Endoscopic evaluation of small intestinal (   | No                  |     |                   | ALL                        |
| 44386 | Endoscopic evaluation of small intestinal (   | No                  |     |                   | ALL                        |
| 44388 | Colonoscopy through stoma; diagnostic, w      | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 44389 | Colonoscopy through stoma; with biopsy, s      | No                  |     |                   | ALL                        |
| 44390 | Colonoscopy through stoma; with removal        | No                  |     |                   | ALL                        |
| 44391 | Colonoscopy through stoma; with control c      | No                  |     |                   | ALL                        |
| 44392 | Colonoscopy through stoma; with removal        | No                  |     |                   | ALL                        |
| 44394 | Colonoscopy through stoma; with removal        | No                  |     |                   | ALL                        |
| 44401 | Colonoscopy through stoma; with ablation       | No                  |     |                   | ALL                        |
| 44402 | Colonoscopy through stoma; with endosc         | No                  |     |                   | ALL                        |
| 44403 | Colonoscopy through stoma; with endosc         | No                  |     |                   | ALL                        |
| 44404 | Colonoscopy through stoma; with directed       | No                  |     |                   | ALL                        |
| 44405 | Colonoscopy through stoma; with transend       | No                  |     |                   | ALL                        |
| 44406 | Colonoscopy through stoma; with endosc         | No                  |     |                   | ALL                        |
| 44407 | Colonoscopy through stoma; with transend       | No                  |     |                   | ALL                        |
| 44408 | Colonoscopy through stoma; with decomp         | No                  |     |                   | ALL                        |
| 44500 | Introduction of long gastrointestinal tube (e  | No                  |     |                   | ALL                        |
| 44602 | Suture of small intestine (enterorrhaphy) fd   | No                  |     |                   | ALL                        |
| 44603 | Suture of small intestine (enterorrhaphy) fd   | No                  |     |                   | ALL                        |
| 44604 | Suture of large intestine (colorrhaphy) for p  | No                  |     |                   | ALL                        |
| 44605 | Suture of large intestine (colorrhaphy) for p  | No                  |     |                   | ALL                        |
| 44615 | Intestinal stricturoplasty (enterotomy and e   | No                  |     |                   | ALL                        |
| 44620 | Closure of enterostomy, large or small inte    | No                  |     |                   | ALL                        |
| 44625 | Closure of enterostomy, large or small inte    | No                  |     |                   | ALL                        |
| 44626 | Closure of enterostomy, large or small inte    | No                  |     |                   | ALL                        |
| 44640 | Closure of intestinal cutaneous fistula        | No                  |     |                   | ALL                        |
| 44650 | Closure of enteroenteric or enterocolic fist   | No                  |     |                   | ALL                        |
| 44660 | Closure of enterovesical fistula; without int  | No                  |     |                   | ALL                        |
| 44661 | Closure of enterovesical fistula; with intest  | No                  |     |                   | ALL                        |
| 44680 | Intestinal plication (separate procedure)      | No                  |     |                   | ALL                        |
| 44700 | Exclusion of small intestine from pelvis by    | No                  |     |                   | ALL                        |
| 44701 | Intraoperative colonic lavage (List separat    | No                  |     |                   | ALL                        |
| 44705 | Preparation of fecal microbiota for instillati | No                  |     |                   | ALL                        |
| 44715 | BACKBENCH STANDARD PREP OF CAI                 | No                  |     |                   | ALL (Except Caid)          |
| 44715 | BACKBENCH STANDARD PREP OF CAI                 | Yes                 |     |                   | Caid                       |
| 44720 | BACKBENCH RECONSTRUCTION OF C                  | No                  |     |                   | ALL (Except Caid, MMP)     |
| 44720 | BACKBENCH RECONSTRUCTION OF C                  | Yes                 |     |                   | Caid, MMP                  |
| 44721 | BACKBENCH RECONSTRUCTION OF C                  | No                  |     |                   | ALL (Except Caid, MMP)     |
| 44721 | BACKBENCH RECONSTRUCTION OF C                  | Yes                 |     |                   | Caid, MMP                  |
| 44799 | UNLISTED PROCEDURE, INTESTINE                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 44799 | UNLISTED PROCEDURE, INTESTINE                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 44799 | UNLISTED PROCEDURE, INTESTINE                  | No                  |     |                   | PRICHO                     |
| 44800 | Excision of Meckel's diverticulum (diverticu   | No                  |     |                   | ALL                        |
| 44820 | Excision of lesion of mesentery (separate      | No                  |     |                   | ALL                        |
| 44850 | Suture of mesentery (separate procedure)       | No                  |     |                   | ALL                        |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DI                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DI                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 44899 | UNLISTED PROCEDURE, MECKEL'S DI                | No                  |     |                   | PRICHO                     |
| 44900 | Incision and drainage of appendiceal abs       | No                  |     |                   | ALL                        |
| 44950 | Appendectomy;                                  | No                  |     |                   | ALL                        |
| 44955 | Appendectomy; when done for indicated p        | No                  |     |                   | ALL                        |
| 44960 | Appendectomy; for ruptured appendix with       | No                  |     |                   | ALL                        |
| 44970 | Laparoscopy, surgical, appendectomy            | No                  |     |                   | ALL                        |
| 44979 | UNLISTED LAPAROSCOPY PROCEDUR                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 44979 | UNLISTED LAPAROSCOPY PROCEDUR                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 44979 | UNLISTED LAPAROSCOPY PROCEDUR                  | No                  |     |                   | PRICHO                     |
| 45000 | Transrectal drainage of pelvic abscess         | No                  |     |                   | ALL                        |
| 45005 | Incision and drainage of submucosal abs        | No                  |     |                   | ALL                        |
| 45020 | Incision and drainage of deep supralevator     | No                  |     |                   | ALL                        |
| 45100 | Biopsy of anorectal wall, anal approach (e     | No                  |     |                   | ALL                        |
| 45108 | Anorectal myomectomy                           | No                  |     |                   | ALL                        |
| 45110 | Proctectomy; complete, combined abdomi         | No                  |     |                   | ALL                        |
| 45111 | Proctectomy; partial resection of rectum, tr   | No                  |     |                   | ALL                        |
| 45112 | Proctectomy, combined abdominoperineal         | No                  |     |                   | ALL                        |
| 45113 | Proctectomy, partial, with rectal mucosect     | No                  |     |                   | ALL                        |
| 45114 | Proctectomy, partial, with anastomosis; ab     | No                  |     |                   | ALL                        |
| 45116 | Proctectomy, partial, with anastomosis; tra    | No                  |     |                   | ALL                        |
| 45119 | Proctectomy, combined abdominoperineal         | No                  |     |                   | ALL                        |
| 45120 | Proctectomy, complete (for congenital me       | No                  |     |                   | ALL                        |
| 45121 | Proctectomy, complete (for congenital me       | No                  |     |                   | ALL                        |
| 45123 | Proctectomy, partial, without anastomosis,     | No                  |     |                   | ALL                        |
| 45126 | Pelvic exenteration for colorectal malignan    | No                  |     |                   | ALL                        |
| 45130 | Excision of rectal procidentia, with anastor   | No                  |     |                   | ALL                        |
| 45135 | Excision of rectal procidentia, with anastor   | No                  |     |                   | ALL                        |



**Services that require Prior Authorization List**

| Code  | Description                                                 | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-------------------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 45136 | Excision of ileoanal reservoir with ileostomy               | No                  |     |                   | ALL                        |
| 45150 | Division of stricture of rectum                             | No                  |     |                   | ALL                        |
| 45160 | Excision of rectal tumor by proctotomy, transanal           | No                  |     |                   | ALL                        |
| 45171 | EXCISION OF RECTAL TUMOR, TRANSANAL                         | No                  |     |                   | ALL                        |
| 45172 | EXCISION OF RECTAL TUMOR, TRANSANAL                         | No                  |     |                   | ALL                        |
| 45190 | Destruction of rectal tumor (eg, electrodesiccation)        | No                  |     |                   | ALL                        |
| 45300 | Proctosigmoidoscopy, rigid; diagnostic, with biopsy         | No                  |     |                   | ALL                        |
| 45303 | Proctosigmoidoscopy, rigid; with dilation of rectum         | No                  |     |                   | ALL                        |
| 45305 | Proctosigmoidoscopy, rigid; with biopsy, sigmoid            | No                  |     |                   | ALL                        |
| 45307 | Proctosigmoidoscopy, rigid; with removal of polyp           | No                  |     |                   | ALL                        |
| 45308 | Proctosigmoidoscopy, rigid; with removal of polyp           | No                  |     |                   | ALL                        |
| 45309 | Proctosigmoidoscopy, rigid; with removal of polyp           | No                  |     |                   | ALL                        |
| 45315 | Proctosigmoidoscopy, rigid; with removal of polyp           | No                  |     |                   | ALL                        |
| 45317 | Proctosigmoidoscopy, rigid; with control of bleeding        | No                  |     |                   | ALL                        |
| 45320 | Proctosigmoidoscopy, rigid; with ablation of polyp          | No                  |     |                   | ALL                        |
| 45321 | Proctosigmoidoscopy, rigid; with decompression              | No                  |     |                   | ALL                        |
| 45327 | Proctosigmoidoscopy, rigid; with transendoscopic resection  | No                  |     |                   | ALL                        |
| 45330 | Sigmoidoscopy, flexible; diagnostic, with or without biopsy | No                  |     |                   | ALL                        |
| 45331 | Sigmoidoscopy, flexible; with biopsy, sigmoid               | No                  |     |                   | ALL                        |
| 45332 | Sigmoidoscopy, flexible; with removal of polyp              | No                  |     |                   | ALL                        |
| 45333 | Sigmoidoscopy, flexible; with removal of polyp              | No                  |     |                   | ALL                        |
| 45334 | Sigmoidoscopy, flexible; with control of bleeding           | No                  |     |                   | ALL                        |
| 45335 | Sigmoidoscopy, flexible; with directed submucosal resection | No                  |     |                   | ALL                        |
| 45337 | Sigmoidoscopy, flexible; with decompression                 | No                  |     |                   | ALL                        |
| 45338 | Sigmoidoscopy, flexible; with removal of polyp              | No                  |     |                   | ALL                        |
| 45340 | Sigmoidoscopy, flexible; with dilation by balloon           | No                  |     |                   | ALL                        |
| 45341 | Sigmoidoscopy, flexible; with endoscopic resection          | No                  |     |                   | ALL                        |
| 45342 | Sigmoidoscopy, flexible; with transendoscopic resection     | No                  |     |                   | ALL                        |
| 45345 | Sigmoidoscopy, flexible; with transendoscopic resection     | No                  |     |                   | ALL                        |
| 45346 | Sigmoidoscopy, flexible; with ablation of tumor             | No                  |     |                   | ALL                        |
| 45347 | Sigmoidoscopy, flexible; with placement of band             | No                  |     |                   | ALL                        |
| 45349 | Sigmoidoscopy, flexible; with endoscopic resection          | No                  |     |                   | ALL                        |
| 45350 | Sigmoidoscopy, flexible; with band ligation                 | No                  |     |                   | ALL                        |
| 45378 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45379 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45380 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45381 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45382 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45384 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45385 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45386 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45388 | Colonoscopy, flexible; with ablation of tumor               | No                  |     |                   | ALL                        |
| 45389 | Colonoscopy, flexible; with endoscopic ste                  | No                  |     |                   | ALL                        |
| 45390 | Colonoscopy, flexible; with endoscopic mu                   | No                  |     |                   | ALL                        |
| 45391 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45392 | Colonoscopy, flexible, proximal to splenic flexure          | No                  |     |                   | ALL                        |
| 45393 | Colonoscopy, flexible; with decompression                   | No                  |     |                   | ALL                        |
| 45395 | Lap, removal of rectum                                      | No                  |     |                   | ALL                        |
| 45397 | Lap, remove rectum w/pouch                                  | No                  |     |                   | ALL                        |
| 45398 | Colonoscopy, flexible; with band ligation(s)                | No                  |     |                   | ALL                        |
| 45399 | Unlisted procedure, colon                                   | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 45399 | Unlisted procedure, colon                                   | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 45399 | Unlisted procedure, colon                                   | No                  |     |                   | PRICHO                     |
| 45400 | Laparoscopic proctopexy                                     | No                  |     |                   | ALL                        |
| 45402 | Lap proctopexy w/sig resect                                 | No                  |     |                   | ALL                        |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE                              | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE                              | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 45499 | UNLISTED LAPAROSCOPY PROCEDURE                              | No                  |     |                   | PRICHO                     |
| 45500 | Proctoplasty; for stenosis                                  | No                  |     |                   | ALL                        |
| 45505 | Proctoplasty; for prolapse of mucous membrane               | No                  |     |                   | ALL                        |
| 45520 | Perirectal injection of sclerosing solution for hemorrhoids | No                  |     |                   | ALL                        |
| 45540 | Proctopexy for prolapse; abdominal approach                 | No                  |     |                   | ALL                        |
| 45541 | Proctopexy for prolapse; perineal approach                  | No                  |     |                   | ALL                        |
| 45550 | Proctopexy combined with sigmoid resection                  | No                  |     |                   | ALL                        |
| 45560 | Repair of rectocele (separate procedure)                    | No                  |     |                   | ALL                        |
| 45562 | Exploration, repair, and presacral drainage                 | No                  |     |                   | ALL                        |
| 45563 | Exploration, repair, and presacral drainage                 | No                  |     |                   | ALL                        |
| 45800 | Closure of rectovesical fistula;                            | No                  |     |                   | ALL                        |
| 45805 | Closure of rectovesical fistula; with colostomy             | No                  |     |                   | ALL                        |
| 45820 | Closure of rectourethral fistula;                           | No                  |     |                   | ALL                        |
| 45825 | Closure of rectourethral fistula; with colostomy            | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 45900 | Reduction of proclidentia (separate proced     | No                  |     |                   | ALL                        |
| 45905 | Dilation of anal sphincter (separate proced    | No                  |     |                   | ALL                        |
| 45910 | Dilation of rectal stricture (separate proced  | No                  |     |                   | ALL                        |
| 45915 | Removal of fecal impaction or foreign body     | No                  |     |                   | ALL                        |
| 45990 | Surg dx exam, anorectal                        | No                  |     |                   | ALL                        |
| 45999 | UNLISTED PROCEDURE, RECTUM                     | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 45999 | UNLISTED PROCEDURE, RECTUM                     | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 45999 | UNLISTED PROCEDURE, RECTUM                     | No                  |     |                   | PRICHO                     |
| 46020 | Placement of seton                             | No                  |     |                   | ALL                        |
| 46030 | Removal of anal seton, other marker            | No                  |     |                   | ALL                        |
| 46030 | Removal of anal seton, other marker            | Not Covered         |     |                   | CAID                       |
| 46040 | Incision and drainage of ischiorectal and/o    | No                  |     |                   | ALL                        |
| 46045 | Incision and drainage of intramural, intram    | No                  |     |                   | ALL                        |
| 46050 | Incision and drainage, perianal abscess, s     | No                  |     |                   | ALL                        |
| 46060 | Incision and drainage of ischiorectal or intr  | No                  |     |                   | ALL                        |
| 46070 | Incision, anal septum (infant)                 | No                  |     |                   | ALL                        |
| 46080 | Sphincterotomy, anal, division of sphincter    | No                  |     |                   | ALL                        |
| 46083 | Incision of thrombosed hemorrhoid, extern      | No                  |     |                   | ALL                        |
| 46200 | Fissurectomy, with or without sphincteroto     | No                  |     |                   | ALL                        |
| 46210 | Cryptectomy; single                            | No                  |     |                   | ALL                        |
| 46211 | Cryptectomy; multiple (separate procedure      | No                  |     |                   | ALL                        |
| 46220 | Papillectomy or excision of single tag, anu    | No                  |     |                   | ALL                        |
| 46221 | Hemorrhoidectomy, by simple ligature (eg,      | No                  |     |                   | ALL                        |
| 46230 | Excision of external hemorrhoid tags and/c     | No                  |     |                   | ALL                        |
| 46250 | Hemorrhoidectomy, external, complete           | No                  |     |                   | ALL                        |
| 46255 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46257 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46258 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46260 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46261 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46262 | Hemorrhoidectomy, internal and external,       | No                  |     |                   | ALL                        |
| 46270 | Surgical treatment of anal fistula (fistulect  | No                  |     |                   | ALL                        |
| 46275 | Surgical treatment of anal fistula (fistulect  | No                  |     |                   | ALL                        |
| 46280 | Surgical treatment of anal fistula (fistulect  | No                  |     |                   | ALL                        |
| 46285 | Surgical treatment of anal fistula (fistulect  | No                  |     |                   | ALL                        |
| 46288 | Closure of anal fistula with rectal advancer   | No                  |     |                   | ALL                        |
| 46320 | Enucleation or excision of external thromb     | No                  |     |                   | ALL                        |
| 46500 | Injection of sclerosing solution, hemorrhoid   | No                  |     |                   | ALL                        |
| 46505 | Chemodenervation of internal anal sphinct      | No                  |     |                   | ALL                        |
| 46600 | Anoscopy; diagnostic, with or without colle    | No                  |     |                   | ALL                        |
| 46601 | Anoscopy; diagnostic, with high-resolution     | No                  |     |                   | ALL                        |
| 46604 | Anoscopy; with dilation (eg, balloon, guide    | No                  |     |                   | ALL                        |
| 46606 | Anoscopy; with biopsy, single or multiple      | No                  |     |                   | ALL                        |
| 46607 | Anoscopy; with high-resolution magnificati     | No                  |     |                   | ALL                        |
| 46608 | Anoscopy; with removal of foreign body         | No                  |     |                   | ALL                        |
| 46610 | Anoscopy; with removal of single tumor, pe     | No                  |     |                   | ALL                        |
| 46611 | Anoscopy; with removal of single tumor, pe     | No                  |     |                   | ALL                        |
| 46612 | Anoscopy; with removal of multiple tumors      | No                  |     |                   | ALL                        |
| 46614 | Anoscopy; with control of bleeding (eg, inj    | No                  |     |                   | ALL                        |
| 46615 | Anoscopy; with ablation of tumor(s), polyp     | No                  |     |                   | ALL                        |
| 46700 | Anoplasty, plastic operation for stricture; a  | No                  |     |                   | ALL                        |
| 46705 | Anoplasty, plastic operation for stricture; in | No                  |     |                   | ALL                        |
| 46706 | REPAIR OF ANAL FISTULA WITH FIBRIN             | No                  |     |                   | ALL                        |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH FIBRIN        | Not Covered         |     |                   | ALL (Except Caid, MMP)     |
| 46707 | REPAIR OF ANORECTAL FISTULA WITH FIBRIN        |                     |     |                   | Caid, MMP                  |
| 46710 | Repr per/vag pouch sngl proc                   | No                  |     |                   | ALL                        |
| 46712 | Repr per/vag pouch dbl proc                    | No                  |     |                   | ALL                        |
| 46715 | Repair of low imperforate anus; with anop      | No                  |     |                   | ALL                        |
| 46716 | Repair of low imperforate anus; with transp    | No                  |     |                   | ALL                        |
| 46730 | Repair of high imperforate anus without fis    | No                  |     |                   | ALL                        |
| 46735 | Repair of high imperforate anus without fis    | No                  |     |                   | ALL                        |
| 46740 | Repair of high imperforate anus with recto     | No                  |     |                   | ALL                        |
| 46742 | Repair of high imperforate anus with recto     | No                  |     |                   | ALL                        |
| 46744 | Repair of cloacal anomaly by anorectovagi      | No                  |     |                   | ALL                        |
| 46746 | Repair of cloacal anomaly by anorectovagi      | No                  |     |                   | ALL                        |
| 46748 | Repair of cloacal anomaly by anorectovagi      | No                  |     |                   | ALL                        |
| 46750 | Sphincteroplasty, anal, for incontinence or    | No                  |     |                   | ALL                        |
| 46751 | Sphincteroplasty, anal, for incontinence or    | No                  |     |                   | ALL                        |
| 46753 | Graft (Thiersch operation) for rectal incont   | No                  |     |                   | ALL                        |
| 46754 | Removal of Thiersch wire or suture, anal c     | No                  |     |                   | ALL                        |
| 46760 | Sphincteroplasty, anal, for incontinence, a    | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 46761 | Sphincteroplasty, anal, for incontinence, a      | No                  |     |                   | ALL                        |
| 46762 | Sphincteroplasty, anal, for incontinence, a      | No                  |     |                   | ALL                        |
| 46900 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46910 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46916 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46917 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46922 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46924 | Destruction of lesion(s), anus (eg, condylo      | No                  |     |                   | ALL                        |
| 46930 | Destruction of internal hemorrhoid(s) by th      | No                  |     |                   | ALL                        |
| 46940 | Curettage or cautery of anal fissure, includ     | No                  |     |                   | ALL                        |
| 46942 | Curettage or cautery of anal fissure, includ     | No                  |     |                   | ALL                        |
| 46945 | Ligation of internal hemorrhoids; single pro     | No                  |     |                   | ALL                        |
| 46946 | Ligation of internal hemorrhoids; multiple p     | No                  |     |                   | ALL                        |
| 46947 | Hemorrhoidopexy (eg, for prolapsing intern       | No                  |     |                   | ALL                        |
| 46948 | Hemorrhoidectomy, internal, by transanal t       | No                  |     |                   | ALL                        |
| 46999 | UNLISTED PROCEDURE, ANUS                         | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 46999 | UNLISTED PROCEDURE, ANUS                         | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 46999 | UNLISTED PROCEDURE, ANUS                         | No                  |     |                   | PRICHO                     |
| 47000 | Biopsy of liver, needle; percutaneous            | No                  |     |                   | ALL                        |
| 47001 | Biopsy of liver, needle; when done for indic     | No                  |     |                   | ALL                        |
| 47010 | Hepatotomy; for open drainage of abscess         | No                  |     |                   | ALL                        |
| 47015 | Laparotomy, with aspiration and/or injectio      | No                  |     |                   | ALL                        |
| 47100 | Biopsy of liver, wedge                           | No                  |     |                   | ALL                        |
| 47120 | Hepatectomy, resection of liver; partial lob     | No                  |     |                   | ALL                        |
| 47122 | Hepatectomy, resection of liver; trisegmen       | No                  |     |                   | ALL                        |
| 47125 | Hepatectomy, resection of liver; total left l    | No                  |     |                   | ALL                        |
| 47130 | Hepatectomy, resection of liver; total right     | No                  |     |                   | ALL                        |
| 47133 | DONOR HEPATECTOMY (INCLUDING C                   | No                  |     |                   | ALL (Except Caid)          |
| 47133 | DONOR HEPATECTOMY (INCLUDING C                   | Yes                 |     |                   | Caid                       |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTH                  | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47135 | LIVER ALLOTRANSPLANTATION; ORTH                  | Yes                 |     |                   | Caid, MMP                  |
| 47140 | DONOR HEPATECTOMY, INCLUDING C                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47140 | DONOR HEPATECTOMY, INCLUDING C                   | Yes                 |     |                   | Caid, MMP                  |
| 47141 | DONOR HEPATECTOMY, INCLUDING C                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47141 | DONOR HEPATECTOMY, INCLUDING C                   | Yes                 |     |                   | Caid, MMP                  |
| 47142 | DONOR HEPATECTOMY, INCLUDING C                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47142 | DONOR HEPATECTOMY, INCLUDING C                   | Yes                 |     |                   | Caid, MMP                  |
| 47143 | BACKBENCH STANDARD PREP OF CAI                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47143 | BACKBENCH STANDARD PREP OF CAI                   | Yes                 |     |                   | Caid, MMP                  |
| 47144 | BACKBENCH STANDARD PREP OF CAI                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47144 | BACKBENCH STANDARD PREP OF CAI                   | Yes                 |     |                   | Caid, MMP                  |
| 47145 | BACKBENCH STANDARD PREP OF CAI                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47145 | BACKBENCH STANDARD PREP OF CAI                   | Yes                 |     |                   | Caid, MMP                  |
| 47146 | BACKBENCH RECONSTRUCTION OF C                    | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47146 | BACKBENCH RECONSTRUCTION OF C                    | Yes                 |     |                   | Caid, MMP                  |
| 47147 | BACKBENCH RECONSTRUCTION OF C                    | No                  |     |                   | ALL (Except Caid, MMP)     |
| 47147 | BACKBENCH RECONSTRUCTION OF C                    | Yes                 |     |                   | Caid, MMP                  |
| 47300 | Marsupialization of cyst or abscess of liver     | No                  |     |                   | ALL                        |
| 47350 | Management of liver hemorrhage; simple s         | No                  |     |                   | ALL                        |
| 47360 | Management of liver hemorrhage; comple           | No                  |     |                   | ALL                        |
| 47361 | Management of liver hemorrhage; explorat         | No                  |     |                   | ALL                        |
| 47362 | Management of liver hemorrhage; re-explc         | No                  |     |                   | ALL                        |
| 47370 | Laparoscopy, surgical, ablation of one or n      | No                  |     |                   | ALL                        |
| 47371 | Laparoscopy, surgical, ablation of one or n      | No                  |     |                   | ALL                        |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDU                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDU                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 47379 | UNLISTED LAPAROSCOPIC PROCEDU                    | No                  |     |                   | PRICHO                     |
| 47380 | OPEN RADIOFREQUENCY ABLATION C                   | No                  |     |                   | ALL                        |
| 47381 | Ablation, open, of one or more liver tumor       | No                  |     |                   | ALL                        |
| 47382 | PERCUTANEOUS RADIOFREQUENCY /                    | No                  |     |                   | ALL                        |
| 47383 | Ablation, 1 or more liver tumor(s), percutar     | No                  |     |                   | ALL                        |
| 47399 | UNLISTED PROCEDURE, LIVER                        | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 47399 | UNLISTED PROCEDURE, LIVER                        | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 47399 | UNLISTED PROCEDURE, LIVER                        | No                  |     |                   | PRICHO                     |
| 47400 | Hepaticotomy or hepaticostomy with explo         | No                  |     |                   | ALL                        |
| 47420 | Choledochotomy or choledochostomy with           | No                  |     |                   | ALL                        |
| 47425 | Choledochotomy or choledochostomy with           | No                  |     |                   | ALL                        |
| 47460 | Transduodenal sphincterotomy or sphincte         | No                  |     |                   | ALL                        |
| 47480 | Cholecystotomy or cholecystostomy, open          | No                  |     |                   | ALL                        |
| 47490 | Cholecystostomy, percutaneous, complete          | No                  |     |                   | ALL                        |
| 47531 | Injection procedure for cholangiography, percuta | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                          | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 47532 | Injection procedure for cholangiography, percuta     | No                  |     |                   | ALL                        |
| 47533 | Placement of biliary drainage catheter, percutar     | No                  |     |                   | ALL                        |
| 47534 | Placement of biliary drainage catheter, percutar     | No                  |     |                   | ALL                        |
| 47535 | Conversion of external biliary drainage catheter     | No                  |     |                   | ALL                        |
| 47536 | Exchange of biliary drainage catheter (e.g. exter    | No                  |     |                   | ALL                        |
| 47537 | Removal of biliary drainage catheter, percutane      | No                  |     |                   | ALL                        |
| 47538 | Placement of stents in bile duct, percutaneous, i    | No                  |     |                   | ALL                        |
| 47539 | Placement of stents in bile duct, percutaneous, i    | No                  |     |                   | ALL                        |
| 47540 | Placement of stents in bile duct, percutaneous, i    | No                  |     |                   | ALL                        |
| 47541 | Placement of access through the biliary tree and     | No                  |     |                   | ALL                        |
| 47542 | Balloon dilation of biliary duct(s) or of ampulla (s | No                  |     |                   | ALL                        |
| 47543 | Endoluminal biopsy(ies) of biliary tree, percutane   | No                  |     |                   | ALL                        |
| 47544 | Removal of calculi/debris from biliary duct(s) and   | No                  |     |                   | ALL                        |
| 47550 | Biliary endoscopy, intraoperative (choledoc          | No                  |     |                   | ALL                        |
| 47552 | Biliary endoscopy, percutaneous via T-tub            | No                  |     |                   | ALL                        |
| 47553 | Biliary endoscopy, percutaneous via T-tub            | No                  |     |                   | ALL                        |
| 47554 | Biliary endoscopy, percutaneous via T-tub            | No                  |     |                   | ALL                        |
| 47555 | Biliary endoscopy, percutaneous via T-tub            | No                  |     |                   | ALL                        |
| 47556 | Biliary endoscopy, percutaneous via T-tub            | No                  |     |                   | ALL                        |
| 47562 | Laparoscopy, surgical; cholecystectomy               | No                  |     |                   | ALL                        |
| 47563 | Laparoscopy, surgical; cholecystectomy w             | No                  |     |                   | ALL                        |
| 47564 | Laparoscopy, surgical; cholecystectomy w             | No                  |     |                   | ALL                        |
| 47570 | Laparoscopy, surgical; cholecystoenterost            | No                  |     |                   | ALL                        |
| 47579 | UNLISTED LAPAROSCOPY PROCEDUR                        | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 47579 | UNLISTED LAPAROSCOPY PROCEDUR                        | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 47579 | UNLISTED LAPAROSCOPY PROCEDUR                        | No                  |     |                   | PRICHO                     |
| 47600 | Cholecystectomy;                                     | No                  |     |                   | ALL                        |
| 47605 | Cholecystectomy; with cholangiography                | No                  |     |                   | ALL                        |
| 47610 | Cholecystectomy with exploration of comm             | No                  |     |                   | ALL                        |
| 47612 | Cholecystectomy with exploration of comm             | No                  |     |                   | ALL                        |
| 47620 | Cholecystectomy with exploration of comm             | No                  |     |                   | ALL                        |
| 47700 | Exploration for congenital atresia of bile du        | No                  |     |                   | ALL                        |
| 47701 | Portoenterostomy (eg, Kasai procedure)               | No                  |     |                   | ALL                        |
| 47711 | Excision of bile duct tumor, with or without         | No                  |     |                   | ALL                        |
| 47712 | Excision of bile duct tumor, with or without         | No                  |     |                   | ALL                        |
| 47715 | Excision of choledochal cyst                         | No                  |     |                   | ALL                        |
| 47720 | Cholecystoenterostomy; direct                        | No                  |     |                   | ALL                        |
| 47721 | Cholecystoenterostomy; with gastroentero             | No                  |     |                   | ALL                        |
| 47740 | Cholecystoenterostomy; Roux-en-Y                     | No                  |     |                   | ALL                        |
| 47741 | Cholecystoenterostomy; Roux-en-Y with g              | No                  |     |                   | ALL                        |
| 47760 | Anastomosis, of extrahepatic biliary ducts           | No                  |     |                   | ALL                        |
| 47765 | Anastomosis, of intrahepatic ducts and ga            | No                  |     |                   | ALL                        |
| 47780 | Anastomosis, Roux-en-Y, of extrahepatic b            | No                  |     |                   | ALL                        |
| 47785 | Anastomosis, Roux-en-Y, of intrahepatic b            | No                  |     |                   | ALL                        |
| 47800 | Reconstruction, plastic, of extrahepatic bili        | No                  |     |                   | ALL                        |
| 47801 | Placement of choledochal stent                       | No                  |     |                   | ALL                        |
| 47900 | Suture of extrahepatic biliary duct for pre-e        | No                  |     |                   | ALL                        |
| 47999 | UNLISTED PROCEDURE, BILIARY TRAC                     | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 47999 | UNLISTED PROCEDURE, BILIARY TRAC                     | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 47999 | UNLISTED PROCEDURE, BILIARY TRAC                     | No                  |     |                   | PRICHO                     |
| 48000 | Placement of drains, peripancreatic, for ad          | No                  |     |                   | ALL                        |
| 48001 | Placement of drains, peripancreatic, for ad          | No                  |     |                   | ALL                        |
| 48020 | Removal of pancreatic calculus                       | No                  |     |                   | ALL                        |
| 48100 | Biopsy of pancreas, open (eg, fine needle            | No                  |     |                   | ALL                        |
| 48102 | Biopsy of pancreas, percutaneous needle              | No                  |     |                   | ALL                        |
| 48105 | RESECTION OR DEBRIDEMENT OF PAN                      | No                  |     |                   | ALL                        |
| 48120 | Excision of lesion of pancreas (eg, cyst, ad         | No                  |     |                   | ALL                        |
| 48140 | Pancreatectomy, distal subtotal, with or wi          | No                  |     |                   | ALL                        |
| 48145 | Pancreatectomy, distal subtotal, with or wi          | No                  |     |                   | ALL                        |
| 48146 | Pancreatectomy, distal, near-total with pre          | No                  |     |                   | ALL                        |
| 48148 | Excision of ampulla of Vater                         | No                  |     |                   | ALL                        |
| 48150 | Pancreatectomy, proximal subtotal with tot           | No                  |     |                   | ALL                        |
| 48152 | Pancreatectomy, proximal subtotal with tot           | No                  |     |                   | ALL                        |
| 48153 | Pancreatectomy, proximal subtotal with ne            | No                  |     |                   | ALL                        |
| 48154 | Pancreatectomy, proximal subtotal with ne            | No                  |     |                   | ALL                        |
| 48155 | Pancreatectomy, total                                | No                  |     |                   | ALL                        |
| 48160 | PANCREATECTOMY, TOTAL OR SUBTO                       | No                  |     |                   | ALL                        |
| 48400 | Injection procedure for intraoperative panc          | No                  |     |                   | ALL                        |
| 48500 | Marsupialization of pancreatic cyst                  | No                  |     |                   | ALL                        |
| 48510 | External drainage, pseudocyst of pancreas            | No                  |     |                   | ALL                        |
| 48520 | Internal anastomosis of pancreatic cyst to           | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|---------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 48540 | Internal anastomosis of pancreatic cyst to        | No                  |     |                   | ALL                        |
| 48545 | Pancreatorrhaphy for injury                       | No                  |     |                   | ALL                        |
| 48547 | Duodenal exclusion with gastrojejunostom          | No                  |     |                   | ALL                        |
| 48548 | PANCREATICOJEJUNOSTOMY, SIDE-T                    | No                  |     |                   | ALL                        |
| 48550 | DONOR PANCREATECTOMY, INCLUDIN                    | No                  |     |                   | ALL                        |
| 48551 | BACKBENCH STANDARD PREP OF CAI                    | No                  |     |                   | ALL (Except Caid, MMP)     |
| 48551 | BACKBENCH STANDARD PREP OF CAI                    | Yes                 |     |                   | CAID, MMP                  |
| 48552 | BACKBENCH STANDARD PREP OF CAI                    | No                  |     |                   | ALL (Except Caid, MMP)     |
| 48552 | BACKBENCH STANDARD PREP OF CAI                    | Yes                 |     |                   | CAID, MMP                  |
| 48554 | TRANSPLANTATION OF PANCREATIC J                   | No                  |     |                   | ALL (Except Caid, MMP)     |
| 48554 | TRANSPLANTATION OF PANCREATIC J                   | Yes                 |     |                   | CAID, MMP                  |
| 48556 | REMOVAL OF TRANSPLANTED PANCR                     | No                  |     |                   | ALL                        |
| 48999 | UNLISTED PROCEDURE, PANCREAS                      | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 48999 | UNLISTED PROCEDURE, PANCREAS                      | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 48999 | UNLISTED PROCEDURE, PANCREAS                      | No                  |     |                   | PRICHO                     |
| 49000 | Exploratory laparotomy, exploratory celiot        | No                  |     |                   | ALL                        |
| 49002 | Reopening of recent laparotomy                    | No                  |     |                   | ALL                        |
| 49010 | Exploration, retroperitoneal area with or wi      | No                  |     |                   | ALL                        |
| 49013 | Preperitoneal pelvic packing for hemorrhag        | No                  |     |                   | ALL                        |
| 49014 | Re-exploration of pelvic wound with remov         | No                  |     |                   | ALL                        |
| 49020 | Drainage of peritoneal abscess or localize        | No                  |     |                   | ALL                        |
| 49040 | Drainage of subdiaphragmatic or subphrer          | No                  |     |                   | ALL                        |
| 49060 | Drainage of retroperitoneal abscess; open         | No                  |     |                   | ALL                        |
| 49062 | Drainage of extraperitoneal lymphocele to         | No                  |     |                   | ALL                        |
| 49082 | Abdominal paracentesis (diagnostic or the         | No                  |     |                   | ALL                        |
| 49083 | Abdominal paracentesis (diagnostic or the         | No                  |     |                   | ALL                        |
| 49084 | Peritoneal lavage, including imaging guida        | No                  |     |                   | ALL                        |
| 49180 | Biopsy, abdominal or retroperitoneal mass         | No                  |     |                   | ALL                        |
| 49185 | Sclerotherapy of a fluid collection (e.g., lympho | No                  |     |                   | ALL                        |
| 49186 | Excision or destruction, open, intra-abdom        | No                  |     |                   | ALL                        |
| 49187 | Excision or destruction, open, intra-abdom        | No                  |     |                   | ALL                        |
| 49188 | Excision or destruction, open, intra-abdom        | No                  |     |                   | ALL                        |
| 49189 | Excision or destruction, open, intra-abdom        | No                  |     |                   | ALL                        |
| 49190 | Excision or destruction, open, intra-abdom        | No                  |     |                   | ALL                        |
| 49215 | Excision of presacral or sacrococcygeal tu        | No                  |     |                   | ALL                        |
| 49220 | Staging laparotomy for Hodgkins disease           | No                  |     |                   | ALL                        |
| 49250 | Umbilectomy, omphalectomy, excision of u          | No                  |     |                   | ALL                        |
| 49255 | Omentectomy, epiploectomy, resection of           | No                  |     |                   | ALL                        |
| 49320 | Laparoscopy, abdomen, peritoneum, and c           | No                  | *   |                   | ALL                        |
| 49321 | Laparoscopy, surgical; with biopsy (single        | No                  | *   |                   | ALL                        |
| 49322 | Laparoscopy, surgical; with aspiration of c       | No                  | *   |                   | ALL                        |
| 49323 | Laparoscopy, surgical; with drainage of lyn       | No                  | -   |                   | ALL                        |
| 49324 | Laparoscopy, surgical; with insertion of tur      | No                  |     |                   | ALL                        |
| 49325 | LAPAROSCOPY, SURGICAL; W/REVISIO                  | No                  |     |                   | ALL                        |
| 49326 | LAPAROSCOPY, SURGICAL; WITH OME                   | No                  |     |                   | ALL                        |
| 49327 | Laparoscopy, surgical; with placement of i        | No                  |     |                   | ALL                        |
| 49329 | UNLISTED LAPAROSCOPY PROCEDUR                     | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 49329 | UNLISTED LAPAROSCOPY PROCEDUR                     | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 49329 | UNLISTED LAPAROSCOPY PROCEDUR                     | No                  |     |                   | PRICHO                     |
| 49400 | Injection of air or contrast into peritoneal c    | No                  |     |                   | ALL                        |
| 49402 | REMOVAL OF PERITONEAL FOREIGN B                   | No                  |     |                   | ALL                        |
| 49405 | Image-guided fluid collection drainage by c       | No                  |     |                   | ALL                        |
| 49406 | Image-guided fluid collection drainage by c       | No                  |     |                   | ALL                        |
| 49407 | Image-guided fluid collection drainage by c       | No                  |     |                   | ALL                        |
| 49411 | PLACE INTERSTITIAL DEVICE(S) FOR F                | No                  |     |                   | ALL                        |
| 49412 | Placement of interstitial device(s) for radia     | No                  |     |                   | ALL                        |
| 49418 | Insertion of tunneled intraperitoneal cathet      | No                  |     |                   | ALL                        |
| 49419 | Insertion of tunneled intraperitoneal cathet      | No                  |     |                   | ALL                        |
| 49421 | Insertion of tunneled intraperitoneal cathet      | No                  |     |                   | ALL                        |
| 49422 | Removal of tunneled intraperitoneal cathet        | No                  |     |                   | ALL                        |
| 49423 | Exchange of previously placed abscess or          | No                  |     |                   | ALL                        |
| 49424 | Contrast injection for assessment of absce        | No                  |     |                   | ALL                        |
| 49425 | Insertion of peritoneal-venous shunt              | No                  |     |                   | ALL                        |
| 49426 | Revision of peritoneal-venous shunt               | No                  |     |                   | ALL                        |
| 49427 | Injection procedure (eg, contrast media) fo       | No                  |     |                   | ALL                        |
| 49428 | Ligation of peritoneal-venous shunt               | No                  |     |                   | ALL                        |
| 49429 | Removal of peritoneal-venous shunt                | No                  |     |                   | ALL                        |
| 49435 | INSERTION OF SUBCUTANEOUS EXTE                    | No                  |     |                   | ALL                        |
| 49436 | DELAYED CREATION OF EXIT SITE FR                  | No                  |     |                   | ALL                        |
| 49440 | INSERTION OF GASTROSTOMY TUBE,                    | No                  |     |                   | ALL                        |
| 49441 | INSERTION OF DUODENOSTOMY OR J                    | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 49442 | INSERTION OF CECOSTOMY OR OTHE                   | No                  |     |                   | ALL                        |
| 49446 | CONVERSION OF GASTROSTOMY TUB                    | No                  |     |                   | ALL                        |
| 49450 | REPLACEMENT OF GASTROSTOMY OF                    | No                  |     |                   | ALL                        |
| 49451 | REPLACEMENT OF DUODENOSTOMY (                    | No                  |     |                   | ALL                        |
| 49452 | REPLACEMENT OF GASTRO-JEJUNOS                    | No                  |     |                   | ALL                        |
| 49460 | MECHANICAL REMOVAL OF OBSTRUC                    | No                  |     |                   | ALL                        |
| 49465 | CONTRAST INJECTION(S) FOR RADIOL                 | No                  |     |                   | ALL                        |
| 49491 | Repair, initial inguinal hernia, preterm infar   | No                  |     |                   | ALL                        |
| 49492 | Repair, initial inguinal hernia, preterm infar   | No                  |     |                   | ALL                        |
| 49495 | Repair, initial inguinal hernia, full term infar | No                  |     |                   | ALL                        |
| 49496 | Repair, initial inguinal hernia, full term infar | No                  |     |                   | ALL                        |
| 49500 | Repair initial inguinal hernia, age 6 months     | No                  |     |                   | ALL                        |
| 49501 | Repair initial inguinal hernia, age 6 months     | No                  |     |                   | ALL                        |
| 49505 | Repair initial inguinal hernia, age 5 years c    | No                  |     |                   | ALL                        |
| 49507 | Repair initial inguinal hernia, age 5 years c    | No                  |     |                   | ALL                        |
| 49520 | Repair recurrent inguinal hernia, any age;       | No                  |     |                   | ALL                        |
| 49521 | Repair recurrent inguinal hernia, any age;       | No                  |     |                   | ALL                        |
| 49525 | Repair inguinal hernia, sliding, any age         | No                  |     |                   | ALL                        |
| 49540 | Repair lumbar hernia                             | No                  |     |                   | ALL                        |
| 49550 | Repair initial femoral hernia, any age; redu     | No                  |     |                   | ALL                        |
| 49553 | Repair initial femoral hernia, any age; inca     | No                  |     |                   | ALL                        |
| 49555 | Repair recurrent femoral hernia; reducible       | No                  |     |                   | ALL                        |
| 49557 | Repair recurrent femoral hernia; incarcerated    | No                  |     |                   | ALL                        |
| 49591 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49592 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49593 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49594 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49595 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49596 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49600 | Repair of small omphalocele, with primary        | No                  |     |                   | ALL                        |
| 49605 | Repair of large omphalocele or gastroschi        | No                  |     |                   | ALL                        |
| 49606 | Repair of large omphalocele or gastroschi        | No                  |     |                   | ALL                        |
| 49610 | Repair of omphalocele (Gross type operati        | No                  |     |                   | ALL                        |
| 49611 | Repair of omphalocele (Gross type operati        | No                  |     |                   | ALL                        |
| 49613 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49614 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49615 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49616 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49617 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49618 | Repair of anterior abdominal hernia(s) (ie,      | No                  |     |                   | ALL                        |
| 49621 | Repair of parastomal hernia, any approach        | No                  |     |                   | ALL                        |
| 49622 | Repair of parastomal hernia, any approach        | No                  |     |                   | ALL                        |
| 49623 | Removal of total or near total non-infected      | No                  |     |                   | ALL                        |
| 49650 | Laparoscopy, surgical; repair initial inguina    | No                  |     |                   | ALL                        |
| 49651 | Laparoscopy, surgical; repair recurrent ing      | No                  |     |                   | ALL                        |
| 49659 | UNLISTED LAPAROSCOPY PROCEDUR                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 49659 | UNLISTED LAPAROSCOPY PROCEDUR                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 49659 | UNLISTED LAPAROSCOPY PROCEDUR                    | No                  |     |                   | PRICHO                     |
| 49900 | Suture, secondary, of abdominal wall for e       | No                  |     |                   | ALL                        |
| 49904 | OMENTAL FLAP, EXTRA-ABDOMINAL (E                 | No                  |     |                   | ALL                        |
| 49905 | Omental flap, intra-abdominal (List separa       | No                  |     |                   | ALL                        |
| 49906 | Free omental flap with microvascular anas        | No                  |     |                   | ALL                        |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PI                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PI                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 49999 | UNLISTED PROCEDURE, ABDOMEN, PI                  | No                  |     |                   | PRICHO                     |
| 50010 | Renal exploration, not necessitating other       | No                  |     |                   | ALL                        |
| 50020 | Drainage of perirenal or renal abscess; op       | No                  |     |                   | ALL                        |
| 50040 | Nephrostomy, nephrotomy with drainage            | No                  |     |                   | ALL                        |
| 50045 | Nephrotomy, with exploration                     | No                  |     |                   | ALL                        |
| 50060 | Nephrolithotomy; removal of calculus             | No                  |     |                   | ALL                        |
| 50065 | Nephrolithotomy; secondary surgical opera        | No                  |     |                   | ALL                        |
| 50070 | Nephrolithotomy; complicated by congenit         | No                  |     |                   | ALL                        |
| 50075 | Nephrolithotomy; removal of large staghor        | No                  |     |                   | ALL                        |
| 50080 | Percutaneous nephrostolithotomy or pyelo         | No                  |     |                   | ALL                        |
| 50081 | Percutaneous nephrostolithotomy or pyelo         | No                  |     |                   | ALL                        |
| 50100 | Transection or repositioning of aberrant re      | No                  |     |                   | ALL                        |
| 50120 | Pyelotomy; with exploration                      | No                  |     |                   | ALL                        |
| 50125 | Pyelotomy; with drainage, pyelostomy             | No                  |     |                   | ALL                        |
| 50130 | Pyelotomy; with removal of calculus (pyel        | No                  |     |                   | ALL                        |
| 50200 | Renal biopsy; percutaneous, by trocar or n       | No                  |     |                   | ALL                        |
| 50205 | Renal biopsy; by surgical exposure of kidn       | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|----------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 50220 | Nephrectomy, including partial ureterectomy        | No                  |     |                   | ALL                        |
| 50225 | Nephrectomy, including partial ureterectomy        | No                  |     |                   | ALL                        |
| 50230 | Nephrectomy, including partial ureterectomy        | No                  |     |                   | ALL                        |
| 50234 | Nephrectomy with total ureterectomy and t          | No                  |     |                   | ALL                        |
| 50236 | Nephrectomy with total ureterectomy and t          | No                  |     |                   | ALL                        |
| 50240 | Nephrectomy, partial                               | No                  |     |                   | ALL                        |
| 50250 | Ablation, open, 1 or more renal mass lesio         | No                  |     |                   | ALL                        |
| 50280 | Excision or unroofing of cyst(s) of kidney         | No                  |     |                   | ALL                        |
| 50290 | Excision of perinephric cyst                       | No                  |     |                   | ALL                        |
| 50300 | DONOR NEPHRECTOMY, INCLUDING C                     | No                  |     |                   | ALL                        |
| 50320 | DONOR NEPHRECTOMY, INCLUDING C                     | No                  |     |                   | ALL                        |
| 50323 | BACKBENCH STANDARD PREP OF CAI                     | No                  |     |                   | ALL                        |
| 50325 | BACKBENCH STANDARD PREP OF LIV                     | No                  |     |                   | ALL                        |
| 50327 | BACKBENCH RECONSTRUCTION OF C                      | No                  |     |                   | ALL                        |
| 50328 | BACKBENCH RECONSTRUCTION OF C                      | No                  |     |                   | ALL                        |
| 50329 | BACKBENCH RECONSTRUCTION OF C                      | No                  |     |                   | ALL                        |
| 50340 | RECIPIENT NEPHRECTOMY (SEPARAT                     | No                  |     |                   | ALL                        |
| 50360 | RENAL ALLOTRANSPLANTATION, IMPL                    | No                  |     |                   | ALL                        |
| 50365 | RENAL ALLOTRANSPLANTATION, IMPL                    | No                  |     |                   | ALL                        |
| 50370 | REMOVAL OF TRANSPLANTED RENAL                      | No                  |     |                   | ALL                        |
| 50380 | Renal autotransplantation, reimplantation          | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 50380 | Renal autotransplantation, reimplantation          | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 50380 | Renal autotransplantation, reimplantation          | No                  |     |                   | PRICHO                     |
| 50382 | Change ureter stent, percut                        | No                  |     |                   | ALL                        |
| 50384 | Remove ureter stent, percut                        | No                  |     |                   | ALL                        |
| 50385 | REMOVAL VIA SNARE/CAPTURE) AND                     | No                  |     |                   | ALL                        |
| 50386 | REMOVAL VIA SNARE/CAPTURE) OF IN                   | No                  |     |                   | ALL                        |
| 50387 | Change ext/int ureter stent                        | No                  |     |                   | ALL                        |
| 50389 | Remove renal tube w/fluoro                         | No                  |     |                   | ALL                        |
| 50390 | Aspiration and/or injection of renal cyst or       | No                  |     |                   | ALL                        |
| 50391 | Instillation(s) of therapeutic agent into renal    | No                  |     |                   | ALL                        |
| 50396 | Manometric studies through nephrostomy             | No                  |     |                   | ALL                        |
| 50400 | Pyeloplasty (Foley Y-pyeloplasty), plastic c       | No                  |     |                   | ALL                        |
| 50405 | Pyeloplasty (Foley Y-pyeloplasty), plastic c       | No                  |     |                   | ALL                        |
| 50430 | Injection procedure for antegrade nephrostogram    | No                  |     |                   | ALL                        |
| 50431 | Injection procedure for antegrade nephrostogram    | No                  |     |                   | ALL                        |
| 50432 | Placement of nephrostomy catheter, percutaneous    | No                  |     |                   | ALL                        |
| 50433 | Placement of nephroureteral catheter, percutaneous | No                  |     |                   | ALL                        |
| 50434 | Convert nephrostomy catheter to nephroureteral     | No                  |     |                   | ALL                        |
| 50435 | Exchange nephrostomy catheter, percutaneous,       | No                  |     |                   | ALL                        |
| 50436 | Dilation of existing tract, percutaneous, for      | No                  |     |                   | ALL                        |
| 50437 | Dilation of existing tract, percutaneous, for      | No                  |     |                   | ALL                        |
| 50500 | Nephrorrhaphy, suture of kidney wound or           | No                  |     |                   | ALL                        |
| 50520 | Closure of nephrocutaneous or pyelocutan           | No                  |     |                   | ALL                        |
| 50525 | Closure of nephrovisceral fistula (eg, renal       | No                  |     |                   | ALL                        |
| 50526 | Closure of nephrovisceral fistula (eg, renal       | No                  |     |                   | ALL                        |
| 50540 | Symphysiotomy for horseshoe kidney with            | No                  |     |                   | ALL                        |
| 50541 | Laparoscopy, surgical; ablation of renal cy        | No                  |     |                   | ALL                        |
| 50542 | Laparoscopy, surgical; ablation of renal m         | No                  |     |                   | ALL                        |
| 50543 | PARTIAL NEPHRECTOMY                                | No                  |     |                   | ALL                        |
| 50544 | Laparoscopy, surgical; pyeloplasty                 | No                  |     |                   | ALL                        |
| 50545 | Laparoscopy, surgical; radical nephrectom          | No                  |     |                   | ALL                        |
| 50546 | Laparoscopy, surgical; nephrectomy, inclu          | No                  |     |                   | ALL                        |
| 50547 | DONOR NEPHRECTOMY (INCLUDING                       | No                  |     |                   | ALL                        |
| 50548 | Laparoscopy, surgical; nephrectomy with t          | No                  |     |                   | ALL                        |
| 50549 | UNLISTED LAPAROSCOPY PROCEDUR                      | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 50549 | UNLISTED LAPAROSCOPY PROCEDUR                      | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 50549 | UNLISTED LAPAROSCOPY PROCEDUR                      | No                  |     |                   | PRICHO                     |
| 50551 | Renal endoscopy through established nep            | No                  |     |                   | ALL                        |
| 50553 | Renal endoscopy through established nep            | No                  |     |                   | ALL                        |
| 50555 | Renal endoscopy through established nep            | No                  |     |                   | ALL                        |
| 50557 | Renal endoscopy through established nep            | No                  |     |                   | ALL                        |
| 50561 | Renal endoscopy through established nep            | No                  |     |                   | ALL                        |
| 50562 | RENAL ENDOSCOPY THROUGH ESTAB                      | No                  |     |                   | ALL                        |
| 50570 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50572 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50574 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50575 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50576 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50580 | Renal endoscopy through nephrotomy or p            | No                  |     |                   | ALL                        |
| 50590 | Lithotripsy, extracorporeal shock wave             | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                                           | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 50592 | ABLATION, ONE OR MORE RENAL TUMOR(S), UNILATERAL                      | No                  |     |                   | ALL                        |
| 50593 | ABLATION, RENAL TUMOR(S), UNILATERAL                                  | No                  |     |                   | ALL                        |
| 50600 | Ureterotomy with exploration or drainage (open)                       | No                  |     |                   | ALL                        |
| 50605 | Ureterotomy for insertion of indwelling stent                         | No                  |     |                   | ALL                        |
| 50606 | Endoluminal biopsy of ureter and/or renal pelvis                      | No                  |     |                   | ALL                        |
| 50610 | Ureterolithotomy; upper one-third of ureter                           | No                  |     |                   | ALL                        |
| 50620 | Ureterolithotomy; middle one-third of ureter                          | No                  |     |                   | ALL                        |
| 50630 | Ureterolithotomy; lower one-third of ureter                           | No                  |     |                   | ALL                        |
| 50650 | Ureterectomy, with bladder cuff (separate procedure)                  | No                  |     |                   | ALL                        |
| 50660 | Ureterectomy, total, ectopic ureter, combined                         | No                  |     |                   | ALL                        |
| 50684 | Injection procedure for ureterography or ureteropyelography           | No                  |     |                   | ALL                        |
| 50686 | Manometric studies through ureterostomy                               | No                  |     |                   | ALL                        |
| 50688 | Change of ureterostomy tube                                           | No                  |     |                   | ALL                        |
| 50690 | Injection procedure for visualization of ileocecal junction           | No                  |     |                   | ALL                        |
| 50693 | Placement of the ureteral stent, percutaneous, intraluminal           | No                  |     |                   | ALL                        |
| 50694 | Placement of the ureteral stent, percutaneous, intraluminal           | No                  |     |                   | ALL                        |
| 50695 | Placement of the ureteral stent, percutaneous, intraluminal           | No                  |     |                   | ALL                        |
| 50700 | Ureteroplasty, plastic operation on ureter (open)                     | No                  |     |                   | ALL                        |
| 50705 | Urethral embolization or occlusion, including imaging                 | No                  |     |                   | ALL                        |
| 50706 | Balloon dilation, ureteral stricture, including imaging               | No                  |     |                   | ALL                        |
| 50715 | Ureterolysis, with or without repositioning of ovary                  | No                  |     |                   | ALL                        |
| 50722 | Ureterolysis for ovarian vein syndrome                                | No                  |     |                   | ALL                        |
| 50725 | Ureterolysis for retrocaval ureter, with reanastomosis                | No                  |     |                   | ALL                        |
| 50727 | Revision of urinary-cutaneous anastomosis                             | No                  |     |                   | ALL                        |
| 50728 | Revision of urinary-cutaneous anastomosis                             | No                  |     |                   | ALL                        |
| 50740 | Ureteropyelostomy, anastomosis of ureter                              | No                  |     |                   | ALL                        |
| 50750 | Ureterocalycostomy, anastomosis of ureter                             | No                  |     |                   | ALL                        |
| 50760 | Ureteroureterostomy                                                   | No                  |     |                   | ALL                        |
| 50770 | Transureteroureterostomy, anastomosis of ureter                       | No                  |     |                   | ALL                        |
| 50780 | Ureteroneocystostomy; anastomosis of sigmoid                          | No                  |     |                   | ALL                        |
| 50782 | Ureteroneocystostomy; anastomosis of duodenum                         | No                  |     |                   | ALL                        |
| 50783 | Ureteroneocystostomy; with extensive ureterectomy                     | No                  |     |                   | ALL                        |
| 50785 | Ureteroneocystostomy; with vesico-psoas anastomosis                   | No                  |     |                   | ALL                        |
| 50800 | Ureteroenterostomy, direct anastomosis of sigmoid                     | No                  |     |                   | ALL                        |
| 50810 | Ureterosigmoidostomy, with creation of sigmoid                        | No                  |     |                   | ALL                        |
| 50815 | Ureterocolon conduit, including intestine anastomosis                 | No                  |     |                   | ALL                        |
| 50820 | Ureteroileal conduit (ileal bladder), including intestine anastomosis | No                  |     |                   | ALL                        |
| 50825 | Continent diversion, including intestine anastomosis                  | No                  |     |                   | ALL                        |
| 50830 | Urinary undiversion (eg, taking down of ureter)                       | No                  |     |                   | ALL                        |
| 50840 | Replacement of all or part of ureter by intestine                     | No                  |     |                   | ALL                        |
| 50845 | Cutaneous appendico-vesicostomy                                       | No                  |     |                   | ALL                        |
| 50860 | Ureterostomy, transplantation of ureter to sigmoid                    | No                  |     |                   | ALL                        |
| 50900 | Ureterorrhaphy, suture of ureter (separate procedure)                 | No                  |     |                   | ALL                        |
| 50920 | Closure of ureterocutaneous fistula                                   | No                  |     |                   | ALL                        |
| 50930 | Closure of ureterovisceral fistula (including ureterorrhaphy)         | No                  |     |                   | ALL                        |
| 50940 | Deligation of ureter                                                  | No                  |     |                   | ALL                        |
| 50945 | Laparoscopy, surgical; ureterolithotomy                               | No                  |     |                   | ALL                        |
| 50947 | Laparoscopy, surgical; ureteroneocystostomy                           | No                  |     |                   | ALL                        |
| 50948 | Laparoscopy, surgical; ureteroneocystostomy                           | No                  |     |                   | ALL                        |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE                                        | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE                                        | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 50949 | UNLISTED LAPAROSCOPY PROCEDURE                                        | No                  |     |                   | PRICHO                     |
| 50951 | Ureteral endoscopy through established ureterotomy                    | No                  |     |                   | ALL                        |
| 50953 | Ureteral endoscopy through established ureterotomy                    | No                  |     |                   | ALL                        |
| 50955 | Ureteral endoscopy through established ureterotomy                    | No                  |     |                   | ALL                        |
| 50957 | Ureteral endoscopy through established ureterotomy                    | No                  |     |                   | ALL                        |
| 50961 | Ureteral endoscopy through established ureterotomy                    | No                  |     |                   | ALL                        |
| 50970 | Ureteral endoscopy through ureterotomy, video                         | No                  |     |                   | ALL                        |
| 50972 | Ureteral endoscopy through ureterotomy, video                         | No                  |     |                   | ALL                        |
| 50974 | Ureteral endoscopy through ureterotomy, video                         | No                  |     |                   | ALL                        |
| 50976 | Ureteral endoscopy through ureterotomy, video                         | No                  |     |                   | ALL                        |
| 50980 | Ureteral endoscopy through ureterotomy, video                         | No                  |     |                   | ALL                        |
| 51020 | Cystotomy or cystostomy; with fulguration                             | No                  |     |                   | ALL                        |
| 51030 | Cystotomy or cystostomy; with cryosurgical ablation                   | No                  |     |                   | ALL                        |
| 51040 | Cystostomy, cystostomy with drainage                                  | No                  |     |                   | ALL                        |
| 51045 | Cystotomy, with insertion of ureteral catheter                        | No                  |     |                   | ALL                        |
| 51050 | Cystolithotomy, cystostomy with removal of calculus                   | No                  |     |                   | ALL                        |
| 51060 | Transvesical ureterolithotomy                                         | No                  |     |                   | ALL                        |
| 51065 | Cystotomy, with calculus basket extraction                            | No                  |     |                   | ALL                        |
| 51080 | Drainage of perivesical or prevesical space                           | No                  |     |                   | ALL                        |
| 51100 | ASPIRATION OF BLADDER; BY NEEDLE                                      | No                  |     |                   | ALL                        |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 51101 | APIRATION OF BLADDER; BY TROCAR               | No                  |     |                   | ALL                        |
| 51102 | APIRATION OF BLADDER; WITH INSER              | No                  |     |                   | ALL                        |
| 51500 | Excision of urachal cyst or sinus, with or w  | No                  |     |                   | ALL                        |
| 51520 | Cystotomy; for simple excision of vesical n   | No                  |     |                   | ALL                        |
| 51525 | Cystotomy; for excision of bladder divertic   | No                  |     |                   | ALL                        |
| 51530 | Cystotomy; for excision of bladder tumor      | No                  |     |                   | ALL                        |
| 51535 | Cystotomy for excision, incision, or repair d | No                  |     |                   | ALL                        |
| 51550 | Cystectomy, partial; simple                   | No                  |     |                   | ALL                        |
| 51555 | Cystectomy, partial; complicated (eg, post    | No                  |     |                   | ALL                        |
| 51565 | Cystectomy, partial, with reimplantation of   | No                  |     |                   | ALL                        |
| 51570 | Cystectomy, complete; (separate procedur      | No                  |     |                   | ALL                        |
| 51575 | Cystectomy, complete; with bilateral pelvic   | No                  |     |                   | ALL                        |
| 51580 | Cystectomy, complete, with ureterosigmoi      | No                  |     |                   | ALL                        |
| 51585 | Cystectomy, complete, with ureterosigmoi      | No                  |     |                   | ALL                        |
| 51590 | Cystectomy, complete, with ureteroileal co    | No                  |     |                   | ALL                        |
| 51595 | Cystectomy, complete, with ureteroileal co    | No                  |     |                   | ALL                        |
| 51596 | Cystectomy, complete, with continent dive     | No                  |     |                   | ALL                        |
| 51597 | Pelvic exenteration, complete, for vesical,   | No                  |     |                   | ALL                        |
| 51600 | Injection procedure for cystography or void   | No                  |     |                   | ALL                        |
| 51605 | Injection procedure and placement of chai     | No                  |     |                   | ALL                        |
| 51610 | Injection procedure for retrograde urethro    | No                  |     |                   | ALL                        |
| 51700 | Bladder irrigation, simple, lavage and/or in  | No                  |     |                   | ALL                        |
| 51701 | Insertion of non-indwelling bladder cathete   | No                  |     |                   | ALL                        |
| 51702 | Insertion of temporary indwelling bladder c   | No                  |     |                   | ALL                        |
| 51703 | Insertion of temporary indwelling bladder c   | No                  |     |                   | ALL                        |
| 51705 | Change of cystostomy tube; simple             | No                  |     |                   | ALL                        |
| 51710 | Change of cystostomy tube; complicated        | No                  |     |                   | ALL                        |
| 51715 | ENDOSCOPIC INJECTION OF IMPLANT               | No                  |     |                   | ALL                        |
| 51720 | Bladder instillation of anticarcinogenic age  | No                  |     |                   | ALL                        |
| 51725 | Simple cystometrogram (CMG) (eg, spinal       | No                  |     |                   | ALL                        |
| 51726 | Complex cystometrogram (eg, calibrated e      | No                  |     |                   | ALL                        |
| 51727 | COMPLEX CYSTOMETROGRAM (EG, C                 | No                  |     |                   | ALL                        |
| 51728 | COMPLEX CYSTOMETROGRAM (EG, C                 | No                  |     |                   | ALL                        |
| 51729 | COMPLEX CYSTOMETROGRAM (EG, C                 | No                  |     |                   | ALL                        |
| 51736 | Simple uroflowmetry (UFR) (eg, stop-watc      | No                  |     |                   | ALL                        |
| 51741 | Complex uroflowmetry (eg, calibrated elec     | No                  |     |                   | ALL                        |
| 51772 | Urethral pressure profile studies (UPP) (ur   | No                  |     |                   | ALL                        |
| 51784 | Electromyography studies (EMG) of anal d      | No                  |     |                   | ALL                        |
| 51785 | Needle electromyography studies (EMG) c       | No                  |     |                   | ALL                        |
| 51792 | Stimulus evoked response (eg, measurem        | No                  |     |                   | ALL                        |
| 51795 | Voiding pressure studies (VP); bladder voi    | No                  |     |                   | ALL                        |
| 51797 | Voiding pressure studies (VP); intra-abdon    | No                  |     |                   | ALL                        |
| 51798 | Measurement of post-voiding residual urin     | No                  |     |                   | ALL                        |
| 51800 | Cystoplasty or cystourethroplasty, plastic c  | No                  |     |                   | ALL                        |
| 51820 | Cystourethroplasty with unilateral or bilater | No                  |     |                   | ALL                        |
| 51840 | Anterior vesicourethropexy, or urethropexy    | No                  |     |                   | ALL                        |
| 51841 | Anterior vesicourethropexy, or urethropexy    | No                  |     |                   | ALL                        |
| 51845 | Abdomino-vaginal vesical neck suspensio       | No                  |     |                   | ALL                        |
| 51860 | Cystorrhaphy, suture of bladder wound, inj    | No                  |     |                   | ALL                        |
| 51865 | Cystorrhaphy, suture of bladder wound, inj    | No                  |     |                   | ALL                        |
| 51880 | Closure of cystostomy (separate procedur      | No                  |     |                   | ALL                        |
| 51900 | Closure of vesicovaginal fistula, abdomina    | No                  |     |                   | ALL                        |
| 51920 | Closure of vesicouterine fistula;             | No                  |     |                   | ALL                        |
| 51925 | Closure of vesicouterine fistula; with hyste  | No                  |     |                   | ALL                        |
| 51940 | Closure, exstrophy of bladder                 | No                  |     |                   | ALL                        |
| 51960 | Enterocystoplasty, including intestinal anas  | No                  |     |                   | ALL                        |
| 51980 | Cutaneous vesicostomy                         | No                  |     |                   | ALL                        |
| 51990 | Laparoscopy, surgical; urethral suspensio     | No                  |     |                   | ALL                        |
| 51992 | Laparoscopy, surgical; sling operation for s  | No                  |     |                   | ALL                        |
| 51999 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 51999 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 51999 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | PRICHO                     |
| 52000 | Cystourethroscopy (separate procedure)        | No                  |     |                   | ALL                        |
| 52001 | Cystourethroscopy with irrigation and evad    | No                  |     |                   | ALL                        |
| 52005 | Cystourethroscopy, with ureteral catheteriz   | No                  |     |                   | ALL                        |
| 52007 | Cystourethroscopy, with ureteral catheteriz   | No                  |     |                   | ALL                        |
| 52010 | Cystourethroscopy, with ejaculatory duct c    | No                  |     |                   | ALL                        |
| 52204 | Cystourethroscopy, with biopsy                | No                  |     |                   | ALL                        |
| 52214 | Cystoscopy and treatment                      | No                  |     |                   | ALL                        |
| 52224 | Cystourethroscopy, with fulguration (includ   | No                  |     |                   | ALL                        |
| 52234 | Cystourethroscopy, with fulguration (includ   | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------|
| 52235 | Cystourethroscopy, with fulguration (includ   | No                  |     |                   | ALL                 |
| 52240 | Cystourethroscopy, with fulguration (includ   | No                  |     |                   | ALL                 |
| 52250 | Cystourethroscopy with insertion of radioa    | No                  |     |                   | ALL                 |
| 52260 | Cystourethroscopy, with dilation of bladder   | No                  |     |                   | ALL                 |
| 52265 | Cystourethroscopy, with dilation of bladder   | No                  |     |                   | ALL                 |
| 52270 | Cystourethroscopy, with internal urethrotor   | No                  |     |                   | ALL                 |
| 52275 | Cystourethroscopy, with internal urethrotor   | No                  |     |                   | ALL                 |
| 52276 | Cystourethroscopy with direct vision intern   | No                  |     |                   | ALL                 |
| 52277 | Cystourethroscopy, with resection of exteri   | No                  |     |                   | ALL                 |
| 52281 | Cystourethroscopy, with calibration and/or    | No                  |     |                   | ALL                 |
| 52282 | Cystourethroscopy, with insertion of urethr   | No                  |     |                   | ALL                 |
| 52283 | Cystourethroscopy, with steroid injection in  | No                  |     |                   | ALL                 |
| 52284 | Cystourethroscopy, with mechanical urethri    | Yes                 |     |                   | ALL (Except MCWRAP) |
| 52284 | Cystourethroscopy, with mechanical urethri    | No                  |     |                   | MCWRAP              |
| 52285 | Cystourethroscopy for treatment of the fen    | No                  |     |                   | ALL                 |
| 52287 | Cystourethroscopy, with injection(s) for che  | No                  |     |                   | ALL                 |
| 52290 | Cystourethroscopy; with ureteral meatoto      | No                  |     |                   | ALL                 |
| 52300 | Cystourethroscopy; with resection or fulgu    | No                  |     |                   | ALL                 |
| 52301 | Cystourethroscopy; with resection or fulgu    | No                  |     |                   | ALL                 |
| 52305 | Cystourethroscopy; with incision or resecti   | No                  |     |                   | ALL                 |
| 52310 | Cystourethroscopy, with removal of foreign    | No                  |     |                   | ALL                 |
| 52315 | Cystourethroscopy, with removal of foreign    | No                  |     |                   | ALL                 |
| 52317 | Litholapaxy: crushing or fragmentation of c   | No                  |     |                   | ALL                 |
| 52318 | Litholapaxy: crushing or fragmentation of c   | No                  |     |                   | ALL                 |
| 52320 | Cystourethroscopy (including ureteral cath    | No                  |     |                   | ALL                 |
| 52325 | Cystourethroscopy (including ureteral cath    | No                  |     |                   | ALL                 |
| 52327 | Cystourethroscopy (including ureteral cath    | No                  |     |                   | ALL                 |
| 52330 | Cystourethroscopy (including ureteral cath    | No                  |     |                   | ALL                 |
| 52332 | Cystourethroscopy, with insertion of indwe    | No                  |     |                   | ALL                 |
| 52334 | Cystourethroscopy with insertion of uretera   | No                  |     |                   | ALL                 |
| 52341 | Cystourethroscopy; with treatment of urete    | No                  |     |                   | ALL                 |
| 52342 | Cystourethroscopy; with treatment of urete    | No                  |     |                   | ALL                 |
| 52343 | Cystourethroscopy; with treatment of intra-   | No                  |     |                   | ALL                 |
| 52344 | Cystourethroscopy with ureteroscopy; with     | No                  |     |                   | ALL                 |
| 52345 | Cystourethroscopy with ureteroscopy; with     | No                  |     |                   | ALL                 |
| 52346 | Cystourethroscopy with ureteroscopy; with     | No                  |     |                   | ALL                 |
| 52351 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52352 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52353 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52354 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52355 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52356 | Cystourethroscopy, with ureteroscopy and,     | No                  |     |                   | ALL                 |
| 52400 | Cystourethroscopy with incision, fulguratio   | No                  |     |                   | ALL                 |
| 52402 | Cystourethroscopy with transurethral resec    | No                  |     |                   | ALL                 |
| 52441 | Cystourethroscopy, with insertion of perma    | No                  |     |                   | ALL                 |
| 52442 | Cystourethroscopy, with insertion of perma    | No                  |     |                   | ALL                 |
| 52450 | Transurethral incision of prostate            | No                  |     |                   | ALL                 |
| 52450 | Transurethral incision of prostate            | Not Covered         |     |                   | CAID                |
| 52500 | Transurethral resection of bladder neck (st   | No                  |     |                   | ALL                 |
| 52601 | Transurethral electro-surgical resection of p | No                  |     |                   | ALL                 |
| 52630 | Transurethral resection; of regrowth of obs   | No                  |     |                   | ALL                 |
| 52640 | Transurethral resection; of postoperative b   | No                  |     |                   | ALL                 |
| 52647 | Non-contact laser coagulation of prostate,    | No                  |     |                   | ALL                 |
| 52648 | Contact laser vaporization with or without t  | No                  |     |                   | ALL                 |
| 52649 | Laser enucleation of the prostate with mor    | No                  |     |                   | ALL                 |
| 52700 | Transurethral drainage of prostatic absces    | No                  |     |                   | ALL                 |
| 53000 | Urethrotomy or urethrostomy, external (se     | No                  |     |                   | ALL                 |
| 53010 | Urethrotomy or urethrostomy, external (se     | No                  |     |                   | ALL                 |
| 53020 | Meatotomy, cutting of meatus (separate pr     | No                  |     |                   | ALL                 |
| 53025 | Meatotomy, cutting of meatus (separate pr     | No                  |     |                   | ALL                 |
| 53040 | Drainage of deep periurethral abscess         | No                  |     |                   | ALL                 |
| 53060 | Drainage of Skene's gland abscess or cys      | No                  |     |                   | ALL                 |
| 53080 | Drainage of perineal urinary extravasation;   | No                  |     |                   | ALL                 |
| 53085 | Drainage of perineal urinary extravasation;   | No                  |     |                   | ALL                 |
| 53200 | Biopsy of urethra                             | No                  |     |                   | ALL                 |
| 53210 | Urethrectomy, total, including cystostomy;    | No                  |     |                   | ALL                 |
| 53215 | Urethrectomy, total, including cystostomy;    | No                  |     |                   | ALL                 |
| 53220 | Excision or fulguration of carcinoma of ure   | No                  |     |                   | ALL                 |
| 53230 | Excision of urethral diverticulum (separate   | No                  |     |                   | ALL                 |
| 53235 | Excision of urethral diverticulum (separate   | No                  |     |                   | ALL                 |
| 53240 | Marsupialization of urethral diverticulum, n  | No                  |     |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|--------------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 53250 | Excision of bulbourethral gland (Cowper's        | No                  |     |                   | ALL                                 |
| 53260 | Excision or fulguration; urethral polyp(s), d    | No                  |     |                   | ALL                                 |
| 53265 | Excision or fulguration; urethral caruncle       | No                  |     |                   | ALL                                 |
| 53270 | Excision or fulguration; Skene's glands          | No                  |     |                   | ALL                                 |
| 53275 | Excision or fulguration; urethral prolapse       | No                  |     |                   | ALL                                 |
| 53400 | Urethroplasty; first stage, for fistula, diverti | No                  |     |                   | ALL                                 |
| 53405 | Urethroplasty; second stage (formation of        | No                  |     |                   | ALL                                 |
| 53410 | Urethroplasty, one-stage reconstruction of       | No                  |     |                   | ALL                                 |
| 53415 | Urethroplasty, transpubic or perineal, one       | No                  |     |                   | ALL                                 |
| 53420 | Urethroplasty, two-stage reconstruction or       | No                  |     |                   | ALL                                 |
| 53425 | Urethroplasty, two-stage reconstruction or       | No                  |     |                   | ALL                                 |
| 53430 | Urethroplasty, reconstruction of female ure      | No                  |     |                   | ALL                                 |
| 53431 | Urethroplasty with tubularization of posteri     | No                  |     |                   | ALL                                 |
| 53440 | Sling operation for correction of male urina     | No                  |     |                   | ALL                                 |
| 53442 | Removal or revision of sling for male urina      | No                  |     |                   | ALL                                 |
| 53444 | Insertion of tandem cuff (dual cuff)             | No                  |     |                   | ALL                                 |
| 53445 | Insertion of inflatable urethral/bladder neck    | No                  |     |                   | ALL                                 |
| 53446 | Removal of inflatable urethral/bladder neck      | No                  |     |                   | ALL                                 |
| 53447 | Removal and replacement of inflatable ure        | No                  |     |                   | ALL                                 |
| 53448 | Removal and replacement of inflatable ure        | No                  |     |                   | ALL                                 |
| 53449 | Repair of inflatable urethral/bladder neck s     | No                  |     |                   | ALL                                 |
| 53450 | Urethromeatoplasty, with mucosal advanc          | No                  |     |                   | ALL                                 |
| 53451 | Periurethral transperineal adjustable ballo      | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 53451 | Periurethral transperineal adjustable ballo      | No                  |     |                   | MED, PRICHO, CAID, MMP              |
| 53452 | Periurethral transperineal adjustable ballo      | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 53452 | Periurethral transperineal adjustable ballo      | No                  |     |                   | MED, PRICHO, CAID, MMP              |
| 53453 | Periurethral transperineal adjustable ballo      | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 53453 | Periurethral transperineal adjustable ballo      | No                  |     |                   | MED, PRICHO, CAID, MMP              |
| 53454 | Periurethral transperineal adjustable ballo      | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 53454 | Periurethral transperineal adjustable ballo      | No                  |     |                   | MED, PRICHO, CAID, MMP              |
| 53460 | Urethromeatoplasty, with partial excision o      | No                  |     |                   | ALL                                 |
| 53500 | URETHROLYSIS, TRANSVAGINAL, SEC                  | No                  |     |                   | ALL                                 |
| 53502 | Urethrorrhaphy, suture of urethral wound c       | No                  |     |                   | ALL                                 |
| 53505 | Urethrorrhaphy, suture of urethral wound c       | No                  |     |                   | ALL                                 |
| 53510 | Urethrorrhaphy, suture of urethral wound c       | No                  |     |                   | ALL                                 |
| 53515 | Urethrorrhaphy, suture of urethral wound c       | No                  |     |                   | ALL                                 |
| 53520 | Closure of urethrostomy or urethrocutane         | No                  |     |                   | ALL                                 |
| 53600 | Dilation of urethral stricture by passage of     | No                  |     |                   | ALL                                 |
| 53601 | Dilation of urethral stricture by passage of     | No                  |     |                   | ALL                                 |
| 53605 | Dilation of urethral stricture or vesical neck   | No                  |     |                   | ALL                                 |
| 53620 | Dilation of urethral stricture by passage of     | No                  |     |                   | ALL                                 |
| 53621 | Dilation of urethral stricture by passage of     | No                  |     |                   | ALL                                 |
| 53660 | Dilation of female urethra including suppos      | No                  |     |                   | ALL                                 |
| 53661 | Dilation of female urethra including suppos      | No                  |     |                   | ALL                                 |
| 53665 | Dilation of female urethra, general or cond      | No                  |     |                   | ALL                                 |
| 53850 | Transurethral destruction of prostate tissue     | No                  |     |                   | ALL                                 |
| 53852 | Transurethral destruction of prostate tissue     | No                  |     |                   | ALL                                 |
| 53854 | Transurethral destruction of prostate tissue     | No                  |     |                   | ALL                                 |
| 53855 | INSERTION OF A TEMPORARY PROSTA                  | No                  |     |                   | ALL                                 |
| 53860 | Transurethral radiofrequency micro-remod         | Not Covered         |     |                   | ALL                                 |
| 53865 | Cystourethroscopy with insertion of tempo        | No                  |     |                   | ALL                                 |
| 53866 | Catheterization with removal of temporary        | No                  |     |                   | ALL                                 |
| 53899 | UNLISTED PROCEDURE, URINARY SYS                  | Yes                 |     |                   | ALL (Except Medicare Comp)          |
| 53899 | UNLISTED PROCEDURE, URINARY SYS                  | No                  |     |                   | MEDICARE COMP/MCWRAP                |
| 54000 | Slitting of prepuce, dorsal or lateral (separ    | No                  |     |                   | ALL                                 |
| 54001 | Slitting of prepuce, dorsal or lateral (separ    | No                  |     |                   | ALL                                 |
| 54015 | Incision and drainage of penis, deep             | No                  |     |                   | ALL                                 |
| 54050 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54055 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54056 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54057 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54060 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54065 | Destruction of lesion(s), penis (eg, condyl      | No                  |     |                   | ALL                                 |
| 54100 | Biopsy of penis; (separate procedure)            | No                  |     |                   | ALL                                 |
| 54105 | Biopsy of penis; deep structures                 | No                  |     |                   | ALL                                 |
| 54110 | Excision of penile plaque (Peyronie diseas       | No                  |     |                   | ALL                                 |
| 54111 | Excision of penile plaque (Peyronie diseas       | No                  |     |                   | ALL                                 |
| 54112 | Excision of penile plaque (Peyronie diseas       | No                  |     |                   | ALL                                 |
| 54115 | Removal foreign body from deep penile tis        | No                  |     |                   | ALL                                 |
| 54120 | Amputation of penis; partial                     | No                  |     |                   | ALL                                 |
| 54125 | Amputation of penis; complete                    | No                  |     |                   | ALL                                 |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines          |
|-------|--------------------------------------------------|---------------------|-----|-------------------|------------------------|
| 54130 | Amputation of penis, radical; with bilateral     | No                  |     |                   | ALL                    |
| 54135 | Amputation of penis, radical; in continuity      | No                  |     |                   | ALL                    |
| 54150 | Circumcision, using clamp or other device        | No                  |     |                   | ALL                    |
| 54160 | Circumcision, surgical excision other than       | No                  |     |                   | ALL                    |
| 54161 | Circumcision, surgical excision other than       | No                  |     |                   | ALL                    |
| 54162 | Lysis or excision of penile post-circumcisi      | No                  |     |                   | ALL                    |
| 54163 | Repair incomplete circumcision                   | No                  |     |                   | ALL                    |
| 54164 | Frenulotomy of penis                             | No                  |     |                   | ALL                    |
| 54200 | Injection procedure for Peyronie disease;        | No                  |     |                   | ALL                    |
| 54205 | Injection procedure for Peyronie disease; v      | No                  |     |                   | ALL                    |
| 54220 | Irrigation of corpora cavernosa for priapism     | No                  |     |                   | ALL                    |
| 54230 | INJECTION PROCEDURE FOR CORPORA CAVERNOSA        | No                  |     |                   | ALL                    |
| 54231 | DYNAMIC CAVERNOSOMETRY, INCLUSIVE OF             | No                  |     |                   | ALL                    |
| 54235 | Injection of corpora cavernosa with pharm        | No                  |     |                   | ALL (Except Caid, MMP) |
| 54235 | Injection of corpora cavernosa with pharm        | Yes                 |     |                   | Caid, MMP              |
| 54240 | Penile plethysmography                           | No                  |     |                   | ALL (Except Caid, MMP) |
| 54240 | Penile plethysmography                           | Yes                 |     |                   | Caid, MMP              |
| 54250 | Nocturnal penile tumescence and/or rigidity      | No                  |     |                   | ALL                    |
| 54250 | Nocturnal penile tumescence and/or rigidity test | Not Covered         |     |                   | CAID                   |
| 54300 | Plastic operation of penis for straightening     | No                  |     |                   | ALL                    |
| 54304 | Plastic operation on penis for correction of     | No                  |     |                   | ALL                    |
| 54308 | Urethroplasty for second stage hypospadi         | No                  |     |                   | ALL                    |
| 54312 | Urethroplasty for second stage hypospadi         | No                  |     |                   | ALL                    |
| 54316 | Urethroplasty for second stage hypospadi         | No                  |     |                   | ALL                    |
| 54318 | Urethroplasty for third stage hypospadias r      | No                  |     |                   | ALL                    |
| 54322 | One stage distal hypospadias repair (with        | No                  |     |                   | ALL                    |
| 54324 | One stage distal hypospadias repair (with        | No                  |     |                   | ALL                    |
| 54326 | One stage distal hypospadias repair (with        | No                  |     |                   | ALL                    |
| 54328 | One stage distal hypospadias repair (with        | No                  |     |                   | ALL                    |
| 54332 | One stage proximal penile or penoscrotal         | No                  |     |                   | ALL                    |
| 54336 | One stage perineal hypospadias repair red        | No                  |     |                   | ALL                    |
| 54340 | Repair of hypospadias complications (ie, fi      | No                  |     |                   | ALL                    |
| 54344 | Repair of hypospadias complications (ie, fi      | No                  |     |                   | ALL                    |
| 54348 | Repair of hypospadias complications (ie, fi      | No                  |     |                   | ALL                    |
| 54352 | Repair of hypospadias cripple requiring ex       | No                  |     |                   | ALL                    |
| 54360 | Plastic operation on penis to correct angul      | No                  |     |                   | ALL                    |
| 54380 | Plastic operation on penis for epispadias d      | No                  |     |                   | ALL                    |
| 54385 | Plastic operation on penis for epispadias d      | No                  |     |                   | ALL                    |
| 54390 | Plastic operation on penis for epispadias d      | No                  |     |                   | ALL                    |
| 54400 | INSERTION OF PENILE PROSTHESIS; N                | No                  |     |                   | ALL                    |
| 54401 | INSERTION OF PENILE PROSTHESIS; I                | No                  |     |                   | ALL                    |
| 54405 | INSERTION OF INFLATABLE (MULTI-CO                | No                  |     |                   | ALL                    |
| 54406 | REMOVAL OF PENILE PROSTHESIS                     | No                  |     |                   | ALL                    |
| 54408 | REPAIR OF PENILE PROSTHESIS                      | No                  |     |                   | ALL                    |
| 54410 | REMOVAL/REPLACEMENT OF PENILE                    | No                  |     |                   | ALL                    |
| 54411 | REMOVAL/REPLACEMENT OF PENILE                    | No                  |     |                   | ALL                    |
| 54415 | REMOVAL OF PENILE PROSTHESIS                     | No                  |     |                   | ALL                    |
| 54416 | REMOVAL/REPLACEMENT OF PENILE                    | No                  |     |                   | ALL                    |
| 54417 | REMOVAL/REPLACEMENT OF PENILE                    | No                  |     |                   | ALL                    |
| 54420 | Corpora cavernosa-saphenous vein shunt           | No                  |     |                   | ALL                    |
| 54430 | Corpora cavernosa-corpor spongiosum sh           | No                  |     |                   | ALL                    |
| 54435 | Corpora cavernosa-glans penis fistulizatio       | No                  |     |                   | ALL                    |
| 54437 | Repair of traumatic corporeal tear(s)            | No                  |     |                   | ALL                    |
| 54440 | Plastic operation of penis for injury            | No                  |     |                   | ALL                    |
| 54450 | FORESKIN MANIPULATION INCLUDING                  | No                  |     |                   | ALL                    |
| 54500 | Biopsy of testis, needle (separate procedu       | No                  | *   |                   | ALL                    |
| 54505 | Biopsy of testis, incisional (separate proce     | No                  | *   |                   | ALL                    |
| 54512 | Excision of extraparenchymal lesion of tes       | No                  |     |                   | ALL                    |
| 54520 | Orchiectomy, simple (including subcapsula        | No                  |     |                   | ALL                    |
| 54522 | Orchiectomy, partial                             | No                  |     |                   | ALL                    |
| 54530 | Orchiectomy, radical, for tumor; inguinal a      | No                  |     |                   | ALL                    |
| 54535 | Orchiectomy, radical, for tumor; with abdo       | No                  |     |                   | ALL                    |
| 54550 | Exploration for undescended testis (inguin       | No                  |     |                   | ALL                    |
| 54560 | Exploration for undescended testis with ab       | No                  |     |                   | ALL                    |
| 54600 | Reduction of torsion of testis, surgical, with   | No                  |     |                   | ALL                    |
| 54620 | Fixation of contralateral testis (separate pr    | No                  |     |                   | ALL                    |
| 54640 | Orchiopexy, inguinal approach, with or with      | No                  | *   |                   | ALL                    |
| 54650 | Orchiopexy, abdominal approach, for intra        | No                  | *   |                   | ALL                    |
| 54660 | INSERTION OF TESTICULAR PROSTHE                  | No                  |     |                   | ALL                    |
| 54670 | Suture or repair of testicular injury            | No                  |     |                   | ALL                    |
| 54680 | Transplantation of testis(es) to thigh (beca     | No                  |     |                   | ALL                    |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                   |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------------------|
| 54690 | Laparoscopy, surgical; orchiectomy            | No                  |     |                   | ALL                             |
| 54692 | Laparoscopy, surgical; orchiopexy for intra   | No                  |     |                   | ALL                             |
| 54699 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 54699 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 54699 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | PRICHO                          |
| 54700 | Incision and drainage of epididymis, testis   | No                  |     |                   | ALL                             |
| 54800 | Biopsy of epididymis, needle                  | No                  | *   |                   | ALL                             |
| 54830 | Excision of local lesion of epididymis        | No                  | -   |                   | ALL                             |
| 54840 | Excision of spermatocele, with or without e   | No                  | *   |                   | ALL                             |
| 54860 | Epididymectomy; unilateral                    | No                  | *   |                   | ALL                             |
| 54861 | Epididymectomy; bilateral                     | No                  | *   |                   | ALL                             |
| 54865 | EXPLORATION OF EPIDIDYMISS, WITH C            | No                  | -   |                   | ALL                             |
| 54900 | Epididymovasostomy, anastomosis of epid       | No                  | *   |                   | ALL                             |
| 54901 | Epididymovasostomy, anastomosis of epid       | No                  | *   |                   | ALL                             |
| 55000 | Puncture aspiration of hydrocele, tunica va   | No                  |     |                   | ALL                             |
| 55040 | Excision of hydrocele; unilateral             | No                  |     |                   | ALL                             |
| 55041 | Excision of hydrocele; bilateral              | No                  |     |                   | ALL                             |
| 55060 | Repair of tunica vaginalis hydrocele (Bottle  | No                  |     |                   | ALL                             |
| 55100 | Drainage of scrotal wall abscess              | No                  |     |                   | ALL                             |
| 55110 | Scrotal exploration                           | No                  | *   |                   | ALL                             |
| 55120 | Removal of foreign body in scrotum            | No                  |     |                   | ALL                             |
| 55150 | Resection of scrotum                          | No                  |     |                   | ALL                             |
| 55175 | Scrotoplasty; simple                          | No                  |     |                   | ALL                             |
| 55180 | Scrotoplasty; complicated                     | No                  |     |                   | ALL                             |
| 55200 | Vasotomy, cannulization with or without in    | No                  |     |                   | ALL                             |
| 55250 | Vasectomy, unilateral or bilateral (separat   | No                  | *   |                   | ALL (Except MED, MMP)           |
| 55250 | Vasectomy, unilateral or bilateral (separat   | Yes                 | *   |                   | MED, MMP                        |
| 55300 | Vasotomy for vasograms, seminal vesicul       | No                  | *   |                   | ALL                             |
| 55400 | VASOVASOSTOMY, VASOVASORRHAF                  | Yes                 |     |                   | ALL (Except Medicare Comp, MMP) |
| 55400 | VASOVASOSTOMY, VASOVASORRHAF                  | No                  |     |                   | MEDICARE COMP/MCWRAP, MMP       |
| 55400 | VASOVASOSTOMY, VASOVASORRHAF                  | No                  |     |                   | PRICHO                          |
| 55400 | VASOVASOSTOMY, VASOVASORRHAPHY                | Not Covered         |     |                   | CAID                            |
| 55500 | Excision of hydrocele of spermatic cord, ut   | No                  |     |                   | ALL                             |
| 55520 | Excision of lesion of spermatic cord (separ   | No                  |     |                   | ALL                             |
| 55530 | Excision of varicocele or ligation of sperma  | No                  | *   |                   | ALL                             |
| 55535 | Excision of varicocele or ligation of sperma  | No                  | *   |                   | ALL                             |
| 55540 | Excision of varicocele or ligation of sperma  | No                  | *   |                   | ALL                             |
| 55550 | Laparoscopy, surgical, with ligation of sper  | No                  | *   |                   | ALL                             |
| 55559 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp)      |
| 55559 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP            |
| 55559 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | PRICHO                          |
| 55600 | Vesiculotomy;                                 | No                  |     |                   | ALL                             |
| 55605 | Vesiculotomy; complicated                     | No                  |     |                   | ALL                             |
| 55650 | Vesiculectomy, any approach                   | No                  |     |                   | ALL                             |
| 55680 | Excision of Mullerian duct cyst               | No                  |     |                   | ALL                             |
| 55700 | Biopsy, prostate; needle or punch, single c   | No                  |     |                   | ALL                             |
| 55705 | Biopsy, prostate; incisional, any approach    | No                  |     |                   | ALL                             |
| 55706 | Biopsies, prostate, needle, transperineal, s  | No                  |     |                   | ALL                             |
| 55720 | Prostatotomy, external drainage of prostat    | No                  |     |                   | ALL                             |
| 55725 | Prostatotomy, external drainage of prostat    | No                  |     |                   | ALL                             |
| 55801 | Prostatectomy, perineal, subtotal (including  | No                  |     |                   | ALL                             |
| 55810 | Prostatectomy, perineal radical;              | No                  |     |                   | ALL                             |
| 55812 | Prostatectomy, perineal radical; with lymph   | No                  |     |                   | ALL                             |
| 55815 | Prostatectomy, perineal radical; with bilate  | No                  |     |                   | ALL                             |
| 55821 | Prostatectomy (including control of postop    | No                  |     |                   | ALL                             |
| 55831 | Prostatectomy (including control of postop    | No                  |     |                   | ALL                             |
| 55840 | Prostatectomy, retropubic radical, with or v  | No                  |     |                   | ALL                             |
| 55842 | PROSTATECTOMY, RETROPUBIC RAD                 | No                  |     |                   | ALL                             |
| 55845 | Prostatectomy, retropubic radical, with or v  | No                  |     |                   | ALL                             |
| 55860 | Exposure of prostate, any approach, for in    | No                  |     |                   | ALL                             |
| 55862 | Exposure of prostate, any approach, for in    | No                  |     |                   | ALL                             |
| 55865 | Exposure of prostate, any approach, for in    | No                  |     |                   | ALL                             |
| 55866 | Laparoscopy, surgical prostatectomy, retro    | No                  |     |                   | ALL                             |
| 55867 | Laparoscopy, surgical prostatectomy, simp     | No                  |     |                   | ALL                             |
| 55870 | ELECTROEJACULATION                            | No                  |     |                   | ALL                             |
| 55870 | ELECTROEJACULATION                            | Yes                 |     |                   | MMP                             |
| 55873 | CRYOSURGICAL ABLATION OF THE PR               | No                  |     |                   | ALL                             |
| 55874 | Transperineal placement of biodegradable      | No                  |     |                   | ALL                             |
| 55875 | TRANSPERINEAL PLACEMENT OF NEE                | No                  |     |                   | ALL                             |
| 55876 | Placement of interstitial device(s) for radia | No                  |     |                   | ALL                             |
| 55880 | Ablation of malignant prostate tissue, trans  | No                  |     |                   | ALL                             |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|----------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 55881 | Ablation of prostate tissue, transurethral, u      | Not Covered         |     |                   | ALL                        |
| 55899 | UNLISTED PROCEDURE, MALE GENITA                    | Yes                 |     |                   | ALL                        |
| 55899 | UNLISTED PROCEDURE, MALE GENITA                    | No                  |     |                   | PRICHO                     |
| 55920 | PLACEMENT OF NEEDLES OR CATHET                     | No                  |     |                   | ALL                        |
| 55970 | INTERSEX SURGERY; MALE TO FEMAL                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 55970 | INTERSEX SURGERY; MALE TO FEMAL                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 55970 | INTERSEX SURGERY; MALE TO FEMAL                    | No                  |     |                   | PRICHO                     |
| 55970 | INTERSEX SURGERY; MALE TO FEMALE                   | Not Covered         |     |                   | CAID                       |
| 55980 | INTERSEX SURGERY; FEMALE TO MAL                    | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 55980 | INTERSEX SURGERY; FEMALE TO MAL                    | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 55980 | INTERSEX SURGERY; FEMALE TO MAL                    | No                  |     |                   | PRICHO                     |
| 55980 | INTERSEX SURGERY; FEMALE TO MALE                   | Not Covered         |     |                   | CAID                       |
| 56405 | Incision and drainage of vulva or perineal         | No                  |     |                   | ALL                        |
| 56420 | Incision and drainage of Bartholin's gland         | No                  |     |                   | ALL                        |
| 56440 | Marsupialization of Bartholin's gland cyst         | No                  |     |                   | ALL                        |
| 56441 | Lysis of labial adhesions                          | No                  |     |                   | ALL                        |
| 56442 | HYMENOTOMY, SIMPLE INCISION                        | No                  |     |                   | ALL                        |
| 56501 | Destruction of lesion(s), vulva; simple (eg,       | No                  |     |                   | ALL                        |
| 56515 | Destruction of lesion(s), vulva; extensive (       | No                  |     |                   | ALL                        |
| 56605 | Biopsy of vulva or perineum (separate pro          | No                  |     |                   | ALL                        |
| 56606 | Biopsy of vulva or perineum (separate pro          | No                  |     |                   | ALL                        |
| 56620 | Vulvectomy simple; partial                         | No                  |     |                   | ALL                        |
| 56625 | Vulvectomy simple; complete                        | No                  |     |                   | ALL                        |
| 56630 | Vulvectomy, radical, partial;                      | No                  |     |                   | ALL                        |
| 56631 | Vulvectomy, radical, partial; with unilateral      | No                  |     |                   | ALL                        |
| 56632 | Vulvectomy, radical, partial; with bilateral i     | No                  |     |                   | ALL                        |
| 56633 | Vulvectomy, radical, complete;                     | No                  |     |                   | ALL                        |
| 56634 | Vulvectomy, radical, complete; with unilate        | No                  |     |                   | ALL                        |
| 56637 | Vulvectomy, radical, complete; with bilater        | No                  |     |                   | ALL                        |
| 56640 | Vulvectomy, radical, complete, with inguin         | No                  |     |                   | ALL                        |
| 56700 | Partial hymenectomy or revision of hymen           | No                  |     |                   | ALL                        |
| 56740 | Excision of Bartholin's gland or cyst              | No                  |     |                   | ALL                        |
| 56800 | Plastic repair of introitus                        | No                  |     |                   | ALL                        |
| 56805 | Clitoroplasty for intersex state                   | No                  |     |                   | ALL                        |
| 56810 | Perineoplasty, repair of perineum, nonobst         | No                  |     |                   | ALL                        |
| 56820 | Colposcopy of the vulva;                           | No                  |     |                   | ALL                        |
| 56821 | Colposcopy of the vulva; with biopsy(s)            | No                  |     |                   | ALL                        |
| 57000 | Colpotomy; with exploration                        | No                  |     |                   | ALL                        |
| 57010 | Colpotomy; with drainage of pelvic absces          | No                  |     |                   | ALL                        |
| 57020 | Colpocentesis (separate procedure)                 | No                  |     |                   | ALL                        |
| 57022 | Incision and drainage of vaginal hematoma          | No                  |     |                   | ALL                        |
| 57023 | Incision and drainage of vaginal hematoma          | No                  |     |                   | ALL                        |
| 57061 | Destruction of vaginal lesion(s); simple (eg       | No                  |     |                   | ALL                        |
| 57065 | Destruction of vaginal lesion(s); extensive        | No                  |     |                   | ALL                        |
| 57100 | Biopsy of vaginal mucosa; simple (separat          | No                  |     |                   | ALL                        |
| 57105 | Biopsy of vaginal mucosa; extensive, requ          | No                  |     |                   | ALL                        |
| 57106 | Vaginectomy, partial removal of vaginal wa         | No                  |     |                   | ALL                        |
| 57107 | Vaginectomy, partial removal of vaginal wa         | No                  |     |                   | ALL                        |
| 57109 | Vaginectomy, partial removal of vaginal wa         | No                  |     |                   | ALL                        |
| 57110 | Vaginectomy, complete removal of vaginal           | No                  |     |                   | ALL                        |
| 57111 | Vaginectomy, complete removal of vaginal           | No                  |     |                   | ALL                        |
| 57112 | Vaginectomy, complete removal of vaginal           | No                  |     |                   | ALL                        |
| 57120 | COLPOCLEISIS (LE FORT TYPE)                        | No                  |     |                   | ALL                        |
| 57130 | Excision of vaginal septum                         | No                  |     |                   | ALL                        |
| 57135 | Excision of vaginal cyst or tumor                  | No                  |     |                   | ALL                        |
| 57150 | Irrigation of vagina and/or application of m       | No                  |     |                   | ALL                        |
| 57150 | Irrigation of vagina and/or application of medicar | Not Covered         |     |                   | CAID                       |
| 57155 | Insertion of uterine tandem and/or vaginal         | No                  |     |                   | ALL                        |
| 57156 | Insertion of a vaginal radiation afterloading      | No                  |     |                   | ALL                        |
| 57160 | Fitting and insertion of pessary or other int      | No                  |     |                   | ALL                        |
| 57170 | Diaphragm or cervical cap fitting with instr       | No                  |     |                   | ALL                        |
| 57180 | Introduction of any hemostatic agent or pa         | No                  |     |                   | ALL                        |
| 57200 | Colporrhaphy, suture of injury of vagina (n        | No                  |     |                   | ALL                        |
| 57210 | Colpoperineorrhaphy, suture of injury of va        | No                  |     |                   | ALL                        |
| 57220 | Plastic operation on urethral sphincter, vag       | No                  |     |                   | ALL                        |
| 57230 | Plastic repair of urethrocele                      | No                  |     |                   | ALL                        |
| 57240 | Anterior colporrhaphy, repair of cystocele v       | No                  |     |                   | ALL                        |
| 57250 | Posterior colporrhaphy, repair of rectocele        | No                  |     |                   | ALL                        |
| 57260 | Combined anteroposterior colporrhaphy;             | No                  |     |                   | ALL                        |
| 57265 | Combined anteroposterior colporrhaphy; w           | No                  |     |                   | ALL                        |
| 57267 | Insertion of mesh or other prosthesis for re       | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines          |
|-------|------------------------------------------------|---------------------|-----|-------------------|------------------------|
| 57268 | Repair of enterocele, vaginal approach (se     | No                  |     |                   | ALL                    |
| 57270 | Repair of enterocele, abdominal approach       | No                  |     |                   | ALL                    |
| 57280 | Colpopexy, abdominal approach                  | No                  |     |                   | ALL                    |
| 57282 | Colpopexy, vaginal; extra-peritoneal appro     | No                  |     |                   | ALL                    |
| 57283 | Colpopexy, vaginal; intra-peritoneal appro     | No                  |     |                   | ALL                    |
| 57284 | Paravaginal defect repair (including repair    | No                  |     |                   | ALL                    |
| 57285 | PARAVAGINAL DEFECT REPAIR (INCLU               | No                  |     |                   | ALL                    |
| 57287 | Removal or revision of sling for stress inco   | No                  |     |                   | ALL                    |
| 57288 | Sling operation for stress incontinence (eg    | No                  |     |                   | ALL                    |
| 57289 | Pereyra procedure, including anterior colpt    | No                  |     |                   | ALL                    |
| 57291 | Construction of artificial vagina; without gra | No                  |     |                   | ALL                    |
| 57292 | Construction of artificial vagina; with graft  | No                  |     |                   | ALL                    |
| 57295 | Change vaginal graft                           | No                  |     |                   | ALL                    |
| 57296 | REVISION (INCLUDING REMOVAL) OF F              | No                  |     |                   | ALL                    |
| 57300 | Closure of rectovaginal fistula; vaginal or t  | No                  |     |                   | ALL                    |
| 57305 | Closure of rectovaginal fistula; abdominal     | No                  |     |                   | ALL                    |
| 57307 | Closure of rectovaginal fistula; abdominal     | No                  |     |                   | ALL                    |
| 57308 | body reconstruction, with or without levato    | No                  |     |                   | ALL                    |
| 57310 | Closure of urethrovaginal fistula;             | No                  |     |                   | ALL                    |
| 57311 | Closure of urethrovaginal fistula; with bulb   | No                  |     |                   | ALL                    |
| 57320 | Closure of vesicovaginal fistula; vaginal ap   | No                  |     |                   | ALL                    |
| 57330 | Closure of vesicovaginal fistula; transvesic   | No                  |     |                   | ALL                    |
| 57335 | Vaginoplasty for intersex state                | No                  |     |                   | ALL (Except Caid, MMP) |
| 57335 | Vaginoplasty for intersex state                | Yes                 |     |                   | Caid, MMP              |
| 57400 | Dilation of vagina under anesthesia            | No                  |     |                   | ALL                    |
| 57410 | Pelvic examination under anesthesia            | No                  |     |                   | ALL                    |
| 57415 | Removal of impacted vaginal foreign body       | No                  |     |                   | ALL                    |
| 57420 | Colposcopy of the entire vagina, with cervi    | No                  |     |                   | ALL                    |
| 57421 | Colposcopy of the entire vagina, with cervi    | No                  |     |                   | ALL                    |
| 57423 | PARAVAGINAL DEFECT REPAIR (INCLU               | No                  |     |                   | ALL                    |
| 57425 | LAPAROSCOPY, SURGICAL, COLPOPE                 | No                  |     |                   | ALL                    |
| 57426 | REVISION (INCLUDING REMOVAL) OF F              | No                  |     |                   | ALL                    |
| 57452 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57454 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57455 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57456 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57460 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57461 | Colposcopy of the cervix including upper/a     | No                  |     |                   | ALL                    |
| 57465 | Computer-aided mapping of cervix uteri du      | Not Covered         |     |                   | ALL (Except Caid, MMP) |
| 57465 | Computer-aided mapping of cervix uteri du      | No                  |     |                   | Caid, MMP              |
| 57500 | Biopsy, single or multiple, or local excision  | No                  |     |                   | ALL                    |
| 57505 | Endocervical curettage (not done as part o     | No                  |     |                   | ALL                    |
| 57510 | Cautery of cervix; electro or thermal          | No                  |     |                   | ALL                    |
| 57511 | Cautery of cervix; cryocautery, initial or rep | No                  |     |                   | ALL                    |
| 57513 | Cautery of cervix; laser ablation              | No                  |     |                   | ALL                    |
| 57520 | Conization of cervix, with or without fulgura  | No                  |     |                   | ALL                    |
| 57522 | Conization of cervix, with or without fulgura  | No                  |     |                   | ALL                    |
| 57530 | Trachelectomy (cervicectomy), amputation       | No                  |     |                   | ALL                    |
| 57531 | Radical trachelectomy, with bilateral total p  | No                  |     |                   | ALL                    |
| 57540 | Excision of cervical stump, abdominal app      | No                  |     |                   | ALL                    |
| 57545 | Excision of cervical stump, abdominal app      | No                  |     |                   | ALL                    |
| 57550 | Excision of cervical stump, vaginal approa     | No                  |     |                   | ALL                    |
| 57555 | Excision of cervical stump, vaginal approa     | No                  |     |                   | ALL                    |
| 57556 | Excision of cervical stump, vaginal approa     | No                  |     |                   | ALL                    |
| 57558 | DILATION AND CURETTAGE OF CERVIX               | No                  |     |                   | ALL                    |
| 57700 | Cerclage of uterine cervix, nonobstetrical     | No                  |     |                   | ALL                    |
| 57720 | Trachelorrhaphy, plastic repair of uterine c   | No                  |     |                   | ALL                    |
| 57800 | Dilation of cervical canal, instrumental (se   | No                  |     |                   | ALL                    |
| 58100 | Endometrial sampling (biopsy) with or with     | No                  |     |                   | ALL                    |
| 58110 | Bx done w/colposcopy add-on                    | No                  |     |                   | ALL                    |
| 58120 | Dilation and curettage, diagnostic and/or th   | No                  |     |                   | ALL                    |
| 58140 | Myomectomy, excision of fibroid tumor(s) c     | No                  |     |                   | ALL                    |
| 58145 | Myomectomy, excision of fibroid tumor(s) c     | No                  | *   |                   | ALL                    |
| 58146 | Myomectomy, excision of fibroid tumor(s) c     | No                  | *   |                   | ALL                    |
| 58150 | Total abdominal hysterectomy (corpus and       | No                  |     |                   | ALL                    |
| 58152 | Total abdominal hysterectomy (corpus and       | No                  |     |                   | ALL                    |
| 58180 | Supracervical abdominal hysterectomy (su       | No                  |     |                   | ALL                    |
| 58200 | Total abdominal hysterectomy, including p      | No                  |     |                   | ALL                    |
| 58210 | Radical abdominal hysterectomy, with bila      | No                  |     |                   | ALL                    |
| 58240 | Pelvic exenteration for gynecologic malign     | No                  |     |                   | ALL                    |
| 58260 | Vaginal hysterectomy, for uterus 250 gram      | No                  |     |                   | ALL                    |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 58262 | Vaginal hysterectomy, for uterus 250 gram     | No                  |     |                   | ALL                        |
| 58263 | Vaginal hysterectomy, for uterus 250 gram     | No                  |     |                   | ALL                        |
| 58267 | Vaginal hysterectomy, for uterus 250 gram     | No                  |     |                   | ALL                        |
| 58270 | Vaginal hysterectomy, for uterus 250 gram     | No                  |     |                   | ALL                        |
| 58275 | Vaginal hysterectomy, with total or partial v | No                  |     |                   | ALL                        |
| 58280 | Vaginal hysterectomy, with total or partial v | No                  |     |                   | ALL                        |
| 58285 | Vaginal hysterectomy, radical (Schauta typ    | No                  |     |                   | ALL                        |
| 58290 | Vaginal hysterectomy, for uterus greater th   | No                  |     |                   | ALL                        |
| 58291 | Vaginal hysterectomy, for uterus greater th   | No                  |     |                   | ALL                        |
| 58292 | Vaginal hysterectomy, for uterus greater th   | No                  |     |                   | ALL                        |
| 58293 | Vaginal hysterectomy, for uterus greater th   | No                  |     |                   | ALL                        |
| 58294 | Vaginal hysterectomy, for uterus greater th   | No                  |     |                   | ALL                        |
| 58300 | Insertion of intrauterine device (IUD)        | No                  |     |                   | ALL                        |
| 58301 | Removal of intrauterine device (IUD)          | No                  |     |                   | ALL                        |
| 58321 | ARTIFICIAL INSEMINATION; INTRA-CER            | No                  |     | A/I               | ALL                        |
| 58321 | ARTIFICIAL INSEMINATION; INTRA-CERVICA        | Not Covered         |     |                   | CAID                       |
| 58322 | ARTIFICIAL INSEMINATION; INTRA-UTE            | No                  |     | A/I               | ALL                        |
| 58322 | ARTIFICIAL INSEMINATION; INTRA-UTERINE        | Not Covered         |     |                   | CAID                       |
| 58323 | SPERM WASHING FOR ARTIFICIAL INS              | No                  |     | A/I               | ALL                        |
| 58323 | SPERM WASHING FOR ARTIFICIAL INSEMIN          | Not Covered         |     |                   | CAID                       |
| 58340 | Catheterization and introduction of saline c  | No                  | *   |                   | ALL                        |
| 58345 | Transcervical introduction of fallopian tube  | No                  | *   |                   | ALL                        |
| 58346 | Insertion of Heyman capsules for clinical b   | No                  | -   |                   | ALL                        |
| 58350 | Chromotubation of oviduct, including mate     | No                  | *   |                   | ALL                        |
| 58353 | ENDOMETRIAL ABLATION, THERMAL; V              | No                  | -   |                   | ALL                        |
| 58356 | ENDOMETRIAL CRYOABLATION WITH                 | No                  |     |                   | ALL                        |
| 58400 | Uterine suspension, with or without shorte    | No                  |     |                   | ALL                        |
| 58410 | Uterine suspension, with or without shorte    | No                  |     |                   | ALL                        |
| 58520 | Hysterorrhaphy, repair of ruptured uterus (   | No                  |     |                   | ALL                        |
| 58540 | Hysteroplasty, repair of uterine anomaly (S   | No                  | *   |                   | ALL                        |
| 58541 | LAPAROSCOPY, SURGICAL; SUPRACE                | No                  |     |                   | ALL                        |
| 58542 | LAPAROSCOPY, SURGICAL; SUPRACE                | No                  |     |                   | ALL                        |
| 58543 | LAPAROSCOPY, SURGICAL; SUPRACE                | No                  |     |                   | ALL                        |
| 58544 | LAPAROSCOPY, SURGICAL; SUPRACE                | No                  |     |                   | ALL                        |
| 58545 | Laparoscopy, surgical, myomectomy, excis      | No                  |     |                   | ALL                        |
| 58546 | Laparoscopy, surgical, myomectomy, excis      | No                  |     |                   | ALL                        |
| 58548 | LAPAROSCOPY, SURGICAL; W/RADICA               | No                  |     |                   | ALL                        |
| 58550 | Laparoscopy surgical, with vaginal hystere    | No                  |     |                   | ALL                        |
| 58552 | Laparoscopy surgical, with vaginal hystere    | No                  |     |                   | ALL                        |
| 58553 | Laparoscopy, surgical, with vaginal hystere   | No                  |     |                   | ALL                        |
| 58554 | Laparoscopy, surgical, with vaginal hystere   | No                  |     |                   | ALL                        |
| 58555 | Hysteroscopy, diagnostic (separate proced     | No                  |     |                   | ALL                        |
| 58558 | Hysteroscopy, surgical; with sampling (bio    | No                  |     |                   | ALL                        |
| 58559 | Hysteroscopy, surgical; with lysis of intraut | No                  |     |                   | ALL                        |
| 58560 | Hysteroscopy, surgical; with division or res  | No                  |     |                   | ALL                        |
| 58561 | Hysteroscopy, surgical; with removal of lei   | No                  |     |                   | ALL                        |
| 58562 | Hysteroscopy, surgical; with removal of im    | No                  |     |                   | ALL                        |
| 58563 | HYSTEROSCOPY, SURGICAL; WITH EN               | No                  |     |                   | ALL                        |
| 58565 | HYSTEROSCOPY, SURGICAL; WITH BIL              | No                  |     |                   | ALL                        |
| 58570 | LAPROSCOPY, SURGICAL, WITH TOTA               | No                  |     |                   | ALL                        |
| 58571 | LAPROSCOPY, SURGICAL, WITH TOTA               | No                  |     |                   | ALL                        |
| 58572 | LAPROSCOPY, SURGICAL, WITH TOTA               | No                  |     |                   | ALL                        |
| 58573 | LAPROSCOPY, SURGICAL, WITH TOTA               | No                  |     |                   | ALL                        |
| 58575 | Laparoscopy, surgical, total hysterectomy     | No                  |     |                   | ALL                        |
| 58578 | UNLISTED LAPAROSCOPY PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 58578 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 58578 | UNLISTED LAPAROSCOPY PROCEDUR                 | No                  |     |                   | PRICHO                     |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDU                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDU                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 58579 | UNLISTED HYSTEROSCOPY PROCEDU                 | No                  |     |                   | PRICHO                     |
| 58580 | Transcervical ablation of uterine fibroid(s), | No                  |     |                   | ALL                        |
| 58600 | Ligation or transection of fallopian tube(s), | No                  | *   |                   | ALL (Except MED, MMP)      |
| 58600 | Ligation or transection of fallopian tube(s), | Yes                 | *   |                   | MED, MMP                   |
| 58605 | Ligation or transection of fallopian tube(s), | No                  | *   |                   | ALL (Except MED, MMP)      |
| 58605 | Ligation or transection of fallopian tube(s), | Yes                 | *   |                   | MED, MMP                   |
| 58611 | Ligation or transection of fallopian tube(s)  | No                  | *   |                   | ALL (Except MED, MMP)      |
| 58611 | Ligation or transection of fallopian tube(s)  | Yes                 | *   |                   | MED, MMP                   |
| 58615 | Occlusion of fallopian tube(s) by device (e   | No                  | *   |                   | ALL (Except MED, MMP)      |
| 58615 | Occlusion of fallopian tube(s) by device (e   | Yes                 | *   |                   | MED, MMP                   |
| 58660 | Laparoscopy, surgical; with lysis of adhesi   | No                  | *   |                   | ALL                        |
| 58661 | Laparoscopy, surgical; with removal of adr    | No                  | -   |                   | ALL                        |



**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement           | Product Lines                                                  |
|-------|------------------------------------------------|---------------------|-----|-----------------------------|----------------------------------------------------------------|
| 58662 | Laparoscopy, surgical; with fulguration or e   | No                  | *   |                             | ALL                                                            |
| 58670 | Laparoscopy, surgical; with fulguration of c   | No                  | *   |                             | ALL                                                            |
| 58671 | Laparoscopy, surgical; with occlusion of ov    | No                  | *   |                             | ALL (Except MED, MMP)                                          |
| 58671 | Laparoscopy, surgical; with occlusion of ov    | Yes                 | *   |                             | MED, MMP                                                       |
| 58672 | Laparoscopy, surgical; with fimbrioplasty      | No                  | *   |                             | ALL                                                            |
| 58672 | Laparoscopy, surgical; with fimbrioplasty      | Not Covered         |     |                             | CAID                                                           |
| 58673 | Laparoscopy, surgical; with salpingostomy      | No                  | *   |                             | ALL                                                            |
| 58674 | Laparoscopy, surgical, ablation of uterine f   | No                  | *   |                             | ALL                                                            |
| 58679 | UNLISTED LAPAROSCOPY PROCEDUR                  | Yes                 |     |                             | ALL (Except Medicare Comp)                                     |
| 58679 | UNLISTED LAPAROSCOPY PROCEDUR                  | No                  |     |                             | MEDICARE COMP/MCWRAP                                           |
| 58679 | UNLISTED LAPAROSCOPY PROCEDUR                  | No                  |     |                             | PRICHO                                                         |
| 58700 | Salpingectomy, complete or partial, unilate    | No                  |     |                             | ALL                                                            |
| 58720 | Salpingo-oophorectomy, complete or parti       | No                  |     |                             | ALL                                                            |
| 58740 | Lysis of adhesions (salpingolysis, ovarioly    | No                  | *   |                             | ALL                                                            |
| 58750 | TUBOTUBAL ANASTOMOSIS                          | Yes                 | *   |                             | ALL (Except Medicare Comp, MMP)                                |
| 58750 | TUBOTUBAL ANASTOMOSIS                          | No                  | *   |                             | MEDICARE COMP/MCWRAP, MMP                                      |
| 58750 | TUBOTUBAL ANASTOMOSIS                          | No                  |     |                             | PRICHO                                                         |
| 58750 | TUBOTUBAL ANASTOMOSIS                          | Not Covered         |     |                             | CAID                                                           |
| 58752 | TUBOUTERINE IMPLANTATION                       | Yes                 |     |                             | ALL (Except PRICHO, MCWRAP)                                    |
| 58752 | TUBOUTERINE IMPLANTATION                       | No                  |     |                             | PRICHO, MCWRAP                                                 |
| 58760 | Fimbrioplasty                                  | No                  | *   |                             | ALL                                                            |
| 58760 | Fimbrioplasty                                  | Not Covered         |     |                             | CAID                                                           |
| 58770 | Salpingostomy (salpingoneostomy)               | No                  | *   |                             | ALL                                                            |
| 58800 | Drainage of ovarian cyst(s), unilateral or bi  | No                  |     |                             | ALL                                                            |
| 58805 | Drainage of ovarian cyst(s), unilateral or bi  | No                  |     |                             | ALL                                                            |
| 58820 | Drainage of ovarian abscess; vaginal appr      | No                  |     |                             | ALL                                                            |
| 58822 | Drainage of ovarian abscess; abdominal a       | No                  |     |                             | ALL                                                            |
| 58825 | Transposition, ovary(s)                        | No                  |     |                             | ALL                                                            |
| 58900 | Biopsy of ovary, unilateral or bilateral (sepi | No                  | *   |                             | ALL                                                            |
| 58920 | Wedge resection or bisection of ovary, uni     | No                  |     |                             | ALL                                                            |
| 58925 | Ovarian cystectomy, unilateral or bilateral    | No                  |     |                             | ALL                                                            |
| 58940 | Oophorectomy, partial or total, unilateral o   | No                  |     |                             | ALL                                                            |
| 58943 | Oophorectomy, partial or total, unilateral o   | No                  |     |                             | ALL                                                            |
| 58950 | Resection of ovarian, tubal or primary perit   | No                  |     |                             | ALL                                                            |
| 58951 | Resection of ovarian, tubal or primary perit   | No                  |     |                             | ALL                                                            |
| 58952 | Resection of ovarian, tubal or primary perit   | No                  |     |                             | ALL                                                            |
| 58953 | Bilateral salpingo-oophorectomy with omei      | No                  |     |                             | ALL                                                            |
| 58954 | Bilateral salpingo-oophorectomy with omei      | No                  |     |                             | ALL                                                            |
| 58956 | Bilateral salpingo-oophorectomy with total     | No                  |     |                             | ALL                                                            |
| 58958 | RESECT (TUMOR DEBULKING) RECUR                 | No                  |     |                             | ALL                                                            |
| 58960 | Laparotomy, for staging or restaging of ova    | No                  |     |                             | ALL                                                            |
| 58970 | FOLLICLE PUNCTURE FOR OOCYTE RI                | Yes                 | *   | MED NEC<br>FERT PRE<br>SERV | ALL (ART with IVF or Med Nec Fertility Preservation, see BAMs) |
| 58974 | EMBRYO TRANSFER, INTRAUTERINE                  | Yes                 | *   | A                           | ALL                                                            |
| 58976 | GAMETE, ZYGOTE, OR EMBRYO INTRA                | Yes                 | *   | A                           | ALL                                                            |
| 58999 | UNLISTED PROCEDURE, FEMALE GEN                 | Yes                 |     |                             | ALL (Except Medicare Comp)                                     |
| 58999 | UNLISTED PROCEDURE, FEMALE GEN                 | No                  |     |                             | MEDICARE COMP/MCWRAP                                           |
| 58999 | UNLISTED PROCEDURE, FEMALE GEN                 | No                  |     |                             | PRICHO                                                         |
| 59000 | Amniocentesis; diagnostic                      | No                  |     |                             | ALL                                                            |
| 59001 | Amniocentesis; therapeutic amniotic fluid r    | No                  |     |                             | ALL                                                            |
| 59012 | Cordocentesis (intrauterine), any method       | No                  |     |                             | ALL                                                            |
| 59015 | Chorionic villus sampling, any method          | No                  |     |                             | ALL                                                            |
| 59020 | Fetal contraction stress test                  | No                  |     |                             | ALL                                                            |
| 59025 | Fetal non-stress test                          | No                  |     |                             | ALL                                                            |
| 59030 | Fetal scalp blood sampling                     | No                  |     |                             | ALL                                                            |
| 59050 | Fetal monitoring during labor by consulting    | No                  |     |                             | ALL                                                            |
| 59051 | Fetal monitoring during labor by consulting    | No                  |     |                             | ALL                                                            |
| 59070 | TRANSABDOMINAL AMNIOINFUSION, I                | No                  |     |                             | ALL                                                            |
| 59072 | FETAL UMBILICAL CORD OCCLUSION,                | No                  |     |                             | ALL                                                            |
| 59074 | FETAL FLUID DRAINAGE (EG, VESICOC              | No                  |     |                             | ALL                                                            |
| 59076 | FETAL SHUNT PLACEMENT, INCLUDIN                | No                  |     |                             | ALL                                                            |
| 59100 | Hysterotomy, abdominal (eg, for hydatidifo     | No                  |     |                             | ALL                                                            |
| 59120 | Surgical treatment of ectopic pregnancy; tu    | No                  |     |                             | ALL                                                            |
| 59121 | Surgical treatment of ectopic pregnancy; tu    | No                  |     |                             | ALL                                                            |
| 59130 | Surgical treatment of ectopic pregnancy; a     | No                  |     |                             | ALL                                                            |
| 59136 | Surgical treatment of ectopic pregnancy; ir    | No                  |     |                             | ALL                                                            |
| 59140 | Surgical treatment of ectopic pregnancy; c     | No                  |     |                             | ALL                                                            |
| 59150 | Laparoscopic treatment of ectopic pregnar      | No                  |     |                             | ALL                                                            |
| 59151 | Laparoscopic treatment of ectopic pregnar      | No                  |     |                             | ALL                                                            |
| 59160 | Curettage, postpartum                          | No                  |     |                             | ALL                                                            |

**Services that require Prior Authorization List**

| Code  | Description                                          | Prior Auth Required | Key    | Rider Requirement | Product Lines              |
|-------|------------------------------------------------------|---------------------|--------|-------------------|----------------------------|
| 59200 | Insertion of cervical dilator (eg, laminaria, i      | No                  |        |                   | ALL                        |
| 59200 | Insertion of cervical dilator (eg, laminaria, prosta | Not Covered         |        |                   | CAID                       |
| 59300 | Episiotomy or vaginal repair, by other than          | No                  |        |                   | ALL                        |
| 59320 | Cerclage of cervix, during pregnancy; vagi           | No                  |        |                   | ALL                        |
| 59325 | Cerclage of cervix, during pregnancy; abdd           | No                  |        |                   | ALL                        |
| 59350 | Hysterorrhaphy of ruptured uterus                    | No                  |        |                   | ALL                        |
| 59400 | Routine obstetric care including antepartur          | No                  |        |                   | ALL                        |
| 59409 | Vaginal delivery only (with or without episid        | No                  |        |                   | ALL                        |
| 59410 | Vaginal delivery only (with or without episid        | No                  |        |                   | ALL                        |
| 59412 | External cephalic version, with or without t         | No                  |        |                   | ALL                        |
| 59414 | Delivery of placenta (separate procedure)            | No                  |        |                   | ALL                        |
| 59425 | Antepartum care only; 4-6 visits                     | No                  |        |                   | ALL                        |
| 59426 | Antepartum care only; 7 or more visits               | No                  |        |                   | ALL                        |
| 59430 | Postpartum care only (separate procedure)            | No                  |        |                   | ALL                        |
| 59510 | Routine obstetric care including antepartur          | No                  |        |                   | ALL                        |
| 59514 | Cesarean delivery only;                              | No                  |        |                   | ALL                        |
| 59515 | Cesarean delivery only; including postpart           | No                  |        |                   | ALL                        |
| 59525 | Subtotal or total hysterectomy after cesare          | No                  |        |                   | ALL                        |
| 59610 | Routine obstetric care including antepartur          | No                  |        |                   | ALL                        |
| 59612 | Vaginal delivery only, after previous cesare         | No                  |        |                   | ALL                        |
| 59614 | Vaginal delivery only, after previous cesare         | No                  |        |                   | ALL                        |
| 59618 | Routine obstetric care including antepartur          | No                  |        |                   | ALL                        |
| 59620 | Cesarean delivery only, following attempte           | No                  |        |                   | ALL                        |
| 59622 | Cesarean delivery only, following attempte           | No                  |        |                   | ALL                        |
| 59812 | Treatment of incomplete abortion, any trim           | No                  |        |                   | ALL                        |
| 59820 | Treatment of missed abortion, completed s            | No                  |        |                   | ALL                        |
| 59821 | Treatment of missed abortion, completed s            | No                  |        |                   | ALL                        |
| 59830 | Treatment of septic abortion, completed su           | No                  |        |                   | ALL                        |
| 59840 | INDUCED ABORTION, BY DILATION AN                     | Yes                 | *      | P                 | ALL (Except Medicare Comp) |
| 59840 | INDUCED ABORTION, BY DILATION AN                     | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59840 | INDUCED ABORTION, BY DILATION AN                     | No                  | *      | P                 | PRICHO                     |
| 59841 | INDUCED ABORTION, BY DILATION AN                     | No                  | *      | P                 | MEDICARE COMP/MCWRAP       |
| 59841 | INDUCED ABORTION, BY DILATION AN                     | Yes                 | *<br>- | P                 | ALL (Except Medicare Comp) |
| 59841 | INDUCED ABORTION, BY DILATION AN                     | No                  | *      | P                 | PRICHO                     |
| 59850 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *      | P                 | ALL (Except Medicare Comp) |
| 59850 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59850 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59851 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *<br>- | P                 | ALL (Except Medicare Comp) |
| 59851 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59851 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59852 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *      | P                 | ALL (Except Medicare Comp) |
| 59852 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59852 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59855 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *      | P                 | ALL (Except Medicare Comp) |
| 59855 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59855 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59856 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *<br>- | P                 | ALL (Except Medicare Comp) |
| 59856 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59856 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59857 | INDUCED ABORTION, BY ONE OR MOR                      | Yes                 | *      | P                 | ALL (Except Medicare Comp) |
| 59857 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *<br>- | P                 | MEDICARE COMP/MCWRAP       |
| 59857 | INDUCED ABORTION, BY ONE OR MOR                      | No                  | *      | P                 | PRICHO                     |
| 59866 | MULTIFETAL PREGNANCY REDUCTION                       | Yes                 |        |                   | ALL (Except Medicare Comp) |
| 59866 | MULTIFETAL PREGNANCY REDUCTION                       | No                  |        |                   | MEDICARE COMP/MCWRAP       |
| 59866 | MULTIFETAL PREGNANCY REDUCTION                       | No                  |        |                   | PRICHO                     |
| 59870 | Uterine evacuation and curettage for hydat           | No                  |        |                   | ALL                        |
| 59871 | Removal of cerclage suture under anesthe             | No                  |        |                   | ALL                        |
| 59897 | UNLISTED FETAL INVASIVE PROCEDU                      | Yes                 |        |                   | ALL (Except Medicare Comp) |
| 59897 | UNLISTED FETAL INVASIVE PROCEDU                      | No                  |        |                   | MEDICARE COMP/MCWRAP       |
| 59897 | UNLISTED FETAL INVASIVE PROCEDU                      | No                  |        |                   | PRICHO                     |
| 59898 | UNLISTED LAPAROSCOPY PROCEDUR                        | Yes                 |        |                   | ALL (Except Medicare Comp) |
| 59898 | UNLISTED LAPAROSCOPY PROCEDUR                        | No                  |        |                   | MEDICARE COMP/MCWRAP       |
| 59898 | UNLISTED LAPAROSCOPY PROCEDUR                        | No                  |        |                   | PRICHO                     |
| 59899 | UNLISTED PROCEDURE, MATERNITY C                      | Yes                 |        |                   | ALL (Except Medicare Comp) |
| 59899 | UNLISTED PROCEDURE, MATERNITY C                      | No                  |        |                   | MEDICARE COMP/MCWRAP       |
| 59899 | UNLISTED PROCEDURE, MATERNITY C                      | No                  |        |                   | PRICHO                     |
| 60000 | Incision and drainage of thyroglossal duct           | No                  |        |                   | ALL                        |
| 60100 | Biopsy thyroid, percutaneous core needle             | No                  |        |                   | ALL                        |
| 60200 | Excision of cyst or adenoma of thyroid, or           | No                  |        |                   | ALL                        |
| 60210 | Partial thyroid lobectomy, unilateral; with o        | No                  |        |                   | ALL                        |
| 60212 | Partial thyroid lobectomy, unilateral; with c        | No                  |        |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 60220 | Total thyroid lobectomy, unilateral; with or   | No                  |     |                   | ALL                        |
| 60225 | Total thyroid lobectomy, unilateral; with co   | No                  |     |                   | ALL                        |
| 60240 | Thyroidectomy, total or complete               | No                  |     |                   | ALL                        |
| 60252 | Thyroidectomy, total or subtotal for malign    | No                  |     |                   | ALL                        |
| 60254 | Thyroidectomy, total or subtotal for malign    | No                  |     |                   | ALL                        |
| 60260 | Thyroidectomy, removal of all remaining th     | No                  |     |                   | ALL                        |
| 60270 | Thyroidectomy, including substernal thyroi     | No                  |     |                   | ALL                        |
| 60271 | Thyroidectomy, including substernal thyroi     | No                  |     |                   | ALL                        |
| 60280 | Excision of thyroglossal duct cyst or sinus;   | No                  |     |                   | ALL                        |
| 60281 | Excision of thyroglossal duct cyst or sinus;   | No                  |     |                   | ALL                        |
| 60300 | APIRATION AND/OR INJECTION, THYR               | No                  |     |                   | ALL                        |
| 60500 | Parathyroidectomy or exploration of parath     | No                  |     |                   | ALL                        |
| 60502 | Parathyroidectomy or exploration of parath     | No                  |     |                   | ALL                        |
| 60505 | Parathyroidectomy or exploration of parath     | No                  |     |                   | ALL                        |
| 60512 | Parathyroid autotransplantation (List separ    | No                  |     |                   | ALL                        |
| 60520 | Thymectomy, partial or total; transcervical    | No                  |     |                   | ALL                        |
| 60521 | Thymectomy, partial or total; sternal split o  | No                  |     |                   | ALL                        |
| 60522 | Thymectomy, partial or total; sternal split o  | No                  |     |                   | ALL                        |
| 60540 | Adrenalectomy, partial or complete, or exp     | No                  |     |                   | ALL                        |
| 60545 | Adrenalectomy, partial or complete, or exp     | No                  |     |                   | ALL                        |
| 60600 | Excision of carotid body tumor; without exci   | No                  |     |                   | ALL                        |
| 60605 | Excision of carotid body tumor; with excisi    | No                  |     |                   | ALL                        |
| 60650 | Laparoscopy, surgical, with adrenalectomy      | No                  |     |                   | ALL                        |
| 60659 | UNLISTED LAPAROSCOPY PROCEDUR                  | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 60659 | UNLISTED LAPAROSCOPY PROCEDUR                  | No                  |     |                   | MCWRAP                     |
| 60660 | Ablation of 1 or more thyroid nodule(s), on    | No                  |     |                   | ALL                        |
| 60661 | Ablation of 1 or more thyroid nodule(s), ad    | No                  |     |                   | ALL                        |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 60699 | UNLISTED PROCEDURE, ENDOCRINE                  | No                  |     |                   | PRICHO                     |
| 61000 | Subdural tap through fontanelle, or suture,    | No                  |     |                   | ALL                        |
| 61001 | Subdural tap through fontanelle, or suture,    | No                  |     |                   | ALL                        |
| 61020 | Ventricular puncture through previous burr     | No                  |     |                   | ALL                        |
| 61026 | Ventricular puncture through previous burr     | No                  |     |                   | ALL                        |
| 61050 | Cisternal or lateral cervical (C1-C2) punctu   | No                  |     |                   | ALL                        |
| 61055 | Cisternal or lateral cervical (C1-C2) punctu   | No                  |     |                   | ALL                        |
| 61070 | Puncture of shunt tubing or reservoir for as   | No                  |     |                   | ALL                        |
| 61105 | Twist drill hole for subdural or ventricular p | No                  |     |                   | ALL                        |
| 61107 | Twist drill hole for subdural or ventricular p | No                  |     |                   | ALL                        |
| 61108 | Twist drill hole for subdural or ventricular p | No                  |     |                   | ALL                        |
| 61120 | Burr hole(s) for ventricular puncture (includ  | No                  |     |                   | ALL                        |
| 61140 | Burr hole(s) or trephine; with biopsy of brai  | No                  |     |                   | ALL                        |
| 61150 | Burr hole(s) or trephine; with drainage of b   | No                  |     |                   | ALL                        |
| 61151 | Burr hole(s) or trephine; with subsequent t    | No                  |     |                   | ALL                        |
| 61154 | Burr hole(s) with evacuation and/or drainag    | No                  |     |                   | ALL                        |
| 61156 | Burr hole(s); with aspiration of hematoma      | No                  |     |                   | ALL                        |
| 61210 | Burr hole(s); for implanting ventricular cath  | No                  |     |                   | ALL                        |
| 61215 | Insertion of subcutaneous reservoir, pump      | No                  |     |                   | ALL                        |
| 61250 | Burr hole(s) or trephine, supratentorial, exp  | No                  |     |                   | ALL                        |
| 61253 | Burr hole(s) or trephine, infratentorial, unil | No                  |     |                   | ALL                        |
| 61304 | CRANIECTOMY OR CRANIOTOMY, EXP                 | No                  |     |                   | ALL                        |
| 61305 | CRANIECTOMY OR CRANIOTOMY, EXP                 | No                  |     |                   | ALL                        |
| 61312 | Craniectomy or craniotomy for evacuation       | No                  |     |                   | ALL                        |
| 61313 | Craniectomy or craniotomy for evacuation       | No                  |     |                   | ALL                        |
| 61314 | Craniectomy or craniotomy for evacuation       | No                  |     |                   | ALL                        |
| 61315 | Craniectomy or craniotomy for evacuation       | No                  |     |                   | ALL                        |
| 61316 | Incision and subcutaneous placement of c       | No                  |     |                   | ALL                        |
| 61320 | Craniectomy or craniotomy, drainage of int     | No                  |     |                   | ALL                        |
| 61321 | Craniectomy or craniotomy, drainage of int     | No                  |     |                   | ALL                        |
| 61322 | Craniectomy or craniotomy, decompressiv        | No                  |     |                   | ALL                        |
| 61323 | Craniectomy or craniotomy, decompressiv        | No                  |     |                   | ALL                        |
| 61330 | Decompression of orbit only, transcranial a    | No                  |     |                   | ALL                        |
| 61333 | Exploration of orbit (transcranial approach)   | No                  |     |                   | ALL                        |
| 61340 | Subtemporal cranial decompression (pseu        | No                  |     |                   | ALL                        |
| 61343 | Craniectomy, suboccipital with cervical lan    | No                  |     |                   | ALL                        |
| 61345 | OTHER CRANIAL DECOMPRESSION, P                 | No                  |     |                   | ALL                        |
| 61450 | Craniectomy, subtemporal, for section, cot     | No                  |     |                   | ALL                        |
| 61458 | Craniectomy, suboccipital; for exploration     | No                  |     |                   | ALL                        |
| 61460 | Craniectomy, suboccipital; for section of o    | No                  |     |                   | ALL                        |
| 61500 | Craniectomy; with excision of tumor or oth     | No                  |     |                   | ALL                        |
| 61501 | Craniectomy; for osteomyelitis                 | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------|
| 61510 | Craniectomy, trephination, bone flap crani    | No                  |     |                   | ALL           |
| 61512 | Craniectomy, trephination, bone flap crani    | No                  |     |                   | ALL           |
| 61514 | Craniectomy, trephination, bone flap crani    | No                  |     |                   | ALL           |
| 61516 | Craniectomy, trephination, bone flap crani    | No                  |     |                   | ALL           |
| 61517 | Implantation of brain intracavitary chemoth   | No                  |     |                   | ALL           |
| 61518 | Craniectomy for excision of brain tumor, in   | No                  |     |                   | ALL           |
| 61519 | Craniectomy for excision of brain tumor, in   | No                  |     |                   | ALL           |
| 61520 | Craniectomy for excision of brain tumor, in   | No                  |     |                   | ALL           |
| 61521 | Craniectomy for excision of brain tumor, in   | No                  |     |                   | ALL           |
| 61522 | Craniectomy, infratentorial or posterior fos  | No                  |     |                   | ALL           |
| 61524 | Craniectomy, infratentorial or posterior fos  | No                  |     |                   | ALL           |
| 61526 | Craniectomy, bone flap craniotomy, transt     | No                  |     |                   | ALL           |
| 61530 | Craniectomy, bone flap craniotomy, transt     | No                  |     |                   | ALL           |
| 61531 | SUBDURAL IMPLANTATION OF STRIP E              | No                  |     |                   | ALL           |
| 61533 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61534 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61535 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61536 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61537 | CRANIOTOMY W ELEVATION OF BONE                | No                  |     |                   | ALL           |
| 61538 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61539 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61540 | CRANIOTOMY W/ ELEVATION OF BONE               | No                  |     |                   | ALL           |
| 61541 | Craniotomy with elevation of bone flap; for   | No                  |     |                   | ALL           |
| 61543 | CRANIOTOMY WITH ELEVATION OF BONE             | No                  |     |                   | ALL           |
| 61544 | Craniotomy with elevation of bone flap; for   | No                  |     |                   | ALL           |
| 61545 | Craniotomy with elevation of bone flap; for   | No                  |     |                   | ALL           |
| 61546 | Craniotomy for hypophysectomy or excisio      | No                  |     |                   | ALL           |
| 61548 | Hypophysectomy or excision of pituitary tu    | No                  |     |                   | ALL           |
| 61550 | Craniectomy for craniosynostosis; single c    | No                  |     |                   | ALL           |
| 61552 | Craniectomy for craniosynostosis; multiple    | No                  |     |                   | ALL           |
| 61556 | Craniotomy for craniosynostosis; frontal or   | No                  |     |                   | ALL           |
| 61557 | Craniotomy for craniosynostosis; bifrontal    | No                  |     |                   | ALL           |
| 61558 | Extensive craniectomy for multiple cranial    | No                  |     |                   | ALL           |
| 61559 | Extensive craniectomy for multiple cranial    | No                  |     |                   | ALL           |
| 61563 | Excision, intra and extracranial, benign tun  | No                  |     |                   | ALL           |
| 61564 | Excision, intra and extracranial, benign tun  | No                  |     |                   | ALL           |
| 61566 | CRANIOTOMY W ELEVATION OF BONE                | No                  |     |                   | ALL           |
| 61567 | CRANIOTOMY W ELEVATION OF BONE                | No                  |     |                   | ALL           |
| 61570 | Craniectomy or craniotomy; with excision o    | No                  |     |                   | ALL           |
| 61571 | Craniectomy or craniotomy; with treatment     | No                  |     |                   | ALL           |
| 61575 | Transoral approach to skull base, brain ste   | No                  |     |                   | ALL           |
| 61576 | Transoral approach to skull base, brain ste   | No                  |     |                   | ALL           |
| 61580 | Craniofacial approach to anterior cranial fo  | No                  |     |                   | ALL           |
| 61581 | Craniofacial approach to anterior cranial fo  | No                  |     |                   | ALL           |
| 61582 | Craniofacial approach to anterior cranial fo  | No                  |     |                   | ALL           |
| 61583 | Craniofacial approach to anterior cranial fo  | No                  |     |                   | ALL           |
| 61584 | Orbitocranial approach to anterior cranial f  | No                  |     |                   | ALL           |
| 61585 | Orbitocranial approach to anterior cranial f  | No                  |     |                   | ALL           |
| 61586 | Bicoronal, transzygomatic and/or LeFort I     | No                  |     |                   | ALL           |
| 61590 | Infratemporal pre-auricular approach to mi    | No                  |     |                   | ALL           |
| 61591 | Infratemporal post-auricular approach to m    | No                  |     |                   | ALL           |
| 61592 | Orbitocranial zygomatic approach to middl     | No                  |     |                   | ALL           |
| 61595 | Transmastoid approach to posterior crania     | No                  |     |                   | ALL           |
| 61596 | Transcochlear approach to posterior crania    | No                  |     |                   | ALL           |
| 61597 | Transcondylar (far lateral) approach to pos   | No                  |     |                   | ALL           |
| 61598 | Transpetrosal approach to posterior crania    | No                  |     |                   | ALL           |
| 61600 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61601 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61605 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61606 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61607 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61608 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61611 | Transection or ligation, carotid artery in pe | No                  |     |                   | ALL           |
| 61613 | Obliteration of carotid aneurysm, arteriove   | No                  |     |                   | ALL           |
| 61615 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61616 | Resection or excision of neoplastic, vascul   | No                  |     |                   | ALL           |
| 61618 | Secondary repair of dura for cerebrospinal    | No                  |     |                   | ALL           |
| 61619 | Secondary repair of dura for cerebrospinal    | No                  |     |                   | ALL           |
| 61623 | ENDOVASCULAR TEMPORARY BALLO                  | No                  |     |                   | ALL           |
| 61624 | Transcatheter permanent occlusion or em       | No                  |     |                   | ALL           |
| 61626 | Transcatheter permanent occlusion or em       | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key                     | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------------|---------------------|-------------------------|-------------------|---------------------------------------|
| 61630 | BALLOON ANGIOPLASTY, INTRACRANIAL                | No                  |                         |                   | ALL                                   |
| 61630 | BALLOON ANGIOPLASTY, INTRACRANIAL (E             | Not Covered         |                         |                   | CAID                                  |
| 61635 | TRANSCATHETER PLACEMENT OF INT                   | No                  |                         |                   | ALL                                   |
| 61635 | TRANSCATHETER PLACEMENT OF INTRAVA               | Not Covered         |                         |                   | CAID                                  |
| 61640 | BALLOON DILATATION OF INTRACRAN                  | No                  |                         |                   | ALL                                   |
| 61640 | BALLOON DILATATION OF INTRACRANIAL V.            | Not Covered         |                         |                   | CAID                                  |
| 61641 | BALLOON DILATATION OF INTRACRAN                  | No                  |                         |                   | ALL                                   |
| 61641 | BALLOON DILATATION OF INTRACRANIAL V.            | Not Covered         |                         |                   | CAID                                  |
| 61642 | BALLOON DILATATION OF INTRACRAN                  | No                  |                         |                   | ALL                                   |
| 61642 | BALLOON DILATATION OF INTRACRANIAL V.            | Not Covered         |                         |                   | CAID                                  |
| 61645 | Percutaneous arterial transluminal mechanical th | No                  |                         |                   | ALL                                   |
| 61650 | Endovascular intracranial prolonged administrati | No                  |                         |                   | ALL                                   |
| 61651 | Endovascular intracranial prolonged administrati | No                  |                         |                   | ALL                                   |
| 61680 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61682 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61684 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61686 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61690 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61692 | Surgery of intracranial arteriovenous malfo      | No                  |                         |                   | ALL                                   |
| 61697 | Surgery of complex intracranial aneurysm,        | No                  |                         |                   | ALL                                   |
| 61698 | Surgery of complex intracranial aneurysm,        | No                  |                         |                   | ALL                                   |
| 61700 | Surgery of simple intracranial aneurysm, ir      | No                  |                         |                   | ALL                                   |
| 61702 | Surgery of simple intracranial aneurysm, ir      | No                  |                         |                   | ALL                                   |
| 61703 | Surgery of intracranial aneurysm, cervical       | No                  |                         |                   | ALL                                   |
| 61705 | Surgery of aneurysm, vascular malformati         | No                  |                         |                   | ALL                                   |
| 61708 | Surgery of aneurysm, vascular malformati         | No                  |                         |                   | ALL                                   |
| 61710 | Surgery of aneurysm, vascular malformati         | No                  |                         |                   | ALL                                   |
| 61711 | Anastomosis, arterial, extracranial-intracra     | No                  |                         |                   | ALL                                   |
| 61715 | Magnetic resonance image guided high int         | Yes                 |                         |                   | ALL (Except MCWRAP)                   |
| 61715 | Magnetic resonance image guided high int         | No                  |                         |                   | MCWRAP                                |
| 61720 | Creation of lesion by stereotactic method,       | No                  |                         |                   | ALL                                   |
| 61735 | Creation of lesion by stereotactic method,       | No                  |                         |                   | ALL                                   |
| 61736 | Laser interstitial thermal therapy (LITT) of     | No                  |                         |                   | ALL                                   |
| 61737 | Laser interstitial thermal therapy (LITT) of     | No                  |                         |                   | ALL                                   |
| 61750 | Stereotactic biopsy, aspiration, or excision     | No                  |                         |                   | ALL                                   |
| 61751 | Stereotactic biopsy, aspiration, or excision     | No                  |                         |                   | ALL                                   |
| 61760 | Stereotactic implantation of depth electro       | No                  |                         |                   | ALL                                   |
| 61770 | STEREOTACTIC LOCALIZATION, ANY M                 | No                  |                         |                   | ALL                                   |
| 61781 | Stereotactic computer-assisted (navigation       | No                  |                         |                   | ALL                                   |
| 61782 | Stereotactic computer-assisted (navigation       | No                  |                         |                   | ALL                                   |
| 61783 | Stereotactic computer-assisted (navigation       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 61783 | Stereotactic computer-assisted (navigation       | No                  |                         |                   | MCWRAP                                |
| 61790 | CREATION OF LESION BY STEREOTAC                  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 61790 | CREATION OF LESION BY STEREOTAC                  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 61790 | CREATION OF LESION BY STEREOTAC                  | No                  |                         |                   | PRICHO                                |
| 61791 | Creation of lesion by stereotactic method,       | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 61791 | Creation of lesion by stereotactic method,       | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 61791 | Creation of lesion by stereotactic method,       | No                  |                         |                   | PRICHO                                |
| 61796 | Stereotactic radiosurgery (particle beam, g      | No                  |                         |                   | ALL                                   |
| 61797 | Stereotactic radiosurgery (particle beam, g      | No                  |                         |                   | ALL                                   |
| 61798 | Stereotactic radiosurgery (particle beam, g      | No                  |                         |                   | ALL                                   |
| 61799 | Stereotactic radiosurgery (particle beam, g      | No                  |                         |                   | ALL                                   |
| 61800 | Application of stereotactic headframe for s      | No                  |                         |                   | ALL                                   |
| 61850 | Twist drill or burr hole(s) for implantation o   | No                  |                         |                   | ALL                                   |
| 61860 | CRANIECTOMY OR CRANIOTOMY FOR                    | No                  |                         |                   | ALL                                   |
| 61863 | TWIST DRILL, BURR HOLE, CRANIOTO                 | No                  |                         |                   | ALL                                   |
| 61864 | TWIST DRILL, BURR HOLE CRANIOTON                 | No                  |                         |                   | ALL                                   |
| 61867 | TWIST DRILL BURR HOLE, CRANIOTON                 | No                  |                         |                   | ALL                                   |
| 61868 | TWIST DRILL BURR HOLE, CRANIOTON                 | No                  |                         |                   | ALL                                   |
| 61880 | REVISION OR REMOVAL OF INTRACRA                  | No                  |                         |                   | ALL                                   |
| 61885 | INCISION AND SUBCUTANEOUS PLACI                  | No                  |                         |                   | ALL                                   |
| 61886 | INSRT/REPLACE OF CRANIAL NEURO                   | No                  |                         |                   | ALL                                   |
| 61888 | REVISION OR REMOVAL OF CRANIAL N                 | No                  |                         |                   | ALL                                   |
| 61889 | Insertion of skull-mounted cranial neurosti      | No                  |                         |                   | ALL                                   |
| 61891 | Revision or replacement of skull-mounted         | No                  |                         |                   | ALL                                   |
| 61892 | Removal of skull-mounted cranial neurosti        | No                  |                         |                   | ALL                                   |
| 62000 | Elevation of depressed skull fracture; simp      | No                  |                         |                   | ALL                                   |
| 62005 | Elevation of depressed skull fracture; com       | No                  |                         |                   | ALL                                   |
| 62010 | Elevation of depressed skull fracture; with      | No                  |                         |                   | ALL                                   |
| 62100 | Craniotomy for repair of dural/cerebrospin       | No                  |                         |                   | ALL                                   |
| 62115 | Reduction of craniomegalic skull (eg, treat      | No                  |                         |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key     | Rider Requirement | Product Lines                          |
|-------|----------------------------------------------------|---------------------|---------|-------------------|----------------------------------------|
| 62117 | Reduction of craniomegaly skull (eg, treat         | No                  |         |                   | ALL                                    |
| 62120 | Repair of encephalocele, skull vault, includ       | No                  |         |                   | ALL                                    |
| 62121 | Craniotomy for repair of encephalocele, sk         | No                  |         |                   | ALL                                    |
| 62140 | Cranioplasty for skull defect; up to 5 cm di       | No                  |         |                   | ALL                                    |
| 62141 | Cranioplasty for skull defect; larger than 5       | No                  |         |                   | ALL                                    |
| 62142 | Removal of bone flap or prosthetic plate of        | No                  |         |                   | ALL                                    |
| 62143 | Replacement of bone flap or prosthetic pla         | No                  |         |                   | ALL                                    |
| 62145 | Cranioplasty for skull defect with reparativ       | No                  |         |                   | ALL                                    |
| 62146 | Cranioplasty with autograft (includes obtai        | No                  |         |                   | ALL                                    |
| 62147 | Cranioplasty with autograft (includes obtai        | No                  |         |                   | ALL                                    |
| 62148 | Incision and retrieval of subcutaneous cran        | No                  |         |                   | ALL                                    |
| 62160 | NEUROENDOSCOPY, INTRACRANIAL, I                    | No                  |         |                   | ALL                                    |
| 62161 | NEUROENDOSCOPY, INTRACRANIAL; )                    | No                  |         |                   | ALL                                    |
| 62162 | NEUROENDOSCOPY, INTRACRANIAL; )                    | No                  |         |                   | ALL                                    |
| 62163 | NEUROENDOSCOPY, INTRACRANIAL; )                    | No                  |         |                   | ALL                                    |
| 62164 | NEUROENDOSCOPY, INTRACRANIAL; )                    | No                  |         |                   | ALL                                    |
| 62165 | NEUROENDOSCOPY, INTRACRANIAL; )                    | No                  |         |                   | ALL                                    |
| 62180 | Ventriculocisternostomy (Torkildsen type c         | No                  |         |                   | ALL                                    |
| 62190 | Creation of shunt; subarachnoid/subdural-          | No                  |         |                   | ALL                                    |
| 62192 | Creation of shunt; subarachnoid/subdural-          | No                  |         |                   | ALL                                    |
| 62194 | Replacement or irrigation, subarachnoid/s          | No                  |         |                   | ALL                                    |
| 62200 | Ventriculocisternostomy, third ventricle;          | No                  |         |                   | ALL                                    |
| 62201 | Ventriculocisternostomy, third ventricle; st       | No                  |         |                   | ALL                                    |
| 62220 | Creation of shunt; ventriculo-atrial, -jugula      | No                  |         |                   | ALL                                    |
| 62223 | Creation of shunt; ventriculo-peritoneal, -p       | No                  |         |                   | ALL                                    |
| 62225 | Replacement or irrigation, ventricular cath        | No                  |         |                   | ALL                                    |
| 62230 | Replacement or revision of cerebrospinal f         | No                  |         |                   | ALL                                    |
| 62252 | Reprogramming of programmable cerebro              | No                  |         |                   | ALL                                    |
| 62256 | Removal of complete cerebrospinal fluid s          | No                  |         |                   | ALL                                    |
| 62258 | Removal of complete cerebrospinal fluid s          | No                  |         |                   | ALL                                    |
| 62263 | Percutaneous lysis of epidural adhesions u         | Not Covered         |         |                   | ALL (Except Caid, MMP)                 |
| 62263 | Percutaneous lysis of epidural adhesions u         | No                  |         |                   | Caid, MMP                              |
| 62264 | Percutaneous lysis of epidural adhesions u         | Not Covered         |         |                   | ALL (Except Caid, MMP)                 |
| 62264 | Percutaneous lysis of epidural adhesions u         | No                  |         |                   | Caid, MMP                              |
| 62267 | Percutaneous aspiration within nucleus pu          | No                  |         |                   | ALL                                    |
| 62268 | Percutaneous aspiration, spinal cord cyst          | No                  |         |                   | ALL                                    |
| 62269 | Biopsy of spinal cord, percutaneous needl          | No                  |         |                   | ALL                                    |
| 62270 | Spinal puncture, lumbar, diagnostic                | No                  |         |                   | ALL                                    |
| 62272 | Spinal puncture, therapeutic, for drainage         | No                  |         |                   | ALL                                    |
| 62273 | Injection, epidural, of blood or clot patch        | No                  |         |                   | ALL                                    |
| 62280 | Injection/infusion of neurolytic substance (       | Not Covered         |         |                   | ALL (Except Caid, MMP)                 |
| 62280 | Injection/infusion of neurolytic substance (       | No                  |         |                   | Caid, MMP                              |
| 62281 | Injection/infusion of neurolytic substance (       | Yes                 | CCN     |                   | ALL (Except MCWRAP, Caid, MMP, PRICHO) |
| 62281 | Injection/infusion of neurolytic substance (       | No                  |         |                   | MCWRAP, Caid, MMP, PRICHO              |
| 62282 | Injection/infusion of neurolytic substance (       | Yes                 | CCN     |                   | ALL (Except MCWRAP, Caid, MMP, PRICHO) |
| 62282 | Injection/infusion of neurolytic substance (       | No                  |         |                   | MCWRAP, Caid, MMP, PRICHO              |
| 62284 | INJECTION PROCEDURE FOR MYELOG                     | No                  |         |                   | ALL                                    |
| 62287 | ASPIRATION OR DECOMPRESSION PR                     | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                    |
| 62287 | ASPIRATION OR DECOMPRESSION PR                     | No                  |         |                   | MCWRAP                                 |
| 62290 | Injection procedure for diskography, each          | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62290 | Injection procedure for diskography, each          | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 62290 | Injection procedure for diskography, each          | No                  |         |                   | PRICHO                                 |
| 62291 | Injection procedure for diskography, each          | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62291 | Injection procedure for diskography, each          | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 62291 | Injection procedure for diskography, each          | No                  |         |                   | PRICHO                                 |
| 62292 | Injection procedure for chemonucleolysis,          | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62292 | Injection procedure for chemonucleolysis,          | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 62292 | Injection procedure for chemonucleolysis,          | No                  |         |                   | PRICHO                                 |
| 62294 | Injection procedure, arterial, for occlusion       | No                  |         |                   | ALL                                    |
| 62302 | Myelography via lumbar injection, includi          | No                  |         |                   | ALL                                    |
| 62303 | Myelography via lumbar injection, includi          | No                  |         |                   | ALL                                    |
| 62304 | Myelography via lumbar injection, includi          | No                  |         |                   | ALL                                    |
| 62305 | Myelography via lumbar injection, includi          | No                  |         |                   | ALL                                    |
| 62320 | Injection(s), of diagnostic or therapeutic substan | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62320 | Injection(s), of diagnostic or therapeutic substan | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 62320 | Injection(s), of diagnostic or therapeutic su      | No                  |         |                   | PRICHO                                 |
| 62321 | Injection(s), of diagnostic or therapeutic substan | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62321 | Injection(s), of diagnostic or therapeutic substan | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 62321 | Injection(s), of diagnostic or therapeutic su      | No                  |         |                   | PRICHO                                 |
| 62322 | Injection(s), of diagnostic or therapeutic substan | Yes                 | CCN     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 62322 | Injection(s), of diagnostic or therapeutic substan | No                  |         |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                     | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------|---------------------|-------------------------|-------------------|---------------------------------------|
| 62322 | Injection(s), of diagnostic or therapeutic su      | No                  |                         |                   | PRICHO                                |
| 62323 | Injection(s), of diagnostic or therapeutic substan | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 62323 | Injection(s), of diagnostic or therapeutic substan | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 62323 | Injection(s), of diagnostic or therapeutic su      | No                  |                         |                   | PRICHO                                |
| 62324 | Injection(s), including indwelling catheter placem | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 62324 | Injection(s), including indwelling catheter placem | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 62324 | Injection(s), including indwelling catheter p      | No                  |                         |                   | PRICHO                                |
| 62325 | Injection(s), including indwelling catheter placem | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 62325 | Injection(s), including indwelling catheter placem | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 62325 | Injection(s), including indwelling catheter p      | No                  |                         |                   | PRICHO                                |
| 62326 | Injection(s), including indwelling catheter placem | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 62326 | Injection(s), including indwelling catheter placem | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 62326 | Injection(s), including indwelling catheter p      | No                  |                         |                   | PRICHO                                |
| 62327 | Injection(s), including indwelling catheter placem | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 62327 | Injection(s), including indwelling catheter placem | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 62327 | Injection(s), including indwelling catheter p      | No                  |                         |                   | PRICHO                                |
| 62328 | Spinal puncture, lumbar, diagnostic; with fl       | No                  |                         |                   | ALL                                   |
| 62329 | Spinal puncture, therapeutic, for drainage         | No                  |                         |                   | ALL                                   |
| 62350 | IMPLANTATION, REVISION OR REPOSI                   | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp)            |
| 62350 | IMPLANTATION, REVISION OR REPOSI                   | No                  |                         |                   | MEDICARE COMP/MCWRAP                  |
| 62350 | Implantation, revision or repositioning of tu      | No                  |                         |                   | PRICHO                                |
| 62351 | Implantation, revision or repositioning of tu      | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp)            |
| 62351 | Implantation, revision or repositioning of tu      | No                  |                         |                   | MEDICARE COMP/MCWRAP                  |
| 62351 | Implantation, revision or repositioning of tu      | No                  |                         |                   | PRICHO                                |
| 62355 | Removal of previously implanted intrathec          | No                  |                         |                   | ALL                                   |
| 62360 | Implantation or replacement of device for i        | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp)            |
| 62360 | Implantation or replacement of device for i        | No                  |                         |                   | MEDICARE COMP/MCWRAP                  |
| 62360 | Implantation or replacement of device for i        | No                  |                         |                   | PRICHO                                |
| 62361 | Implantation or replacement of device for i        | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp)            |
| 62361 | Implantation or replacement of device for i        | No                  |                         |                   | MEDICARE COMP/MCWRAP                  |
| 62361 | Implantation or replacement of device for i        | No                  |                         |                   | PRICHO                                |
| 62362 | Implantation or replacement of device for i        | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp)            |
| 62362 | Implantation or replacement of device for i        | No                  |                         |                   | MEDICARE COMP/MCWRAP                  |
| 62362 | Implantation or replacement of device for i        | No                  |                         |                   | PRICHO                                |
| 62365 | Removal of subcutaneous reservoir or pun           | No                  |                         |                   | ALL                                   |
| 62367 | Electronic analysis of programmable, impl          | No                  |                         |                   | ALL                                   |
| 62368 | Electronic analysis of programmable, impl          | No                  |                         |                   | ALL                                   |
| 62369 | Electronic analysis of programmable, impl          | No                  |                         |                   | ALL                                   |
| 62370 | Electronic analysis of programmable, impl          | No                  |                         |                   | ALL                                   |
| 62380 | Endoscopic decompression of spinal cord,           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 62380 | Endoscopic decompression of spinal cord,           | No                  |                         |                   | MCWRAP                                |
| 63001 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63001 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63003 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63003 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63005 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63005 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63011 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63011 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63012 | Laminectomy with removal of abnormal fat           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63012 | Laminectomy with removal of abnormal fat           | No                  |                         |                   | MCWRAP                                |
| 63015 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63015 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63016 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63016 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63017 | Laminectomy with exploration and/or deco           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63017 | Laminectomy with exploration and/or deco           | No                  |                         |                   | MCWRAP                                |
| 63020 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63020 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63030 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63030 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63035 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63035 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63040 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63040 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63042 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63042 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63043 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63043 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |
| 63044 | Laminotomy (hemilaminectomy), with dec             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                   |
| 63044 | Laminotomy (hemilaminectomy), with dec             | No                  |                         |                   | MCWRAP                                |

**Services that require Prior Authorization List**

| Code  | Description                               | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|-------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 63045 | Laminectomy, facetectomy and foraminot    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63045 | Laminectomy, facetectomy and foraminot    | No                  |                         |                   | MCWRAP              |
| 63046 | Laminectomy, facetectomy and foraminot    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63046 | Laminectomy, facetectomy and foraminot    | No                  |                         |                   | MCWRAP              |
| 63047 | Laminectomy, facetectomy and foraminot    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63047 | Laminectomy, facetectomy and foraminot    | No                  |                         |                   | MCWRAP              |
| 63048 | Laminectomy, facetectomy and foraminot    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63048 | Laminectomy, facetectomy and foraminot    | No                  |                         |                   | MCWRAP              |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DEC          | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63050 | LAMINOPLASTY, CERVICAL, WITH DEC          | No                  |                         |                   | MCWRAP              |
| 63051 | LAMINOPLASTY, CERVICAL, W/DECOM           | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63051 | LAMINOPLASTY, CERVICAL, W/DECOM           | No                  |                         |                   | MCWRAP              |
| 63052 | Laminectomy, facetectomy, or foraminotor  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63052 | Laminectomy, facetectomy, or foraminotor  | No                  |                         |                   | MCWRAP              |
| 63053 | Laminectomy, facetectomy, or foraminotor  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63053 | Laminectomy, facetectomy, or foraminotor  | No                  |                         |                   | MCWRAP              |
| 63055 | Transpedicular approach with decompress   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63055 | Transpedicular approach with decompress   | No                  |                         |                   | MCWRAP              |
| 63056 | Transpedicular approach with decompress   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63056 | Transpedicular approach with decompress   | No                  |                         |                   | MCWRAP              |
| 63057 | Transpedicular approach with decompress   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63057 | Transpedicular approach with decompress   | No                  |                         |                   | MCWRAP              |
| 63064 | Costovertebral approach with decompress   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63064 | Costovertebral approach with decompress   | No                  |                         |                   | MCWRAP              |
| 63066 | Costovertebral approach with decompress   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63066 | Costovertebral approach with decompress   | No                  |                         |                   | MCWRAP              |
| 63075 | Discectomy, anterior, with decompression  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63075 | Discectomy, anterior, with decompression  | No                  |                         |                   | MCWRAP              |
| 63076 | Discectomy, anterior, with decompression  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63076 | Discectomy, anterior, with decompression  | No                  |                         |                   | MCWRAP              |
| 63077 | Discectomy, anterior, with decompression  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63077 | Discectomy, anterior, with decompression  | No                  |                         |                   | MCWRAP              |
| 63078 | Discectomy, anterior, with decompression  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63078 | Discectomy, anterior, with decompression  | No                  |                         |                   | MCWRAP              |
| 63081 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63081 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63082 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63082 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63085 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63085 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63086 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63086 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63087 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63087 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63088 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63088 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63090 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63090 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63091 | Vertebral corpectomy (vertebral body rese | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63091 | Vertebral corpectomy (vertebral body rese | No                  |                         |                   | MCWRAP              |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBR             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63101 | VERTEBRAL CORPECTOMY (VERTEBR             | No                  |                         |                   | MCWRAP              |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBR             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63102 | VERTEBRAL CORPECTOMY (VERTEBR             | No                  |                         |                   | MCWRAP              |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBR             | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63103 | VERTEBRAL CORPECTOMY (VERTEBR             | No                  |                         |                   | MCWRAP              |
| 63170 | Laminectomy with myelotomy (eg, Bischof   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63170 | Laminectomy with myelotomy (eg, Bischof   | No                  |                         |                   | MCWRAP              |
| 63172 | Laminectomy with drainage of intramedull  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63172 | Laminectomy with drainage of intramedull  | No                  |                         |                   | MCWRAP              |
| 63173 | Laminectomy with drainage of intramedull  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63173 | Laminectomy with drainage of intramedull  | No                  |                         |                   | MCWRAP              |
| 63180 | Laminectomy and section of dentate ligam  | No                  |                         |                   | ALL                 |
| 63182 | Laminectomy and section of dentate ligam  | No                  |                         |                   | ALL                 |
| 63185 | Laminectomy with rhizotomy; one or two s  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63185 | Laminectomy with rhizotomy; one or two s  | No                  |                         |                   | MCWRAP              |
| 63190 | Laminectomy with rhizotomy; more than tw  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63190 | Laminectomy with rhizotomy; more than tw  | No                  |                         |                   | MCWRAP              |
| 63191 | Laminectomy with section of spinal access | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63191 | Laminectomy with section of spinal access | No                  |                         |                   | MCWRAP              |
| 63197 | Laminectomy with cordotomy, with section  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                     | Rider Requirement | Product Lines       |
|-------|----------------------------------------------|---------------------|-------------------------|-------------------|---------------------|
| 63197 | Laminectomy with cordotomy, with section     | No                  |                         |                   | MCWRAP              |
| 63200 | Laminectomy, with release of tethered spin   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63200 | Laminectomy, with release of tethered spin   | No                  |                         |                   | MCWRAP              |
| 63250 | Laminectomy for excision or occlusion of a   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63250 | Laminectomy for excision or occlusion of a   | No                  |                         |                   | MCWRAP              |
| 63251 | Laminectomy for excision or occlusion of a   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63251 | Laminectomy for excision or occlusion of a   | No                  |                         |                   | MCWRAP              |
| 63252 | Laminectomy for excision or occlusion of a   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63252 | Laminectomy for excision or occlusion of a   | No                  |                         |                   | MCWRAP              |
| 63265 | Laminectomy for excision or evacuation of    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63265 | Laminectomy for excision or evacuation of    | No                  |                         |                   | MCWRAP              |
| 63266 | Laminectomy for excision or evacuation of    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63266 | Laminectomy for excision or evacuation of    | No                  |                         |                   | MCWRAP              |
| 63267 | Laminectomy for excision or evacuation of    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63267 | Laminectomy for excision or evacuation of    | No                  |                         |                   | MCWRAP              |
| 63268 | Laminectomy for excision or evacuation of    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63268 | Laminectomy for excision or evacuation of    | No                  |                         |                   | MCWRAP              |
| 63270 | Laminectomy for excision of intraspinal les  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63270 | Laminectomy for excision of intraspinal les  | No                  |                         |                   | MCWRAP              |
| 63271 | Laminectomy for excision of intraspinal les  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63271 | Laminectomy for excision of intraspinal les  | No                  |                         |                   | MCWRAP              |
| 63272 | Laminectomy for excision of intraspinal les  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63272 | Laminectomy for excision of intraspinal les  | No                  |                         |                   | MCWRAP              |
| 63273 | Laminectomy for excision of intraspinal les  | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63273 | Laminectomy for excision of intraspinal les  | No                  |                         |                   | MCWRAP              |
| 63275 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63275 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63276 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63276 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63277 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63277 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63278 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63278 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63280 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63280 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63281 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63281 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63282 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63282 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63283 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63283 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63285 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63285 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63286 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63286 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63287 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63287 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63290 | Laminectomy for biopsy/excision of intrasp   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63290 | Laminectomy for biopsy/excision of intrasp   | No                  |                         |                   | MCWRAP              |
| 63295 | REPAIR OF LAMINECTOMY DEFECT                 | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63295 | REPAIR OF LAMINECTOMY DEFECT                 | No                  |                         |                   | MCWRAP              |
| 63300 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63300 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63301 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63301 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63302 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63302 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63303 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63303 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63304 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63304 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63305 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63305 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63306 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63306 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63307 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63307 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63308 | Vertebral corpectomy (vertebral body rese    | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP) |
| 63308 | Vertebral corpectomy (vertebral body rese    | No                  |                         |                   | MCWRAP              |
| 63600 | Creation of lesion of spinal cord by stereot | No                  |                         |                   | ALL                 |
| 63610 | Stereotactic stimulation of spinal cord, per | No                  |                         |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines                          |
|-------|-------------------------------------------------|---------------------|-----|-------------------|----------------------------------------|
| 63620 | Stereotactic radiosurgery (particle beam, g     | No                  |     |                   | ALL                                    |
| 63621 | Stereotactic radiosurgery (particle beam, g     | No                  |     |                   | ALL                                    |
| 63650 | PERCUTANEOUS IMPLANTATION OF N                  | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 63650 | PERCUTANEOUS IMPLANTATION OF N                  | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 63650 | PERCUTANEOUS IMPLANTATION OF N                  | No                  |     |                   | PRICHO                                 |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF                 | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF                 | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 63655 | LAMINECTOMY FOR IMPLANTATION OF                 | No                  |     |                   | PRICHO                                 |
| 63661 | REMOVAL OF SPINAL NEUROSTIMULA                  | No                  |     |                   | ALL                                    |
| 63662 | REMOVAL OF SPINAL NEUROSTIMULA                  | No                  |     |                   | ALL                                    |
| 63663 | REVISION INCL REPLACEMENT, WHEN                 | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 63663 | REVISION INCL REPLACEMENT, WHEN                 | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 63663 | REVISION INCL REPLACEMENT, WHEN                 | No                  |     |                   | PRICHO                                 |
| 63664 | REVISION, INCLUD REPLACEMENT, WI                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 63664 | REVISION, INCLUD REPLACEMENT, WI                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 63664 | REVISION, INCLUD REPLACEMENT, WI                | No                  |     |                   | PRICHO                                 |
| 63685 | INSERTION OR REPLCMNT OF SPINAL                 | Yes                 | CCN |                   | ALL (Except MCWRAP, PRICHO, MMP, CAID) |
| 63685 | INSERTION OR REPLCMNT OF SPINAL                 | Yes                 |     |                   | MMP, CAID                              |
| 63685 | INSERTION OR REPLCMNT OF SPINAL                 | No                  |     |                   | MCWRAP, PRICHO                         |
| 63688 | REVISION OR REMOVAL OF IMPLANTE                 | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 63688 | REVISION OR REMOVAL OF IMPLANTE                 | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 63688 | REVISION OR REMOVAL OF IMPLANTE                 | No                  |     |                   | PRICHO                                 |
| 63700 | Repair of meningocele; less than 5 cm dia       | No                  |     |                   | ALL                                    |
| 63702 | Repair of meningocele; larger than 5 cm d       | No                  |     |                   | ALL                                    |
| 63704 | Repair of myelomeningocele; less than 5 c       | No                  |     |                   | ALL                                    |
| 63706 | Repair of myelomeningocele; larger than 5       | No                  |     |                   | ALL                                    |
| 63707 | Repair of dural/cerebrospinal fluid leak, no    | No                  |     |                   | ALL                                    |
| 63709 | Repair of dural/cerebrospinal fluid leak or     | No                  |     |                   | ALL                                    |
| 63710 | Dural graft, spinal                             | No                  |     |                   | ALL                                    |
| 63740 | Creation of shunt, lumbar, subarachnoid-p       | No                  |     |                   | ALL                                    |
| 63741 | Creation of shunt, lumbar, subarachnoid-p       | No                  |     |                   | ALL                                    |
| 63744 | Replacement, irrigation or revision of lumb     | No                  |     |                   | ALL                                    |
| 63746 | Removal of entire lumbosubarachnoid shu         | No                  |     |                   | ALL                                    |
| 64400 | Injection, anesthetic agent; trigeminal nerv    | No                  |     |                   | ALL                                    |
| 64405 | Injection, anesthetic agent; greater occipita   | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64405 | Injection, anesthetic agent; greater occipita   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64405 | Injection, anesthetic agent; greater occipita   | No                  |     |                   | PRICHO                                 |
| 64408 | Injection, anesthetic agent; vagus nerve        | No                  |     |                   | ALL                                    |
| 64415 | Injection, anesthetic agent; brachial plexus    | No                  |     |                   | ALL                                    |
| 64416 | Injection, anesthetic agent; brachial plexus    | No                  |     |                   | ALL                                    |
| 64417 | Injection, anesthetic agent; axillary nerve     | No                  |     |                   | ALL                                    |
| 64418 | Injection, anesthetic agent; suprascapular      | No                  |     |                   | ALL                                    |
| 64420 | Injection, anesthetic agent; intercostal nerv   | No                  |     |                   | ALL                                    |
| 64421 | Injection, anesthetic agent; intercostal nerv   | No                  |     |                   | ALL                                    |
| 64425 | Injection, anesthetic agent; ilioinguinal, ilio | No                  |     |                   | ALL                                    |
| 64430 | Injection, anesthetic agent; pudendal nerv      | No                  |     |                   | ALL                                    |
| 64435 | Injection, anesthetic agent; paracervical (u    | No                  |     |                   | ALL                                    |
| 64445 | Injection, anesthetic agent; sciatic nerve, s   | No                  |     |                   | ALL                                    |
| 64446 | Injection, anesthetic agent; sciatic nerve, c   | No                  |     |                   | ALL                                    |
| 64447 | Injection, anesthetic agent; femoral nerve,     | No                  |     |                   | ALL                                    |
| 64448 | Injection, anesthetic agent; femoral nerve,     | No                  |     |                   | ALL                                    |
| 64449 | INJECTION, ANESTHETIC AGENT; LUM                | No                  |     |                   | ALL                                    |
| 64450 | Injection, anesthetic agent; other periphera    | No                  |     |                   | ALL                                    |
| 64451 | Injection(s), anesthetic agent(s) and/or ste    | No                  |     |                   | ALL                                    |
| 64454 | Injection(s), anesthetic agent(s) and/or ste    | No                  |     |                   | ALL                                    |
| 64455 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | ALL                                    |
| 64461 | Paravertebral block (PVB) (paraspinous bl       | No                  |     |                   | ALL                                    |
| 64462 | Paravertebral block (PVB) (paraspinous bl       | No                  |     |                   | ALL                                    |
| 64463 | Paravertebral block (PVB) (paraspinous bl       | No                  |     |                   | ALL                                    |
| 64479 | Injection(s), anesthetic agent and/or steroi    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64479 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64479 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | PRICHO                                 |
| 64480 | Injection(s), anesthetic agent and/or steroi    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64480 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64480 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | PRICHO                                 |
| 64483 | Injection(s), anesthetic agent and/or steroi    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64483 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64483 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | PRICHO                                 |
| 64484 | Injection(s), anesthetic agent and/or steroi    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64484 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64484 | Injection(s), anesthetic agent and/or steroi    | No                  |     |                   | PRICHO                                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                          |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------------------|
| 64486 | Transversus abdominis plane (TAP) block       | No                  |     |                   | ALL                                    |
| 64487 | Transversus abdominis plane (TAP) block       | No                  |     |                   | ALL                                    |
| 64488 | Transversus abdominis plane (TAP) block       | No                  |     |                   | ALL                                    |
| 64489 | Transversus abdominis plane (TAP) block       | No                  |     |                   | ALL                                    |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64490 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64491 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64492 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64493 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64494 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERA             | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64495 | INJECTION(S), DIAGNOSTIC OR THERA             | No                  |     |                   | PRICHO                                 |
| 64505 | Injection, anesthetic agent; sphenopalatine   | No                  |     |                   | ALL                                    |
| 64510 | Injection, anesthetic agent; stellate ganglic | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64510 | Injection, anesthetic agent; stellate ganglic | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64510 | Injection, anesthetic agent; stellate ganglic | No                  |     |                   | PRICHO                                 |
| 64517 | INJECTION, ANESTHETIC AGENT; SUP              | No                  |     |                   | ALL                                    |
| 64520 | Injection, anesthetic agent; lumbar or thora  | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64520 | Injection, anesthetic agent; lumbar or thora  | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64520 | Injection, anesthetic agent; lumbar or thora  | No                  |     |                   | PRICHO                                 |
| 64530 | Injection, anesthetic agent; celiac plexus, v | No                  |     |                   | ALL                                    |
| 64553 | PERCUTANEOUS IMPLANTATION OF N                | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, MMP)       |
| 64553 | PERCUTANEOUS IMPLANTATION OF N                | No                  |     |                   | MCWRAP, PRICHO, MMP                    |
| 64555 | PERCUTANEOUS IMPLANTATION OF N                | Not Covered         |     |                   | ALL (Except MED, MMP, UAW, PRICHO)     |
| 64555 | PERCUTANEOUS IMPLANTATION OF N                | No                  |     |                   | MED, MMP, UAW, PRICHO                  |
| 64561 | PERCUTANEOUS IMPLANTATION OF N                | No                  |     |                   | ALL                                    |
| 64566 | Posterior tibial neurostimulation, percutane  | No                  |     |                   | ALL                                    |
| 64568 | Incision for implantation of cranial nerve (e | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 64568 | Incision for implantation of cranial nerve (e | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 64568 | Incision for implantation of cranial nerve (e | No                  |     |                   | PRICHO                                 |
| 64569 | Revision or replacement of cranial nerve (f   | No                  |     |                   | ALL                                    |
| 64570 | Removal of cranial nerve (eg, vagus nerve)    | No                  |     |                   | ALL                                    |
| 64575 | Incision for implantation of neurostimulator  | No                  |     |                   | ALL                                    |
| 64580 | Incision for implantation of neurostimulator  | No                  |     |                   | ALL                                    |
| 64581 | INCISIONAL IMPLANTATION OF SACRA              | No                  |     |                   | ALL                                    |
| 64582 | Open implantation of hypoglossal nerve ne     | No                  |     |                   | ALL                                    |
| 64583 | Revision or replacement of hypoglossal ne     | No                  |     |                   | ALL                                    |
| 64584 | Removal of hypoglossal nerve neurostimu       | No                  |     |                   | ALL                                    |
| 64585 | REVISION OR REMOVAL OF PERIPHER               | No                  |     |                   | ALL                                    |
| 64590 | INSERT OR REPLACE PERIPHERAL OF               | No                  |     |                   | ALL                                    |
| 64595 | REVISION OR REMOVAL OF PERIPHER               | No                  |     |                   | ALL                                    |
| 64596 | Insertion or replacement of percutaneous c    | Yes                 |     |                   | ALL (Except MCWRAP)                    |
| 64596 | Insertion or replacement of percutaneous c    | No                  |     |                   | MCWRAP                                 |
| 64597 | Insertion or replacement of percutaneous c    | Yes                 |     |                   | ALL (Except MCWRAP)                    |
| 64597 | Insertion or replacement of percutaneous c    | No                  |     |                   | MCWRAP                                 |
| 64598 | Revision or removal of neurostimulator ele    | Yes                 |     |                   | ALL (Except MCWRAP)                    |
| 64598 | Revision or removal of neurostimulator ele    | No                  |     |                   | MCWRAP                                 |
| 64600 | Destruction by neurolytic agent, trigeminal   | No                  |     |                   | ALL                                    |
| 64605 | Destruction by neurolytic agent, trigeminal   | No                  |     |                   | ALL                                    |
| 64610 | Destruction by neurolytic agent, trigeminal   | No                  |     |                   | ALL                                    |
| 64611 | Chemodenervation of parotid and subman        | No                  |     |                   | ALL                                    |
| 64612 | Chemodenervation of muscle(s); muscle(s)      | No                  |     |                   | ALL                                    |
| 64615 | Chemodenervation of muscle(s); muscle(s)      | No                  |     |                   | ALL                                    |
| 64616 | Chemodenervation of muscle(s); neck mu        | No                  |     |                   | ALL                                    |
| 64617 | Chemodenervation of muscle(s); larynx, ut     | No                  |     |                   | ALL                                    |
| 64620 | Destruction by neurolytic agent, intercosta   | No                  |     |                   | ALL                                    |
| 64624 | Destruction by neurolytic agent, genicular    | No                  |     |                   | ALL                                    |
| 64625 | Radiofrequency ablation, nerves innervatin    | Yes                 |     |                   | ALL (Except MCWRAP, Caid, MMP, PRICHO) |
| 64625 | Radiofrequency ablation, nerves innervatin    | No                  |     |                   | MCWRAP                                 |
| 64628 | Thermal destruction of intraosseous basiv     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)            |
| 64628 | Thermal destruction of intraosseous basiv     | No                  |     |                   | MCWRAP, PRICHO                         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 64629 | Thermal destruction of intraosseous basiv     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)           |
| 64629 | Thermal destruction of intraosseous basiv     | No                  |     |                   | MCWRAP, PRICHO                        |
| 64630 | Destruction by neurolytic agent; pudendal     | No                  |     |                   | ALL                                   |
| 64632 | Destruction by neurolytic agent; plantar co   | No                  |     |                   | ALL                                   |
| 64633 | Destruction by neurolytic agent, paraverte    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 64633 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 64633 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | PRICHO                                |
| 64634 | Destruction by neurolytic agent, paraverte    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 64634 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 64634 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | PRICHO                                |
| 64635 | Destruction by neurolytic agent, paraverte    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 64635 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 64635 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | PRICHO                                |
| 64636 | Destruction by neurolytic agent, paraverte    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 64636 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 64636 | Destruction by neurolytic agent, paraverte    | No                  |     |                   | PRICHO                                |
| 64640 | Destruction by neurolytic agent; other peri   | No                  |     |                   | ALL                                   |
| 64642 | Chemodenevation of one extremity; 1-4 n       | No                  |     |                   | ALL                                   |
| 64643 | Chemodenevation of one extremity; each        | No                  |     |                   | ALL                                   |
| 64644 | Chemodenevation of one extremity; 5 or r      | No                  |     |                   | ALL                                   |
| 64645 | Chemodenevation of one extremity; each        | No                  |     |                   | ALL                                   |
| 64646 | Chemodenevation of trunk muscle(s); 1-5       | No                  |     |                   | ALL                                   |
| 64647 | Chemodenevation of trunk muscle(s); 6 o       | No                  |     |                   | ALL                                   |
| 64650 | CHEMODENERVATION OF ECCRINE GL                | No                  |     |                   | ALL                                   |
| 64653 | CHEMODENERVATION OF ECCRINE GL                | No                  |     |                   | ALL                                   |
| 64680 | Destruction by neurolytic agent, with or wit  | No                  |     |                   | ALL                                   |
| 64681 | DESTRUCTION BY NEUROLYTIC AGEN                | No                  |     |                   | ALL                                   |
| 64702 | Neuroplasty; digital, one or both, same dig   | No                  |     |                   | ALL                                   |
| 64704 | Neuroplasty; nerve of hand or foot            | No                  |     |                   | ALL                                   |
| 64708 | Neuroplasty, major peripheral nerve, arm o    | No                  |     |                   | ALL                                   |
| 64712 | Neuroplasty, major peripheral nerve, arm o    | No                  |     |                   | ALL                                   |
| 64713 | Neuroplasty, major peripheral nerve, arm o    | No                  |     |                   | ALL                                   |
| 64714 | Neuroplasty, major peripheral nerve, arm o    | No                  |     |                   | ALL                                   |
| 64716 | Neuroplasty and/or transposition; cranial n   | No                  |     |                   | ALL                                   |
| 64718 | Neuroplasty and/or transposition; ulnar nei   | No                  |     |                   | ALL                                   |
| 64719 | Neuroplasty and/or transposition; ulnar nei   | No                  |     |                   | ALL                                   |
| 64721 | Neuroplasty and/or transposition; median r    | No                  |     |                   | ALL                                   |
| 64722 | Decompression; unspecified nerve(s) (spe      | No                  |     |                   | ALL                                   |
| 64726 | Decompression; plantar digital nerve          | No                  |     |                   | ALL                                   |
| 64727 | Internal neurolysis, requiring use of operat  | No                  |     |                   | ALL                                   |
| 64732 | Transection or avulsion of; supraorbital ne   | No                  |     |                   | ALL                                   |
| 64734 | Transection or avulsion of; infraorbital ner  | No                  |     |                   | ALL                                   |
| 64736 | Transection or avulsion of; mental nerve      | No                  |     |                   | ALL                                   |
| 64738 | Transection or avulsion of; inferior alveola  | No                  |     |                   | ALL                                   |
| 64740 | Transection or avulsion of; lingual nerve     | No                  |     |                   | ALL                                   |
| 64742 | Transection or avulsion of; facial nerve, dif | No                  |     |                   | ALL                                   |
| 64744 | Transection or avulsion of; greater occipita  | No                  |     |                   | ALL                                   |
| 64746 | Transection or avulsion of; phrenic nerve     | No                  |     |                   | ALL                                   |
| 64755 | Transection or avulsion of; vagus nerves li   | No                  |     |                   | ALL                                   |
| 64760 | Transection or avulsion of; vagus nerve (v)   | No                  |     |                   | ALL                                   |
| 64763 | Transection or avulsion of obturator nerve,   | No                  |     |                   | ALL                                   |
| 64766 | Transection or avulsion of obturator nerve,   | No                  |     |                   | ALL                                   |
| 64771 | Transection or avulsion of other cranial ne   | No                  |     |                   | ALL                                   |
| 64772 | Transection or avulsion of other spinal ner   | No                  |     |                   | ALL                                   |
| 64774 | Excision of neuroma; cutaneous nerve, su      | No                  |     |                   | ALL                                   |
| 64776 | Excision of neuroma; digital nerve, one or    | No                  |     |                   | ALL                                   |
| 64778 | Excision of neuroma; digital nerve, each a    | No                  |     |                   | ALL                                   |
| 64782 | Excision of neuroma; hand or foot, except     | No                  |     |                   | ALL                                   |
| 64783 | Excision of neuroma; hand or foot, each a     | No                  |     |                   | ALL                                   |
| 64784 | Excision of neuroma; major peripheral ner     | No                  |     |                   | ALL                                   |
| 64786 | Excision of neuroma; sciatic nerve            | No                  |     |                   | ALL                                   |
| 64787 | Implantation of nerve end into bone or mus    | No                  |     |                   | ALL                                   |
| 64788 | Excision of neurofibroma or neurolemmon       | No                  |     |                   | ALL                                   |
| 64790 | Excision of neurofibroma or neurolemmon       | No                  |     |                   | ALL                                   |
| 64792 | Excision of neurofibroma or neurolemmon       | No                  |     |                   | ALL                                   |
| 64795 | Biopsy of nerve                               | No                  |     |                   | ALL                                   |
| 64802 | Sympathectomy, cervical                       | No                  |     |                   | ALL                                   |
| 64804 | Sympathectomy, cervicothoracic                | No                  |     |                   | ALL                                   |
| 64809 | SYMPATHECTOMY, THORACOLUMBAR                  | No                  |     |                   | ALL                                   |
| 64818 | Sympathectomy, lumbar                         | No                  |     |                   | ALL                                   |
| 64820 | Sympathectomy; digital arteries, each digit   | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 64821 | Sympathectomy; radial artery                  | No                  |     |                   | ALL                        |
| 64822 | Sympathectomy; ulnar artery                   | No                  |     |                   | ALL                        |
| 64823 | Sympathectomy; superficial palmar arch        | No                  |     |                   | ALL                        |
| 64831 | Suture of digital nerve, hand or foot; one n  | No                  |     |                   | ALL                        |
| 64832 | Suture of digital nerve, hand or foot; each   | No                  |     |                   | ALL                        |
| 64834 | Suture of one nerve, hand or foot; commo      | No                  |     |                   | ALL                        |
| 64835 | Suture of one nerve, hand or foot; median     | No                  |     |                   | ALL                        |
| 64836 | Suture of one nerve, hand or foot; ulnar m    | No                  |     |                   | ALL                        |
| 64837 | Suture of each additional nerve, hand or fo   | No                  |     |                   | ALL                        |
| 64840 | Suture of posterior tibial nerve              | No                  |     |                   | ALL                        |
| 64856 | Suture of major peripheral nerve, arm or le   | No                  |     |                   | ALL                        |
| 64857 | Suture of major peripheral nerve, arm or le   | No                  |     |                   | ALL                        |
| 64858 | Suture of sciatic nerve                       | No                  |     |                   | ALL                        |
| 64859 | Suture of each additional major peripheral    | No                  |     |                   | ALL                        |
| 64861 | Suture of; brachial plexus                    | No                  |     |                   | ALL                        |
| 64862 | Suture of; lumbar plexus                      | No                  |     |                   | ALL                        |
| 64864 | Suture of facial nerve; extracranial          | No                  |     |                   | ALL                        |
| 64865 | Suture of facial nerve; infratemporal, with   | No                  |     |                   | ALL                        |
| 64866 | Anastomosis; facial-spinal accessory          | No                  |     |                   | ALL                        |
| 64868 | Anastomosis; facial-hypoglossal               | No                  |     |                   | ALL                        |
| 64872 | Suture of nerve; requiring secondary or de    | No                  |     |                   | ALL                        |
| 64874 | Suture of nerve; requiring extensive mobili   | No                  |     |                   | ALL                        |
| 64876 | Suture of nerve; requiring shortening of bo   | No                  |     |                   | ALL                        |
| 64885 | Nerve graft (includes obtaining graft), head  | No                  |     |                   | ALL                        |
| 64886 | Nerve graft (includes obtaining graft), head  | No                  |     |                   | ALL                        |
| 64890 | Nerve graft (includes obtaining graft), singl | No                  |     |                   | ALL                        |
| 64891 | Nerve graft (includes obtaining graft), singl | No                  |     |                   | ALL                        |
| 64892 | Nerve graft (includes obtaining graft), singl | No                  |     |                   | ALL                        |
| 64893 | Nerve graft (includes obtaining graft), singl | No                  |     |                   | ALL                        |
| 64895 | Nerve graft (includes obtaining graft), mult  | No                  |     |                   | ALL                        |
| 64896 | Nerve graft (includes obtaining graft), mult  | No                  |     |                   | ALL                        |
| 64897 | Nerve graft (includes obtaining graft), mult  | No                  |     |                   | ALL                        |
| 64898 | Nerve graft (includes obtaining graft), mult  | No                  |     |                   | ALL                        |
| 64901 | Nerve graft, each additional nerve; single s  | No                  |     |                   | ALL                        |
| 64902 | Nerve graft, each additional nerve; multiple  | No                  |     |                   | ALL                        |
| 64905 | Nerve pedicle transfer; first stage           | No                  |     |                   | ALL                        |
| 64907 | Nerve pedicle transfer; second stage          | No                  |     |                   | ALL                        |
| 64910 | NERVE REPAIR; WITH SYNTHETIC CO               | No                  |     |                   | ALL                        |
| 64911 | NERVE REPAIR; WITH AUTOGENOUS V               | No                  |     |                   | ALL                        |
| 64912 | Nerve repair; with nerve allograft, each ne   | No                  |     |                   | ALL                        |
| 64913 | Nerve repair; with nerve allograft, each ad   | No                  |     |                   | ALL                        |
| 64999 | UNLISTED PROCEDURE, NERVOUS SY                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 64999 | UNLISTED PROCEDURE, NERVOUS SY                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 64999 | UNLISTED PROCEDURE, NERVOUS SY                | No                  |     |                   | PRICHO                     |
| 65091 | Evisceration of ocular contents; without im   | No                  |     |                   | ALL                        |
| 65093 | Evisceration of ocular contents; with impla   | No                  |     |                   | ALL                        |
| 65101 | Enucleation of eye; without implant           | No                  |     |                   | ALL                        |
| 65103 | Enucleation of eye; with implant, muscles     | No                  |     |                   | ALL                        |
| 65105 | Enucleation of eye; with implant, muscles     | No                  |     |                   | ALL                        |
| 65110 | Exenteration of orbit (does not include skir  | No                  |     |                   | ALL                        |
| 65112 | Exenteration of orbit (does not include skir  | No                  |     |                   | ALL                        |
| 65114 | Exenteration of orbit (does not include skir  | No                  |     |                   | ALL                        |
| 65125 | Modification of ocular implant with placem    | No                  |     |                   | ALL                        |
| 65130 | Insertion of ocular implant secondary; after  | No                  |     |                   | ALL                        |
| 65135 | Insertion of ocular implant secondary; after  | No                  |     |                   | ALL                        |
| 65140 | Insertion of ocular implant secondary; after  | No                  |     |                   | ALL                        |
| 65150 | Reinsertion of ocular implant; with or witho  | No                  |     |                   | ALL                        |
| 65155 | Reinsertion of ocular implant; with use of f  | No                  |     |                   | ALL                        |
| 65175 | Removal of ocular implant                     | No                  |     |                   | ALL                        |
| 65205 | Removal of foreign body, external eye; cor    | No                  |     |                   | ALL                        |
| 65210 | Removal of foreign body, external eye; cor    | No                  |     |                   | ALL                        |
| 65220 | Removal of foreign body, external eye; cor    | No                  |     |                   | ALL                        |
| 65222 | Removal of foreign body, external eye; cor    | No                  |     |                   | ALL                        |
| 65235 | Removal of foreign body, intraocular; from    | No                  |     |                   | ALL                        |
| 65260 | Removal of foreign body, intraocular; from    | No                  |     |                   | ALL                        |
| 65265 | Removal of foreign body, intraocular; from    | No                  |     |                   | ALL                        |
| 65270 | Repair of laceration; conjunctiva, with or w  | No                  |     |                   | ALL                        |
| 65272 | Repair of laceration; conjunctiva, by mobili  | No                  |     |                   | ALL                        |
| 65273 | Repair of laceration; conjunctiva, by mobili  | No                  |     |                   | ALL                        |
| 65275 | Repair of laceration; cornea, nonperforatin   | No                  |     |                   | ALL                        |
| 65280 | Repair of laceration; cornea and/or sclera,   | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 65285 | Repair of laceration; cornea and/or sclera,      | No                  |     |                   | ALL                                   |
| 65286 | Repair of laceration; application of tissue g    | No                  |     |                   | ALL                                   |
| 65290 | Repair of wound, extraocular muscle, tend        | No                  |     |                   | ALL                                   |
| 65400 | Excision of lesion, cornea (keratectomy, la      | No                  |     |                   | ALL                                   |
| 65410 | Biopsy of cornea                                 | No                  |     |                   | ALL                                   |
| 65420 | Excision or transposition of pterygium; with     | No                  |     |                   | ALL                                   |
| 65426 | Excision or transposition of pterygium; with     | No                  |     |                   | ALL                                   |
| 65430 | Scraping of cornea, diagnostic, for smear ;      | No                  |     |                   | ALL                                   |
| 65435 | Removal of corneal epithelium; with or with      | No                  |     |                   | ALL                                   |
| 65436 | Removal of corneal epithelium; with applic       | No                  |     |                   | ALL                                   |
| 65450 | Destruction of lesion of cornea by cryother      | No                  |     |                   | ALL                                   |
| 65600 | Multiple punctures of anterior cornea (eg, f     | No                  |     |                   | ALL                                   |
| 65710 | Keratoplasty (corneal transplant); anterior      | No                  | *   |                   | ALL                                   |
| 65730 | KERATOPLASTY (CORNEAL TRANSPLA                   | No                  | *   |                   | ALL                                   |
| 65750 | KERATOPLASTY (CORNEAL TRANSPLA                   | No                  |     |                   | ALL                                   |
| 65755 | KERATOPLASTY (CORNEAL TRANSPLA                   | No                  |     |                   | ALL                                   |
| 65756 | Keratoplasty (corneal transplant); endothe       | No                  |     |                   | ALL                                   |
| 65757 | Backbench preparation of corneal endothe         | No                  |     |                   | ALL                                   |
| 65760 | KERATOMILEUSIS                                   | No                  |     | L                 | ALL (Except MED)                      |
| 65760 | KERATOMILEUSIS                                   | Not Covered         |     |                   | MED                                   |
| 65765 | Keratophakia                                     | Not Covered         |     |                   | ALL                                   |
| 65767 | EPIKERATOPLASTY                                  | No                  |     |                   | ALL                                   |
| 65770 | KERATOPROSTHESIS                                 | No                  |     |                   | ALL                                   |
| 65771 | RADIAL KERATOTOMY                                | Not Covered         |     |                   | ALL                                   |
| 65772 | CORNEAL RELAXING INCISION FOR CO                 | No                  |     |                   | ALL                                   |
| 65775 | CORNEAL WEDGE RESECTION FOR CO                   | No                  |     |                   | ALL                                   |
| 65778 | Placement of amniotic membrane on the c          | No                  |     |                   | ALL                                   |
| 65779 | Placement of amniotic membrane on the c          | No                  |     |                   | ALL                                   |
| 65780 | Ocular surface reconstruction; amniotic m        | No                  |     |                   | ALL                                   |
| 65781 | OCULAR SURFACE RECONSTRUCTION                    | No                  |     |                   | ALL                                   |
| 65782 | OCULAR SURFACE RECONSTRUCTION                    | No                  |     |                   | ALL                                   |
| 65785 | Implantation of intrastromal corneal ring segmen | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 65785 | Implantation of intrastromal corneal ring segmen | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 65800 | Paracentesis of anterior chamber of eye (s       | No                  |     |                   | ALL                                   |
| 65810 | Paracentesis of anterior chamber of eye (s       | No                  |     |                   | ALL                                   |
| 65815 | Paracentesis of anterior chamber of eye (s       | No                  |     |                   | ALL                                   |
| 65820 | Goniotomy                                        | No                  |     |                   | ALL                                   |
| 65850 | Incision of eye                                  | No                  |     |                   | ALL                                   |
| 65855 | Trabeculoplasty by laser surgery, one or m       | No                  |     |                   | ALL                                   |
| 65860 | Severing adhesions of anterior segment, la       | No                  |     |                   | ALL                                   |
| 65865 | Severing adhesions of anterior segment of        | No                  |     |                   | ALL                                   |
| 65870 | Severing adhesions of anterior segment of        | No                  |     |                   | ALL                                   |
| 65875 | Severing adhesions of anterior segment of        | No                  |     |                   | ALL                                   |
| 65880 | Severing adhesions of anterior segment of        | No                  |     |                   | ALL                                   |
| 65900 | Removal of epithelial downgrowth, anterior       | No                  |     |                   | ALL                                   |
| 65920 | Removal of implanted material, anterior se       | No                  |     |                   | ALL                                   |
| 65930 | Removal of blood clot, anterior segment of       | No                  |     |                   | ALL                                   |
| 66020 | Injection, anterior chamber of eye (separat      | No                  |     |                   | ALL                                   |
| 66030 | Injection, anterior chamber of eye (separat      | No                  |     |                   | ALL                                   |
| 66130 | Excision of lesion, sclera                       | No                  |     |                   | ALL                                   |
| 66150 | Fistulization of sclera for glaucoma; trephir    | No                  |     |                   | ALL                                   |
| 66155 | Fistulization of sclera for glaucoma; therm      | No                  |     |                   | ALL                                   |
| 66160 | Fistulization of sclera for glaucoma; sclere     | No                  |     |                   | ALL                                   |
| 66170 | Fistulization of sclera for glaucoma; trabec     | No                  |     |                   | ALL                                   |
| 66172 | Fistulization of sclera for glaucoma; trabec     | No                  |     |                   | ALL                                   |
| 66174 | Transluminal dilation of aqueous outflow c       | No                  |     |                   | ALL                                   |
| 66175 | Transluminal dilation of aqueous outflow c       | No                  |     |                   | ALL                                   |
| 66179 | Aqueous shunt to extraocular equatorial pl       | No                  |     |                   | ALL                                   |
| 66180 | Aqueous shunt to extraocular reservoir (eg       | No                  |     |                   | ALL                                   |
| 66183 | Insertion of anterior segment aqueous drai       | No                  |     |                   | ALL                                   |
| 66184 | Revision of aqueous shunt to extraocular e       | No                  |     |                   | ALL                                   |
| 66185 | Revision of aqueous shunt to extraocular r       | No                  |     |                   | ALL                                   |
| 66225 | Repair of scleral staphyloma; with graft         | No                  |     |                   | ALL                                   |
| 66250 | Revision or repair of operative wound of ar      | No                  |     |                   | ALL                                   |
| 66500 | Iridotomy by stab incision (separate proced      | No                  |     |                   | ALL                                   |
| 66505 | Iridotomy by stab incision (separate proced      | No                  |     |                   | ALL                                   |
| 66600 | Iridectomy, with corneoscleral or corneal s      | No                  |     |                   | ALL                                   |
| 66605 | Iridectomy, with corneoscleral or corneal s      | No                  |     |                   | ALL                                   |
| 66625 | Iridectomy, with corneoscleral or corneal s      | No                  |     |                   | ALL                                   |
| 66630 | Iridectomy, with corneoscleral or corneal s      | No                  |     |                   | ALL                                   |
| 66635 | Iridectomy, with corneoscleral or corneal s      | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 66680 | Repair of iris, ciliary body (as for iridodialys | No                  |     |                   | ALL                        |
| 66682 | Suture of iris, ciliary body (separate proced    | No                  |     |                   | ALL                        |
| 66683 | Implantation of iris prosthesis, including su    | Yes                 |     |                   | ALL (Except MCWRAP)        |
| 66683 | Implantation of iris prosthesis, including su    | No                  |     |                   | MCWRAP                     |
| 66700 | CILIARY BODY DESTRUCTION; DIATHE                 | No                  |     |                   | ALL                        |
| 66710 | CILIARY BODY DESTRUCTION; CYCLO                  | No                  |     |                   | ALL                        |
| 66711 | Ciliary body destruction; cyclophotocoagul       | No                  |     |                   | ALL                        |
| 66720 | CILIARY BODY DESTRUCTION; CRYOT                  | No                  |     |                   | ALL                        |
| 66740 | Ciliary body destruction; cyclodialysis          | No                  |     |                   | ALL                        |
| 66761 | Iridotomy/iridectomy by laser surgery (eg, f     | No                  |     |                   | ALL                        |
| 66762 | Iridoplasty by photocoagulation (one or mo       | No                  |     |                   | ALL                        |
| 66770 | Destruction of cyst or lesion iris or ciliary b  | No                  |     |                   | ALL                        |
| 66820 | Discission of secondary membranous cata          | No                  |     |                   | ALL                        |
| 66821 | Discission of secondary membranous cata          | No                  |     |                   | ALL                        |
| 66825 | Repositioning of intraocular lens prosthesi      | No                  |     |                   | ALL                        |
| 66830 | Removal of secondary membranous catar            | No                  |     |                   | ALL                        |
| 66840 | Removal of lens material; aspiration techn       | No                  |     |                   | ALL                        |
| 66850 | Removal of lens material; phacofragmenta         | No                  | *   |                   | ALL                        |
| 66852 | Removal of lens material; pars plana appr        | No                  | -   |                   | ALL                        |
| 66920 | Removal of lens material; intracapsular          | No                  |     |                   | ALL                        |
| 66930 | Removal of lens material; intracapsular, fo      | No                  |     |                   | ALL                        |
| 66940 | Removal of lens material; extracapsular (o       | No                  |     |                   | ALL                        |
| 66982 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66983 | Intracapsular cataract extraction with inser     | No                  |     |                   | ALL                        |
| 66984 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66985 | Insertion of intraocular lens prosthesis (se     | No                  |     |                   | ALL                        |
| 66986 | Exchange of intraocular lens                     | No                  |     |                   | ALL                        |
| 66987 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66988 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66989 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66990 | Use of ophthalmic endoscope (List separa         | No                  |     |                   | ALL                        |
| 66991 | Extracapsular cataract removal with insert       | No                  |     |                   | ALL                        |
| 66999 | UNLISTED PROCEDURE, ANTERIOR ST                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 66999 | UNLISTED PROCEDURE, ANTERIOR ST                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 66999 | UNLISTED PROCEDURE, ANTERIOR ST                  | No                  |     |                   | PRICHO                     |
| 67005 | Removal of vitreous, anterior approach (of       | No                  |     |                   | ALL                        |
| 67010 | Removal of vitreous, anterior approach (of       | No                  |     |                   | ALL                        |
| 67015 | Aspiration or release of vitreous, subretina     | No                  |     |                   | ALL                        |
| 67025 | Injection of vitreous substitute, pars plana     | No                  |     |                   | ALL                        |
| 67027 | Implantation of intravitreal drug delivery sy    | No                  |     |                   | ALL                        |
| 67028 | Intravitreal injection of a pharmacologic ag     | No                  |     |                   | ALL                        |
| 67030 | Discission of vitreous strands (without rem      | No                  |     |                   | ALL                        |
| 67031 | Severing of vitreous strands, vitreous face      | No                  |     |                   | ALL                        |
| 67036 | Vitrectomy, mechanical, pars plana approa        | No                  |     |                   | ALL                        |
| 67039 | Vitrectomy, mechanical, pars plana approa        | No                  |     |                   | ALL                        |
| 67040 | Vitrectomy, mechanical, pars plana approa        | No                  |     |                   | ALL                        |
| 67041 | VITRECTOMY, MECHANICAL, PARS PL                  | No                  |     |                   | ALL                        |
| 67042 | VITRECTOMY, MECHANICAL, PARS PL                  | No                  |     |                   | ALL                        |
| 67043 | VITRECTOMY, MECHANICAL, PARS PL                  | No                  |     |                   | ALL                        |
| 67101 | Repair of retinal detachment, one or more        | No                  |     |                   | ALL                        |
| 67105 | Repair of retinal detachment, one or more        | No                  |     |                   | ALL                        |
| 67107 | Repair of retinal detachment; scleral buckl      | No                  |     |                   | ALL                        |
| 67108 | Repair of retinal detachment; with vitrector     | No                  |     |                   | ALL                        |
| 67110 | Repair of retinal detachment; by injection c     | No                  |     |                   | ALL                        |
| 67113 | REPAIR OF COMPLEX RETINAL DETAC                  | No                  |     |                   | ALL                        |
| 67115 | Release of encircling material (posterior se     | No                  |     |                   | ALL                        |
| 67120 | Removal of implanted material, posterior s       | No                  |     |                   | ALL                        |
| 67121 | Removal of implanted material, posterior s       | No                  |     |                   | ALL                        |
| 67141 | Prophylaxis of retinal detachment (eg, retin     | No                  |     |                   | ALL                        |
| 67145 | Prophylaxis of retinal detachment (eg, retin     | No                  |     |                   | ALL                        |
| 67208 | Destruction of localized lesion of retina (eg    | No                  |     |                   | ALL                        |
| 67210 | Destruction of localized lesion of retina (eg    | No                  |     |                   | ALL                        |
| 67218 | Destruction of localized lesion of retina (eg    | No                  |     |                   | ALL                        |
| 67220 | Destruction of localized lesion of choroid (e    | No                  |     |                   | ALL                        |
| 67221 | PHOTODYNAMIC THERAPY (INCLUDES                   | No                  |     |                   | ALL                        |
| 67225 | OCULAR PHOTODYNAMIC THERAPY                      | No                  |     |                   | ALL                        |
| 67227 | Destruction of extensive or progressive ret      | No                  |     |                   | ALL                        |
| 67228 | Destruction of extensive or progressive ret      | No                  |     |                   | ALL                        |
| 67229 | TREATMENT OF EXTENSIVE OR PROG                   | No                  |     |                   | ALL                        |
| 67250 | Scleral reinforcement (separate procedure        | No                  |     |                   | ALL                        |
| 67255 | Scleral reinforcement (separate procedure        | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|--------------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 67299 | UNLISTED PROCEDURE, POSTERIOR                    | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 67299 | UNLISTED PROCEDURE, POSTERIOR                    | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 67299 | UNLISTED PROCEDURE, POSTERIOR                    | No                  |     |                   | PRICHO                      |
| 67311 | Strabismus surgery, recession or resection       | No                  |     |                   | ALL                         |
| 67312 | Strabismus surgery, recession or resection       | No                  |     |                   | ALL                         |
| 67314 | Strabismus surgery, recession or resection       | No                  |     |                   | ALL                         |
| 67316 | Strabismus surgery, recession or resection       | No                  |     |                   | ALL                         |
| 67318 | Strabismus surgery, any procedure, superi        | No                  |     |                   | ALL                         |
| 67320 | Transposition procedure (eg, for paretic ex      | No                  |     |                   | ALL                         |
| 67331 | Strabismus surgery on patient with previou       | No                  |     |                   | ALL                         |
| 67332 | Strabismus surgery on patient with scarring      | No                  |     |                   | ALL                         |
| 67334 | Strabismus surgery by posterior fixation su      | No                  |     |                   | ALL                         |
| 67335 | Placement of adjustable suture(s) during s       | No                  |     |                   | ALL                         |
| 67340 | Strabismus surgery involving exploration a       | No                  |     |                   | ALL                         |
| 67343 | Release of extensive scar tissue without d       | No                  |     |                   | ALL                         |
| 67345 | CHEMODENERVATION OF EXTRAOCUL                    | No                  |     |                   | ALL                         |
| 67346 | BIOPSY OF EXTRAOCULAR MUSCLE                     | No                  |     |                   | ALL                         |
| 67399 | UNLISTED PROCEDURE, OCULAR MUS                   | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 67399 | UNLISTED PROCEDURE, OCULAR MUS                   | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 67399 | UNLISTED PROCEDURE, OCULAR MUS                   | No                  |     |                   | PRICHO                      |
| 67400 | Orbitotomy without bone flap (frontal or tra     | No                  |     |                   | ALL                         |
| 67405 | Orbitotomy without bone flap (frontal or tra     | No                  |     |                   | ALL                         |
| 67412 | Orbitotomy without bone flap (frontal or tra     | No                  |     |                   | ALL                         |
| 67413 | Orbitotomy without bone flap (frontal or tra     | No                  |     |                   | ALL                         |
| 67414 | Orbitotomy without bone flap (frontal or tra     | No                  |     |                   | ALL                         |
| 67415 | Fine needle aspiration of orbital contents       | No                  |     |                   | ALL                         |
| 67420 | Orbitotomy with bone flap or window, later       | No                  |     |                   | ALL                         |
| 67430 | Orbitotomy with bone flap or window, later       | No                  |     |                   | ALL                         |
| 67440 | Orbitotomy with bone flap or window, later       | No                  |     |                   | ALL                         |
| 67445 | Orbitotomy with bone flap or window, later       | No                  |     |                   | ALL                         |
| 67450 | Orbitotomy with bone flap or window, later       | No                  |     |                   | ALL                         |
| 67500 | Retrobular injection; medication (separat        | No                  |     |                   | ALL                         |
| 67505 | RETROBULAR INJECTION ALCOHOL                     | No                  |     |                   | ALL                         |
| 67515 | Injection of medication or other substance       | No                  |     |                   | ALL                         |
| 67516 | Suprachoroidal space injection of pharmac        | No                  |     |                   | ALL                         |
| 67550 | ORBITAL IMPLANT; INSERTION                       | No                  |     |                   | ALL                         |
| 67560 | ORBITAL IMPLANT; REMOVAL OR REV                  | No                  |     |                   | ALL                         |
| 67570 | Optic nerve decompression (eg, incision o        | No                  |     |                   | ALL                         |
| 67599 | UNLISTED PROCEDURE, ORBIT                        | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 67599 | UNLISTED PROCEDURE, ORBIT                        | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 67599 | UNLISTED PROCEDURE, ORBIT                        | No                  |     |                   | PRICHO                      |
| 67700 | Blepharotomy, drainage of abscess, eyelid        | No                  |     |                   | ALL                         |
| 67710 | Severing of tarsorrhaphy                         | No                  |     |                   | ALL                         |
| 67715 | Canthotomy (separate procedure)                  | No                  |     |                   | ALL                         |
| 67800 | Excision of chalazion; single                    | No                  |     |                   | ALL                         |
| 67801 | Excision of chalazion; multiple, same lid        | No                  |     |                   | ALL                         |
| 67805 | Excision of chalazion; multiple, different lid   | No                  |     |                   | ALL                         |
| 67808 | Excision of chalazion; under general anest       | No                  |     |                   | ALL                         |
| 67810 | Biopsy of eyelid                                 | No                  |     |                   | ALL                         |
| 67820 | Correction of trichiasis; epilation, by forcep   | No                  |     |                   | ALL                         |
| 67825 | Correction of trichiasis; epilation by other t   | No                  |     |                   | ALL                         |
| 67830 | Correction of trichiasis; incision of lid marg   | No                  |     |                   | ALL                         |
| 67835 | Correction of trichiasis; incision of lid marg   | No                  |     |                   | ALL                         |
| 67840 | Excision of lesion of eyelid (except chalazi     | No                  |     |                   | ALL                         |
| 67850 | Destruction of lesion of lid margin (up to 1     | No                  |     |                   | ALL                         |
| 67875 | Temporary closure of eyelids by suture (eg       | No                  |     |                   | ALL                         |
| 67875 | Temporary closure of eyelids by suture (eg, Fros | Not Covered         |     |                   | CAID                        |
| 67880 | CONSTRUCTION OF INTERMARGINAL                    | No                  |     |                   | ALL                         |
| 67882 | Construction of intermarginal adhesions, n       | No                  |     |                   | ALL                         |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILI                 | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67900 | REPAIR OF BROW PTOSIS (SUPRACILI                 | No                  |     |                   | MCWRAP, PRICHO              |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONT                  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67901 | REPAIR OF BLEPHAROPTOSIS; FRONT                  | No                  |     |                   | MCWRAP, PRICHO              |
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONT                  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67902 | REPAIR OF BLEPHAROPTOSIS; FRONT                  | No                  |     |                   | MCWRAP, PRICHO              |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARS                  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67903 | REPAIR OF BLEPHAROPTOSIS; (TARS                  | No                  |     |                   | MCWRAP, PRICHO              |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARS                  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67904 | REPAIR OF BLEPHAROPTOSIS; (TARS                  | No                  |     |                   | MCWRAP, PRICHO              |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPER                  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67906 | REPAIR OF BLEPHAROPTOSIS; SUPER                  | No                  |     |                   | MCWRAP, PRICHO              |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 67908 | REPAIR OF BLEPHAROPTOSIS; CONJU               | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67908 | REPAIR OF BLEPHAROPTOSIS; CONJU               | No                  |     |                   | MCWRAP, PRICHO              |
| 67909 | REDUCTION OF OVERCORRECTION O                 | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67909 | REDUCTION OF OVERCORRECTION O                 | No                  |     |                   | MCWRAP, PRICHO              |
| 67911 | CORRECTION OF LID RETRACTION                  | No                  |     |                   | ALL                         |
| 67912 | CORRECTION OF LAGOPHTHALMOS, V                | No                  |     |                   | ALL                         |
| 67914 | Repair of ectropion; suture                   | No                  |     |                   | ALL                         |
| 67915 | Repair of ectropion; thermocauterization      | No                  |     |                   | ALL                         |
| 67916 | EXCISION TARSAL WEDGE                         | No                  |     |                   | ALL                         |
| 67917 | EXTENSIVE (EG, TARSAL STRIP OPER              | No                  |     |                   | ALL                         |
| 67921 | Repair of entropion; suture                   | No                  |     |                   | ALL                         |
| 67922 | Repair of entropion; thermocauterization      | No                  |     |                   | ALL                         |
| 67923 | REPAIR OF ENTROPION; BLEPHAROPT               | No                  |     |                   | ALL                         |
| 67924 | REPAIR OF ENTROPION; BLEPHAROPT               | No                  |     |                   | ALL                         |
| 67930 | Suture of recent wound, eyelid, involving li  | No                  |     |                   | ALL                         |
| 67935 | Suture of recent wound, eyelid, involving li  | No                  |     |                   | ALL                         |
| 67938 | Removal of embedded foreign body, eyelid      | No                  |     |                   | ALL                         |
| 67950 | Canthoplasty (reconstruction of canthus)      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 67950 | Canthoplasty (reconstruction of canthus)      | No                  |     |                   | MCWRAP, PRICHO              |
| 67961 | Excision and repair of eyelid, involving lid  | No                  |     |                   | ALL                         |
| 67966 | Excision and repair of eyelid, involving lid  | No                  |     |                   | ALL                         |
| 67971 | Reconstruction of eyelid, full thickness by t | No                  |     |                   | ALL                         |
| 67973 | Reconstruction of eyelid, full thickness by t | No                  |     |                   | ALL                         |
| 67974 | Reconstruction of eyelid, full thickness by t | No                  |     |                   | ALL                         |
| 67975 | Reconstruction of eyelid, full thickness by t | No                  |     |                   | ALL                         |
| 67999 | UNLISTED PROCEDURE, EYELIDS                   | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 67999 | UNLISTED PROCEDURE, EYELIDS                   | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 67999 | UNLISTED PROCEDURE, EYELIDS                   | No                  |     |                   | PRICHO                      |
| 68020 | Incision of conjunctiva, drainage of cyst     | No                  |     |                   | ALL                         |
| 68040 | Expression of conjunctival follicles (eg, for | No                  |     |                   | ALL                         |
| 68100 | Biopsy of conjunctiva                         | No                  |     |                   | ALL                         |
| 68110 | Excision of lesion, conjunctiva; up to 1 cm   | No                  |     |                   | ALL                         |
| 68115 | Excision of lesion, conjunctiva; over 1 cm    | No                  |     |                   | ALL                         |
| 68130 | Excision of lesion, conjunctiva; with adja    | No                  |     |                   | ALL                         |
| 68135 | Destruction of lesion, conjunctiva            | No                  |     |                   | ALL                         |
| 68200 | Subconjunctival injection                     | No                  |     |                   | ALL                         |
| 68320 | Conjunctivoplasty; with conjunctival graft o  | No                  |     |                   | ALL                         |
| 68325 | Conjunctivoplasty; with buccal mucous me      | No                  |     |                   | ALL                         |
| 68326 | Conjunctivoplasty, reconstruction cul-de-s    | No                  |     |                   | ALL                         |
| 68328 | Conjunctivoplasty, reconstruction cul-de-s    | No                  |     |                   | ALL                         |
| 68330 | Repair of symblepharon; conjunctivoplasty     | No                  |     |                   | ALL                         |
| 68335 | Repair of symblepharon; with free graft coi   | No                  |     |                   | ALL                         |
| 68340 | Repair of symblepharon; division of symbk     | No                  |     |                   | ALL                         |
| 68360 | Conjunctival flap; bridge or partial (separ   | No                  |     |                   | ALL                         |
| 68362 | Conjunctival flap; total (such as Gunderso    | No                  |     |                   | ALL                         |
| 68371 | HARVEST CONJUNCTIVAL ALLOGRAF                 | No                  |     |                   | ALL (Except Caid, MMP)      |
| 68371 | HARVEST CONJUNCTIVAL ALLOGRAF                 | Yes                 |     |                   | Caid, MMP                   |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIV                | Yes                 |     |                   | ALL (Except Medicare Comp)  |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIV                | No                  |     |                   | MEDICARE COMP/MCWRAP        |
| 68399 | UNLISTED PROCEDURE, CONJUNCTIV                | No                  |     |                   | PRICHO                      |
| 68400 | Incision, drainage of lacrimal gland          | No                  |     |                   | ALL                         |
| 68420 | Incision, drainage of lacrimal sac (dacryoc   | No                  |     |                   | ALL                         |
| 68440 | Snip incision of lacrimal punctum             | No                  |     |                   | ALL                         |
| 68500 | Excision of lacrimal gland (dacryoadenect     | No                  |     |                   | ALL                         |
| 68505 | Excision of lacrimal gland (dacryoadenect     | No                  |     |                   | ALL                         |
| 68510 | Biopsy of lacrimal gland                      | No                  |     |                   | ALL                         |
| 68520 | Excision of lacrimal sac (dacryocystectomy)   | No                  |     |                   | ALL                         |
| 68525 | Biopsy of lacrimal sac                        | No                  |     |                   | ALL                         |
| 68530 | Removal of foreign body or dacryolith, lac    | No                  |     |                   | ALL                         |
| 68540 | Excision of lacrimal gland tumor; frontal ap  | No                  |     |                   | ALL                         |
| 68550 | Excision of lacrimal gland tumor; involving   | No                  |     |                   | ALL                         |
| 68700 | Plastic repair of canaliculi                  | No                  |     |                   | ALL                         |
| 68705 | Correction of everted punctum, cautery        | No                  |     |                   | ALL                         |
| 68720 | Dacryocystorhinostomy (fistulization of lac   | No                  |     |                   | ALL                         |
| 68745 | Conjunctivorhinostomy (fistulization of con   | No                  |     |                   | ALL                         |
| 68750 | Conjunctivorhinostomy (fistulization of con   | No                  |     |                   | ALL                         |
| 68760 | Closure of the lacrimal punctum; by therm     | No                  |     |                   | ALL                         |
| 68761 | Closure of the lacrimal punctum; by plug, e   | No                  |     |                   | ALL                         |
| 68770 | Closure of lacrimal fistula (separate proced  | No                  |     |                   | ALL                         |
| 68801 | Dilation of lacrimal punctum, with or witho   | No                  |     |                   | ALL                         |
| 68810 | Probing of nasolacrimal duct, with or witho   | No                  |     |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 68811 | Probing of nasolacrimal duct, with or witho    | No                  |     |                   | ALL                        |
| 68815 | Probing of nasolacrimal duct, with or witho    | No                  |     |                   | ALL                        |
| 68816 | PROBING OF NASOLACRIMAL DUCT, V                | No                  |     |                   | ALL                        |
| 68840 | Probing of lacrimal canaliculi, with or witho  | No                  |     |                   | ALL                        |
| 68841 | Insertion of drug-eluting implant, including   | No                  |     |                   | ALL                        |
| 68850 | Injection of contrast medium for dacryocycs    | No                  |     |                   | ALL                        |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SY                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SY                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 68899 | UNLISTED PROCEDURE, LACRIMAL SY                | No                  |     |                   | PRICHO                     |
| 69000 | Drainage external ear, abscess or hemato       | No                  |     |                   | ALL                        |
| 69005 | Drainage external ear, abscess or hemato       | No                  |     |                   | ALL                        |
| 69020 | Drainage external auditory canal, abscess      | No                  |     |                   | ALL                        |
| 69090 | EAR PIERCING                                   | Not Covered         |     |                   | ALL                        |
| 69100 | Biopsy external ear                            | No                  |     |                   | ALL                        |
| 69105 | Biopsy external auditory canal                 | No                  |     |                   | ALL                        |
| 69110 | Excision external ear; partial, simple repair  | No                  |     |                   | ALL                        |
| 69120 | Excision external ear; complete amputatio      | No                  |     |                   | ALL                        |
| 69140 | Excision exostosis(es), external auditory c    | No                  |     |                   | ALL                        |
| 69145 | Excision soft tissue lesion, external audito   | No                  |     |                   | ALL                        |
| 69150 | Radical excision external auditory canal le    | No                  |     |                   | ALL                        |
| 69155 | Radical excision external auditory canal le    | No                  |     |                   | ALL                        |
| 69200 | Removal foreign body from external audito      | No                  |     |                   | ALL                        |
| 69205 | Removal foreign body from external audito      | No                  |     |                   | ALL                        |
| 69209 | Removal impacted cerumen using irrigation/lava | No                  |     |                   | ALL                        |
| 69210 | Removal impacted cerumen (separate pro         | No                  |     |                   | ALL                        |
| 69220 | Debridement, mastoidectomy cavity, simpl       | No                  |     |                   | ALL                        |
| 69222 | Debridement, mastoidectomy cavity, comp        | No                  |     |                   | ALL                        |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH                | Not Covered         |     |                   | ALL (Except Caid, MMP)     |
| 69300 | OTOPLASTY, PROTRUDING EAR, WITH                | Yes                 |     |                   | Caid, MMP                  |
| 69310 | Reconstruction of external auditory canal (    | No                  |     |                   | ALL                        |
| 69320 | Reconstruction external auditory canal for     | No                  |     |                   | ALL                        |
| 69399 | UNLISTED PROCEDURE, EXTERNAL E                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 69399 | UNLISTED PROCEDURE, EXTERNAL E                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 69399 | UNLISTED PROCEDURE, EXTERNAL E                 | No                  |     |                   | PRICHO                     |
| 69420 | Myringotomy including aspiration and/or eu     | No                  |     |                   | ALL                        |
| 69421 | Myringotomy including aspiration and/or eu     | No                  |     |                   | ALL                        |
| 69424 | Ventilating tube removal requiring general     | No                  |     |                   | ALL                        |
| 69433 | Tympanostomy (requiring insertion of vent      | No                  |     |                   | ALL                        |
| 69436 | Tympanostomy (requiring insertion of vent      | No                  |     |                   | ALL                        |
| 69440 | Middle ear exploration through postauricul     | No                  |     |                   | ALL                        |
| 69450 | Tympanolysis, transcanal                       | No                  |     |                   | ALL                        |
| 69501 | Transmastoid antrotomy (simple mastoide        | No                  |     |                   | ALL                        |
| 69502 | Mastoidectomy; complete                        | No                  |     |                   | ALL                        |
| 69505 | Mastoidectomy; modified radical                | No                  |     |                   | ALL                        |
| 69511 | Mastoidectomy; radical                         | No                  |     |                   | ALL                        |
| 69530 | Petrous apicectomy including radical mast      | No                  |     |                   | ALL                        |
| 69535 | Resection temporal bone, external approa       | No                  |     |                   | ALL                        |
| 69540 | Excision aural polyp                           | No                  |     |                   | ALL                        |
| 69550 | Excision aural glomus tumor; transcanal        | No                  |     |                   | ALL                        |
| 69552 | Excision aural glomus tumor; transmastoid      | No                  |     |                   | ALL                        |
| 69554 | Excision aural glomus tumor; extended (ex      | No                  |     |                   | ALL                        |
| 69601 | Revision mastoidectomy; resulting in comp      | No                  |     |                   | ALL                        |
| 69602 | Revision mastoidectomy; resulting in modi      | No                  |     |                   | ALL                        |
| 69603 | Revision mastoidectomy; resulting in radic     | No                  |     |                   | ALL                        |
| 69604 | Revision mastoidectomy; resulting in tym       | No                  |     |                   | ALL                        |
| 69605 | Revision mastoidectomy; with apicectomy        | No                  |     |                   | ALL                        |
| 69610 | Tympanic membrane repair, with or withou       | No                  |     |                   | ALL                        |
| 69620 | Myringoplasty (surgery confined to drumhe      | No                  |     |                   | ALL                        |
| 69631 | Tympanoplasty without mastoidectomy (in        | No                  |     |                   | ALL                        |
| 69632 | Tympanoplasty without mastoidectomy (in        | No                  |     |                   | ALL                        |
| 69633 | Tympanoplasty without mastoidectomy (in        | No                  |     |                   | ALL                        |
| 69635 | Tympanoplasty with antrotomy or mastoid        | No                  |     |                   | ALL                        |
| 69636 | Tympanoplasty with antrotomy or mastoid        | No                  |     |                   | ALL                        |
| 69637 | Tympanoplasty with antrotomy or mastoid        | No                  |     |                   | ALL                        |
| 69641 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69642 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69643 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69644 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69645 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69646 | Tympanoplasty with mastoidectomy (includ       | No                  |     |                   | ALL                        |
| 69650 | Stapes mobilization                            | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 69660 | Stapedectomy or stapedotomy with reesta       | No                  |     |                   | ALL                        |
| 69661 | Stapedectomy or stapedotomy with reesta       | No                  |     |                   | ALL                        |
| 69662 | Revision of stapedectomy or stapedotomy       | No                  |     |                   | ALL                        |
| 69666 | Repair oval window fistula                    | No                  |     |                   | ALL                        |
| 69667 | Repair round window fistula                   | No                  |     |                   | ALL                        |
| 69670 | Mastoid obliteration (separate procedure)     | No                  |     |                   | ALL                        |
| 69676 | Tympanic neurectomy                           | No                  |     |                   | ALL                        |
| 69700 | Closure postauricular fistula, mastoid (sep   | No                  |     |                   | ALL                        |
| 69705 | Nasopharyngoscopy, surgical, with dilator     | No                  |     |                   | ALL                        |
| 69706 | Nasopharyngoscopy, surgical, with dilator     | No                  |     |                   | ALL                        |
| 69710 | Implantation or replacement of electromag     | No                  |     |                   | ALL                        |
| 69711 | Removal or repair of electromagnetic bone     | No                  |     |                   | ALL                        |
| 69714 | Implantation, osseointegrated implant, tem    | No                  |     |                   | ALL                        |
| 69716 | Implantation, osseointegrated implant, sku    | No                  |     |                   | ALL                        |
| 69717 | Replacement (including removal of existin     | No                  |     |                   | ALL                        |
| 69719 | Revision or replacement (including remova     | No                  |     |                   | ALL                        |
| 69720 | Decompression facial nerve, intratemporal     | No                  |     |                   | ALL                        |
| 69725 | Decompression facial nerve, intratemporal     | No                  |     |                   | ALL                        |
| 69726 | Removal, osseointegrated implant, skull; v    | No                  |     |                   | ALL                        |
| 69727 | Removal, osseointegrated implant, skull; v    | No                  |     |                   | ALL                        |
| 69728 | Removal, entire osseointegrated implant, s    | No                  |     |                   | ALL                        |
| 69729 | Implantation, osseointegrated implant, sku    | No                  |     |                   | ALL                        |
| 69730 | Replacement (including removal of existin     | No                  |     |                   | ALL                        |
| 69740 | Suture facial nerve, intratemporal, with or v | No                  |     |                   | ALL                        |
| 69745 | Suture facial nerve, intratemporal, with or v | No                  |     |                   | ALL                        |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 69799 | UNLISTED PROCEDURE, MIDDLE EAR                | No                  |     |                   | PRICHO                     |
| 69801 | Labyrinthotomy, with perfusion of vestibul    | No                  |     |                   | ALL                        |
| 69805 | Endolymphatic sac operation; without shunt    | No                  |     |                   | ALL                        |
| 69806 | Endolymphatic sac operation; with shunt       | No                  |     |                   | ALL                        |
| 69905 | Labyrinthectomy; transcanal                   | No                  |     |                   | ALL                        |
| 69910 | Labyrinthectomy; with mastoidectomy           | No                  |     |                   | ALL                        |
| 69915 | Vestibular nerve section, translabyrinthine   | No                  |     |                   | ALL                        |
| 69930 | COCHLEAR DEVICE IMPLANTATION, W               | No                  |     |                   | ALL                        |
| 69949 | UNLISTED PROCEDURE, INNER EAR                 | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 69949 | UNLISTED PROCEDURE, INNER EAR                 | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 69949 | UNLISTED PROCEDURE, INNER EAR                 | No                  |     |                   | PRICHO                     |
| 69950 | Vestibular nerve section, transcranial appr   | No                  |     |                   | ALL                        |
| 69955 | Total facial nerve decompression and/or re    | No                  |     |                   | ALL                        |
| 69960 | Decompression internal auditory canal         | No                  |     |                   | ALL                        |
| 69970 | Removal of tumor, temporal bone               | No                  |     |                   | ALL                        |
| 69979 | UNLISTED PROCEDURE, TEMPORAL B                | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 69979 | UNLISTED PROCEDURE, TEMPORAL B                | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 69979 | UNLISTED PROCEDURE, TEMPORAL B                | No                  |     |                   | PRICHO                     |
| 69990 | Microsurgical techniques, requiring use of    | No                  |     |                   | ALL                        |
| 70010 | Myelography, posterior fossa, radiological    | No                  |     |                   | ALL                        |
| 70015 | Cisternography, positive contrast, radiolog   | No                  |     |                   | ALL                        |
| 70030 | Radiologic examination, eye, for detection    | No                  |     |                   | ALL                        |
| 70100 | Radiologic examination, mandible; partial,    | No                  |     |                   | ALL                        |
| 70110 | Radiologic examination, mandible; comple      | No                  |     |                   | ALL                        |
| 70120 | Radiologic examination, mastoids; less tha    | No                  |     |                   | ALL                        |
| 70130 | Radiologic examination, mastoids; comple      | No                  |     |                   | ALL                        |
| 70134 | Radiologic examination, internal auditory n   | No                  |     |                   | ALL                        |
| 70140 | Radiologic examination, facial bones; less    | No                  |     |                   | ALL                        |
| 70150 | Radiologic examination, facial bones; com     | No                  |     |                   | ALL                        |
| 70160 | Radiologic examination, nasal bones, com      | No                  |     |                   | ALL                        |
| 70170 | Dacryocystography, nasolacrimal duct, rad     | No                  |     |                   | ALL                        |
| 70190 | Radiologic examination; optic foramina        | No                  |     |                   | ALL                        |
| 70200 | Radiologic examination; orbits, complete, i   | No                  |     |                   | ALL                        |
| 70210 | Radiologic examination, sinuses, paranas      | No                  |     |                   | ALL                        |
| 70220 | Radiologic examination, sinuses, paranas      | No                  |     |                   | ALL                        |
| 70240 | Radiologic examination, sella turcica         | No                  |     |                   | ALL                        |
| 70250 | Radiologic examination, skull; less than fo   | No                  |     |                   | ALL                        |
| 70260 | Radiologic examination, skull; complete, n    | No                  |     |                   | ALL                        |
| 70300 | Radiologic examination, teeth; single view    | No                  |     |                   | ALL                        |
| 70310 | Radiologic examination, teeth; partial exa    | No                  |     |                   | ALL                        |
| 70320 | Radiologic examination, teeth; complete, f    | No                  |     |                   | ALL                        |
| 70328 | Radiologic examination, temporomandibul       | No                  |     |                   | ALL                        |
| 70330 | Radiologic examination, temporomandibul       | No                  |     |                   | ALL                        |
| 70332 | TEMPOROMANDIBULAR JOINT ARTHR                 | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key                 | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------|---------------------|---------------------|-------------------|---------------------------------------|
| 70336 | MAGNETIC RESONANCE (EG, PROTON              | No                  | *                   |                   | MEDICARE COMP/MCWRAP                  |
| 70336 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp)            |
| 70336 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | Caid, MMP                             |
| 70336 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | PRICHO                                |
| 70350 | CEPHALOGRAM, ORTHODONTIC                    | No                  |                     |                   | ALL                                   |
| 70355 | ORTHOPANTOGRAM                              | No                  |                     |                   | ALL                                   |
| 70360 | Radiologic examination; neck, soft tissue   | No                  |                     |                   | ALL                                   |
| 70370 | Radiologic examination; pharynx or larynx.  | No                  |                     |                   | ALL                                   |
| 70371 | COMPLEX DYNAMIC PHARYNGEAL AN               | No                  |                     |                   | ALL                                   |
| 70380 | Radiologic examination, salivary gland for  | No                  |                     |                   | ALL                                   |
| 70390 | Sialography, radiological supervision and i | No                  |                     |                   | ALL                                   |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70450 | COMPUTED TOMOGRAPHY, HEAD OR                | No                  |                     |                   | PRICHO                                |
| 70460 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70460 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70460 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70470 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70470 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70470 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SE              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SE              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70480 | COMPUTED TOMOGRAPHY, ORBIT, SE              | No                  |                     |                   | PRICHO                                |
| 70481 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70481 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70481 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70482 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70482 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70482 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOF               | No                  | *                   |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOF               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70486 | COMPUTED TOMOGRAPHY, MAXILLOF               | No                  |                     |                   | PRICHO                                |
| 70487 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  | *                   |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70487 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70487 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70488 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  | *                   |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70488 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70488 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISS              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISS              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70490 | COMPUTED TOMOGRAPHY, SOFT TISS              | No                  |                     |                   | PRICHO                                |
| 70491 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70491 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70491 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70492 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70492 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70492 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |                     |                   | PRICHO                                |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGG                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGG                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70496 | COMPUTED TOMOGRAPHIC ANGIOGG                | No                  |                     |                   | PRICHO                                |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGR                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGR                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70498 | COMPUTED TOMOGRAPHIC ANGIOGR                | No                  |                     |                   | PRICHO                                |
| 70540 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70540 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70540 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | PRICHO                                |
| 70542 | MRI ORBIT/FACE/NECK W/DYE                   | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70542 | MRI ORBIT/FACE/NECK W/DYE                   | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70542 | MRI ORBIT/FACE/NECK W/DYE                   | No                  |                     |                   | PRICHO                                |
| 70543 | MRI ORBT/FAC/NCK W/O&W DYE                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70543 | MRI ORBT/FAC/NCK W/O&W DYE                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70543 | MRI ORBT/FAC/NCK W/O&W DYE                  | No                  |                     |                   | PRICHO                                |
| 70544 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70544 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70544 | MAGNETIC RESONANCE (EG, PROTON              | No                  |                     |                   | PRICHO                                |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE                   | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE                   | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70545 | MR ANGIOGRAPHY HEAD W/DYE                   | No                  |                     |                   | PRICHO                                |
| 70546 | MR ANGIOGRAPH HEAD W/O&W DYE                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 70546 | MR ANGIOGRAPH HEAD W/O&W DYE                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 70546 | MR ANGIOGRAPH HEAD W/O&W DYE                | No                  |                     |                   | PRICHO                                |

**Services that require Prior Authorization List**

| Code  | Description                                                   | Prior Auth Required | Key                 | Rider Requirement | Product Lines                          |
|-------|---------------------------------------------------------------|---------------------|---------------------|-------------------|----------------------------------------|
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY                                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY                                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70547 | MAGNETIC RESONANCE ANGIOGRAPHY                                | No                  |                     |                   | PRICHO                                 |
| 70548 | MR ANGIOGRAPHY NECK W/DYE                                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70548 | MR ANGIOGRAPHY NECK W/DYE                                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70548 | MR ANGIOGRAPHY NECK W/DYE                                     | No                  |                     |                   | PRICHO                                 |
| 70549 | MR ANGIOGRAPH NECK W/O&W DYE                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70549 | MR ANGIOGRAPH NECK W/O&W DYE                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70549 | MR ANGIOGRAPH NECK W/O&W DYE                                  | No                  |                     |                   | PRICHO                                 |
| 70551 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70551 | MAGNETIC RESONANCE (EG, PROTON)                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70551 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | PRICHO                                 |
| 70552 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70552 | MAGNETIC RESONANCE (EG, PROTON)                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70552 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | PRICHO                                 |
| 70553 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70553 | MAGNETIC RESONANCE (EG, PROTON)                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70553 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | PRICHO                                 |
| 70554 | MAGNETIC RESONANCE IMAGEING, BR                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70554 | MAGNETIC RESONANCE IMAGEING, BR                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70554 | MAGNETIC RESONANCE IMAGEING, BR                               | No                  |                     |                   | PRICHO                                 |
| 70555 | MAGNETIC RESONANCE IMAGEING, BR                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 70555 | MAGNETIC RESONANCE IMAGEING, BR                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 70555 | MAGNETIC RESONANCE IMAGEING, BR                               | No                  |                     |                   | PRICHO                                 |
| 70557 | MAGNETIC RESONANCE (EG PROTON)                                | No                  |                     |                   | ALL                                    |
| 70558 | MAGNETIC RESONANCE (EG PROTON)                                | No                  |                     |                   | ALL (Except Caid)                      |
| 70558 | MAGNETIC RESONANCE (EG PROTON)                                | Yes                 |                     |                   | Caid                                   |
| 70559 | MAGNETIC RESONANCE (EG PROTON)                                | No                  |                     |                   | ALL (Except Caid)                      |
| 70559 | MAGNETIC RESONANCE (EG PROTON)                                | Yes                 |                     |                   | Caid                                   |
| 71045 | Radiologic examination, chest; single view                    | No                  |                     |                   | ALL                                    |
| 71046 | Radiologic examination, chest; 2 views                        | No                  |                     |                   | ALL                                    |
| 71047 | Radiologic examination, chest; 3 views                        | No                  |                     |                   | ALL                                    |
| 71048 | Radiologic examination, chest; 4 or more views                | No                  |                     |                   | ALL                                    |
| 71100 | Radiologic examination, ribs, unilateral; two views           | No                  |                     |                   | ALL                                    |
| 71101 | Radiologic examination, ribs, unilateral; including           | No                  |                     |                   | ALL                                    |
| 71110 | Radiologic examination, ribs, bilateral; three views          | No                  |                     |                   | ALL                                    |
| 71111 | Radiologic examination, ribs, bilateral; including            | No                  |                     |                   | ALL                                    |
| 71120 | Radiologic examination; sternum, minimum of two views         | No                  |                     |                   | ALL                                    |
| 71130 | Radiologic examination; sternoclavicular joint                | No                  |                     |                   | ALL                                    |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; including                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; including                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71250 | COMPUTED TOMOGRAPHY, THORAX; including                        | No                  |                     |                   | PRICHO                                 |
| 71260 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71260 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71260 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | No                  |                     |                   | PRICHO                                 |
| 71270 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71270 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71270 | COMPUTERIZED AXIAL TOMOGRAPHY                                 | No                  |                     |                   | PRICHO                                 |
| 71271 | Computed tomography, thorax, low dose technique               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 71271 | Computed tomography, thorax, low dose technique               | No                  |                     |                   | PRICHO, MCWRAP, MMP, CAID              |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71275 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                              | No                  |                     |                   | PRICHO                                 |
| 71550 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71550 | MAGNETIC RESONANCE (EG, PROTON)                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71550 | MAGNETIC RESONANCE (EG, PROTON)                               | No                  |                     |                   | PRICHO                                 |
| 71551 | MRI CHEST W/DYE                                               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71551 | MRI CHEST W/DYE                                               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71551 | MRI CHEST W/DYE                                               | No                  |                     |                   | PRICHO                                 |
| 71552 | MRI CHEST W/O&W DYE                                           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71552 | MRI CHEST W/O&W DYE                                           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71552 | MRI CHEST W/O&W DYE                                           | No                  |                     |                   | PRICHO                                 |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY                                | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP        |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY                                | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP)  |
| 71555 | MAGNETIC RESONANCE ANGIOGRAPHY                                | No                  |                     |                   | PRICHO                                 |
| 72020 | Radiologic examination, spine, single view                    | No                  | *                   |                   | ALL                                    |
| 72040 | Radiologic examination, spine, cervical; two views            | No                  | *                   |                   | ALL                                    |
| 72050 | Radiologic examination, spine, cervical; minimum of two views | No                  | *                   |                   | ALL                                    |
| 72052 | Radiologic examination, spine, cervical; including            | No                  | *                   |                   | ALL                                    |
| 72070 | Radiologic examination, spine; thoracic, two views            | No                  | *                   |                   | ALL                                    |
| 72072 | Radiologic examination, spine; thoracic, three views          | No                  | *                   |                   | ALL                                    |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 72074 | Radiologic examination, spine; thoracic, m  | No                  | *   |                   | ALL                                   |
| 72080 | Radiologic examination, spine; thoracolum   | No                  | *   |                   | ALL                                   |
| 72081 | Radiologic examination, spine, entire thora | No                  | *   |                   | ALL                                   |
| 72082 | Radiologic examination, spine, entire thora | No                  | *   |                   | ALL                                   |
| 72083 | Radiologic examination, spine, entire thora | No                  | *   |                   | ALL                                   |
| 72084 | Radiologic examination, spine, entire thora | No                  | *   |                   | ALL                                   |
| 72100 | Radiologic examination, spine, lumbosacr    | No                  | *   |                   | ALL                                   |
| 72110 | Radiologic examination, spine, lumbosacr    | No                  | *   |                   | ALL                                   |
| 72114 | Radiologic examination, spine, lumbosacr    | No                  | *   |                   | ALL                                   |
| 72120 | Radiologic examination, spine, lumbosacr    | No                  | *   |                   | ALL                                   |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72125 | COMPUTED TOMOGRAPHY, CERVICAL               | No                  |     |                   | PRICHO                                |
| 72126 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72126 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72126 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72127 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72128 | COMPUTED TOMOGRAPHY, THORACIC               | No                  |     |                   | PRICHO                                |
| 72129 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72129 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72129 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72130 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72130 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72130 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR S               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR S               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72131 | COMPUTED TOMOGRAPHY, LUMBAR S               | No                  |     |                   | PRICHO                                |
| 72132 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72132 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72132 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72133 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72133 | COMPUTERIZED AXIAL TOMOGRAPHY               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72133 | COMPUTERIZED AXIAL TOMOGRAPHY               | No                  |     |                   | PRICHO                                |
| 72141 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72141 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72141 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72142 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72142 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72142 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72146 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72146 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72146 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72147 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72147 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72147 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72148 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72148 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72148 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72149 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72149 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72149 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72156 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72156 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72156 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72157 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72157 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72157 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72158 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72158 | MAGNETIC RESONANCE (EG, PROTON              | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72158 | MAGNETIC RESONANCE (EG, PROTON              | No                  |     |                   | PRICHO                                |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPH               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPH               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72159 | MAGNETIC RESONANCE ANGIOGRAPH               | No                  |     |                   | PRICHO                                |
| 72170 | Radiologic examination, pelvis; one or two  | No                  | *   |                   | ALL                                   |
| 72190 | Radiologic examination, pelvis; complete,   | No                  | *   |                   | ALL                                   |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGR                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGR                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 72191 | COMPUTED TOMOGRAPHIC ANGIOGR                 | No                  |     |                   | PRICHO                                |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; W               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; W               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72192 | COMPUTED TOMOGRAPHY, PELVIS; W               | No                  |     |                   | PRICHO                                |
| 72193 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72193 | COMPUTERIZED AXIAL TOMOGRAPHY                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72193 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | PRICHO                                |
| 72194 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72194 | COMPUTERIZED AXIAL TOMOGRAPHY                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72194 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | PRICHO                                |
| 72195 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72195 | MAGNETIC RESONANCE (EG, PROTON               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72195 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | PRICHO                                |
| 72196 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72196 | MAGNETIC RESONANCE (EG, PROTON               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72196 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | PRICHO                                |
| 72197 | MRI PELVIS W/O & W DYE                       | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72197 | MRI PELVIS W/O & W DYE                       | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72197 | MRI PELVIS W/O & W DYE                       | No                  |     |                   | PRICHO                                |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPH                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPH                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72198 | MAGNETIC RESONANCE ANGIOGRAPH                | No                  |     |                   | PRICHO                                |
| 72200 | Radiologic examination, sacroiliac joints; l | No                  | *   |                   | ALL                                   |
| 72202 | Radiologic examination, sacroiliac joints; t | No                  | *   |                   | ALL                                   |
| 72220 | Radiologic examination, sacrum and coccy     | No                  | *   |                   | ALL                                   |
| 72240 | Myelography, cervical, radiological supervi  | No                  |     |                   | ALL                                   |
| 72255 | Myelography, thoracic, radiological supervi  | No                  |     |                   | ALL                                   |
| 72265 | Myelography, lumbosacral, radiological su    | No                  |     |                   | ALL                                   |
| 72270 | MYELOGRAPHY, TWO OR MORE REGI                | No                  |     |                   | ALL                                   |
| 72275 | Epidurography, radiological supervision an   | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72275 | Epidurography, radiological supervision an   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72275 | Epidurography, radiological supervision an   | No                  |     |                   | PRICHO                                |
| 72285 | Diskography, cervical or thoracic, radiolog  | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72285 | Diskography, cervical or thoracic, radiolog  | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72285 | Diskography, cervical or thoracic, radiolog  | No                  |     |                   | PRICHO                                |
| 72295 | Diskography, lumbar, radiological supervis   | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 72295 | Diskography, lumbar, radiological supervis   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 72295 | Diskography, lumbar, radiological supervis   | No                  |     |                   | PRICHO                                |
| 73000 | Radiologic examination; clavicle, complete   | No                  |     |                   | ALL                                   |
| 73010 | Radiologic examination; scapula, complete    | No                  |     |                   | ALL                                   |
| 73020 | Radiologic examination, shoulder; one vie    | No                  |     |                   | ALL                                   |
| 73030 | Radiologic examination, shoulder; complet    | No                  |     |                   | ALL                                   |
| 73040 | Radiologic examination, shoulder, arthrog    | No                  |     |                   | ALL                                   |
| 73050 | Radiologic examination; acromioclavicular    | No                  |     |                   | ALL                                   |
| 73060 | Radiologic examination; humerus, minimu      | No                  |     |                   | ALL                                   |
| 73070 | Radiologic examination, elbow; two views     | No                  |     |                   | ALL                                   |
| 73080 | Radiologic examination, elbow; complete,     | No                  |     |                   | ALL                                   |
| 73085 | Radiologic examination, elbow, arthrograp    | No                  |     |                   | ALL                                   |
| 73090 | Radiologic examination; forearm, two view    | No                  |     |                   | ALL                                   |
| 73092 | Radiologic examination; upper extremity, i   | No                  |     |                   | ALL                                   |
| 73100 | Radiologic examination, wrist; two views     | No                  |     |                   | ALL                                   |
| 73110 | Radiologic examination, wrist; complete, n   | No                  |     |                   | ALL                                   |
| 73115 | Radiologic examination, wrist, arthrograph   | No                  |     |                   | ALL                                   |
| 73120 | Radiologic examination, hand; two views      | No                  |     |                   | ALL                                   |
| 73130 | Radiologic examination, hand; minimum o      | No                  |     |                   | ALL                                   |
| 73140 | Radiologic examination, finger(s), minimu    | No                  |     |                   | ALL                                   |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EX                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EX                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73200 | COMPUTED TOMOGRAPHY, UPPER EX                | No                  |     |                   | PRICHO                                |
| 73201 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73201 | COMPUTERIZED AXIAL TOMOGRAPHY                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73201 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | PRICHO                                |
| 73202 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73202 | COMPUTERIZED AXIAL TOMOGRAPHY                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73202 | COMPUTERIZED AXIAL TOMOGRAPHY                | No                  |     |                   | PRICHO                                |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGR                 | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGR                 | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73206 | COMPUTED TOMOGRAPHIC ANGIOGR                 | No                  |     |                   | PRICHO                                |
| 73218 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73218 | MAGNETIC RESONANCE (EG, PROTON               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73218 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | PRICHO                                |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                 | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------|---------------------|---------------------|-------------------|---------------------------------------|
| 73219 | MRI UPPER EXTREMITY W/DYE                          | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73219 | MRI UPPER EXTREMITY W/DYE                          | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73219 | MRI UPPER EXTREMITY W/DYE                          | No                  |                     |                   | PRICHO                                |
| 73220 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73220 | MAGNETIC RESONANCE (EG, PROTON                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73220 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | PRICHO                                |
| 73221 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73221 | MAGNETIC RESONANCE (EG, PROTON                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73221 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | PRICHO                                |
| 73222 | MRI JOINT UPR EXTREM W/ DYE                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73222 | MRI JOINT UPR EXTREM W/ DYE                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73222 | MRI JOINT UPR EXTREM W/ DYE                        | No                  |                     |                   | PRICHO                                |
| 73223 | MRI JOINT UPR EXTR W/O&W DYE                       | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73223 | MRI JOINT UPR EXTR W/O&W DYE                       | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73223 | MRI JOINT UPR EXTR W/O&W DYE                       | No                  |                     |                   | PRICHO                                |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPH                      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPH                      | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73225 | MAGNETIC RESONANCE ANGIOGRAPH                      | No                  |                     |                   | PRICHO                                |
| 73501 | Radiologic examination, hip, unilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73502 | Radiologic examination, hip, unilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73503 | Radiologic examination, hip, unilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73521 | Radiologic examination, hips, bilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73522 | Radiologic examination, hips, bilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73523 | Radiologic examination, hips, bilateral, with pelv | No                  |                     |                   | ALL                                   |
| 73525 | Radiologic examination, hip, arthrography,         | No                  |                     |                   | ALL                                   |
| 73551 | Radiologic examination, femur; 1 view              | No                  |                     |                   | ALL                                   |
| 73552 | Radiologic examination, femur; minimum 2 view      | No                  |                     |                   | ALL                                   |
| 73560 | Radiologic examination, knee; one or two           | No                  |                     |                   | ALL                                   |
| 73562 | Radiologic examination, knee; three views          | No                  |                     |                   | ALL                                   |
| 73564 | Radiologic examination, knee; complete, f          | No                  |                     |                   | ALL                                   |
| 73565 | Radiologic examination, knee; both knees           | No                  |                     |                   | ALL                                   |
| 73580 | Radiologic examination, knee, arthrograph          | No                  |                     |                   | ALL                                   |
| 73590 | Radiologic examination; tibia and fibula, tw       | No                  |                     |                   | ALL                                   |
| 73592 | Radiologic examination; lower extremity, ir        | No                  |                     |                   | ALL                                   |
| 73600 | Radiologic examination, ankle; two views           | No                  |                     |                   | ALL                                   |
| 73610 | Radiologic examination, ankle; complete, t         | No                  |                     |                   | ALL                                   |
| 73615 | Radiologic examination, ankle, arthrograph         | No                  |                     |                   | ALL                                   |
| 73620 | Radiologic examination, foot; two views            | No                  |                     |                   | ALL                                   |
| 73630 | Radiologic examination, foot, complete, m          | No                  |                     |                   | ALL                                   |
| 73650 | Radiologic examination; calcaneus, minim           | No                  |                     |                   | ALL                                   |
| 73660 | Radiologic examination; toe(s), minimum d          | No                  |                     |                   | ALL                                   |
| 73700 | COMPUTED TOMOGRAPHY, LOWER E                       | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73700 | COMPUTED TOMOGRAPHY, LOWER E                       | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73700 | COMPUTED TOMOGRAPHY, LOWER E                       | No                  |                     |                   | PRICHO                                |
| 73701 | COMPUTERIZED AXIAL TOMOGRAPHY                      | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73701 | COMPUTERIZED AXIAL TOMOGRAPHY                      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73701 | COMPUTERIZED AXIAL TOMOGRAPHY                      | No                  |                     |                   | PRICHO                                |
| 73702 | COMPUTERIZED AXIAL TOMOGRAPHY                      | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73702 | COMPUTERIZED AXIAL TOMOGRAPHY                      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73702 | COMPUTERIZED AXIAL TOMOGRAPHY                      | No                  |                     |                   | PRICHO                                |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGR                       | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGR                       | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73706 | COMPUTED TOMOGRAPHIC ANGIOGR                       | No                  |                     |                   | PRICHO                                |
| 73718 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73718 | MAGNETIC RESONANCE (EG, PROTON                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73718 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | PRICHO                                |
| 73719 | MRI LOWER EXTREMITY W/DYE                          | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73719 | MRI LOWER EXTREMITY W/DYE                          | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73719 | MRI LOWER EXTREMITY W/DYE                          | No                  |                     |                   | PRICHO                                |
| 73720 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73720 | MAGNETIC RESONANCE (EG, PROTON                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73720 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | PRICHO                                |
| 73721 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73721 | MAGNETIC RESONANCE (EG, PROTON                     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73721 | MAGNETIC RESONANCE (EG, PROTON                     | No                  |                     |                   | PRICHO                                |
| 73722 | MRI JOINT OF LWR EXTR W/DYE                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73722 | MRI JOINT OF LWR EXTR W/DYE                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73722 | MRI JOINT OF LWR EXTR W/DYE                        | No                  |                     |                   | PRICHO                                |
| 73723 | MRI JOINT LWR EXTR W/O&W DYE                       | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73723 | MRI JOINT LWR EXTR W/O&W DYE                       | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73723 | MRI JOINT LWR EXTR W/O&W DYE                       | No                  |                     |                   | PRICHO                                |



**Services that require Prior Authorization List**

| Code  | Description                                                              | Prior Auth Required | Key                 | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------------------------------------|---------------------|---------------------|-------------------|---------------------------------------|
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 73725 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | No                  |                     |                   | PRICHO                                |
| 74018 | Radiologic examination, abdomen; 1 view                                  | No                  |                     |                   | ALL                                   |
| 74019 | Radiologic examination, abdomen; 2 views                                 | No                  |                     |                   | ALL                                   |
| 74021 | Radiologic examination, abdomen; 3 or more views                         | No                  |                     |                   | ALL                                   |
| 74022 | Radiologic examination, abdomen; complete                                | No                  |                     |                   | ALL                                   |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN                                             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN                                             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74150 | COMPUTED TOMOGRAPHY, ABDOMEN                                             | No                  |                     |                   | PRICHO                                |
| 74160 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74160 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74160 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | No                  |                     |                   | PRICHO                                |
| 74170 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74170 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74170 | COMPUTERIZED AXIAL TOMOGRAPHY                                            | No                  |                     |                   | PRICHO                                |
| 74174 | Computed tomographic angiography, abdominal                              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74174 | Computed tomographic angiography, abdominal                              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74174 | Computed tomographic angiography, abdominal                              | No                  |                     |                   | PRICHO                                |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                                         | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                                         | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74175 | COMPUTED TOMOGRAPHIC ANGIOGRAPHY                                         | No                  |                     |                   | PRICHO                                |
| 74176 | Computed tomography, abdomen and pelvis                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74176 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74176 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | PRICHO                                |
| 74177 | Computed tomography, abdomen and pelvis                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74177 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74177 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | PRICHO                                |
| 74178 | Computed tomography, abdomen and pelvis                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74178 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74178 | Computed tomography, abdomen and pelvis                                  | No                  |                     |                   | PRICHO                                |
| 74181 | MAGNETIC RESONANCE (EG, PROTON DENSITY)                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74181 | MAGNETIC RESONANCE (EG, PROTON DENSITY)                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74181 | MAGNETIC RESONANCE (EG, PROTON DENSITY)                                  | No                  |                     |                   | PRICHO                                |
| 74182 | MRI ABDOMEN W/DYE                                                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74182 | MRI ABDOMEN W/DYE                                                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74182 | MRI ABDOMEN W/DYE                                                        | No                  |                     |                   | PRICHO                                |
| 74183 | MRI ABDOMEN W/O & W/DYE                                                  | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74183 | MRI ABDOMEN W/O & W/DYE                                                  | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74183 | MRI ABDOMEN W/O & W/DYE                                                  | No                  |                     |                   | PRICHO                                |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74185 | MAGNETIC RESONANCE ANGIOGRAPHY                                           | No                  |                     |                   | PRICHO                                |
| 74190 | Peritoneogram (eg, after injection of air or contrast)                   | No                  |                     |                   | ALL                                   |
| 74210 | Radiologic examination; pharynx and/or esophagus                         | No                  |                     |                   | ALL                                   |
| 74220 | Radiologic examination; esophagus                                        | No                  |                     |                   | ALL                                   |
| 74221 | Radiologic examination, esophagus, including swallowing function         | No                  |                     |                   | ALL                                   |
| 74230 | Swallowing function, with cineradiography                                | No                  |                     |                   | ALL                                   |
| 74235 | Removal of foreign body(s), esophageal, via radiologic examination       | No                  |                     |                   | ALL                                   |
| 74240 | Radiologic examination, gastrointestinal tract                           | No                  |                     |                   | ALL                                   |
| 74246 | Radiological examination, gastrointestinal tract                         | No                  |                     |                   | ALL                                   |
| 74248 | Radiologic small intestine follow-through series                         | No                  |                     |                   | ALL                                   |
| 74250 | Radiologic examination, small intestine, including follow-through series | No                  |                     |                   | ALL                                   |
| 74251 | Radiologic examination, small intestine, including follow-through series | No                  |                     |                   | ALL                                   |
| 74261 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74261 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74261 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | No                  |                     |                   | PRICHO                                |
| 74262 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74262 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74262 | COMPUTED TOMOGRAPHIC COLONOGRAPHY                                        | No                  |                     |                   | PRICHO                                |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY                                   | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp)            |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY                                   | No                  |                     |                   | MEDICARE COMP/MCWRAP                  |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY                                   | No                  |                     |                   | PRICHO                                |
| 74263 | COMPUTED TOMOGRAPHIC (CT) COLONOGRAPHY                                   | Not Covered         |                     |                   | CAID                                  |
| 74270 | Radiologic examination, colon; barium enema                              | No                  |                     |                   | ALL                                   |
| 74280 | Radiologic examination, colon; air contrast                              | No                  |                     |                   | ALL                                   |
| 74283 | Therapeutic enema, contrast or air, for reduction of fecal impaction     | No                  |                     |                   | ALL                                   |
| 74290 | Cholecystography, oral contrast;                                         | No                  |                     |                   | ALL                                   |
| 74300 | Cholangiography and/or pancreatography;                                  | No                  |                     |                   | ALL                                   |
| 74301 | Cholangiography and/or pancreatography;                                  | No                  |                     |                   | ALL                                   |
| 74328 | Endoscopic catheterization of the biliary ducts                          | No                  |                     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key         | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------------|---------------------|-------------|-------------------|---------------------------------------|
| 74329 | Endoscopic catheterization of the pancrea        | No                  |             |                   | ALL                                   |
| 74330 | Combined endoscopic catheterization of th        | No                  |             |                   | ALL                                   |
| 74340 | Introduction of long gastrointestinal tube (e    | No                  |             |                   | ALL                                   |
| 74355 | Percutaneous placement of enteroclysis tu        | No                  |             |                   | ALL                                   |
| 74360 | Intraluminal dilation of strictures and/or ob    | No                  |             |                   | ALL                                   |
| 74363 | Percutaneous transhepatic dilation of biliai     | No                  |             |                   | ALL                                   |
| 74400 | Urography (pyelography), intravenous, with       | No                  |             |                   | ALL                                   |
| 74410 | Urography, infusion, drip technique and/or       | No                  |             |                   | ALL                                   |
| 74415 | Urography, infusion, drip technique and/or       | No                  |             |                   | ALL                                   |
| 74420 | Urography, retrograde, with or without KUB       | No                  |             |                   | ALL                                   |
| 74425 | Urography, antegrade, (pyelostogram, nep         | No                  |             |                   | ALL                                   |
| 74430 | Cystography, minimum of three views, rad         | No                  |             |                   | ALL                                   |
| 74440 | Vasography, vesiculography, or epididymo         | No                  | *           |                   | ALL                                   |
| 74445 | Corpora cavernosography, radiological sup        | No                  |             |                   | ALL                                   |
| 74450 | Urethrocytography, retrograde, radiologic        | No                  |             |                   | ALL                                   |
| 74455 | Urethrocytography, voiding, radiological s       | No                  |             |                   | ALL                                   |
| 74470 | Radiologic examination, renal cyst study, t      | No                  |             |                   | ALL                                   |
| 74485 | Dilation of nephrostomy, ureters, or urethra     | No                  |             |                   | ALL                                   |
| 74710 | Pelvimetry, with or without placental localiz    | No                  |             |                   | ALL                                   |
| 74712 | Magnetic resonance (e.g., proton) imaging fetal, | Yes                 | CCN         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74712 | Magnetic resonance (e.g., proton) imaging fetal, | No                  |             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74712 | Magnetic resonance (e.g., proton) imaging        | No                  |             |                   | PRICHO                                |
| 74713 | Magnetic resonance (e.g., proton) imaging fetal, | Yes                 | CCN         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 74713 | Magnetic resonance (e.g., proton) imaging fetal, | No                  |             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 74713 | Magnetic resonance (e.g., proton) imaging        | No                  |             |                   | PRICHO                                |
| 74740 | Hysterosalpingography, radiological super        | No                  | *           |                   | ALL                                   |
| 74742 | Transcervical catheterization of fallopian tu    | No                  | *           |                   | ALL                                   |
| 74775 | Perineogram (eg, vaginogram, for sex dete        | No                  |             |                   | ALL                                   |
| 75557 | CARDIAC MAGNETIC RESONANCE IMA                   | No                  |             |                   | ALL                                   |
| 75559 | CARDIAC MAGNETIC RESONANCE IMA                   | No                  |             |                   | ALL                                   |
| 75561 | CARDIAC MAGNETIC RESONANCE IMA                   | No                  |             |                   | ALL                                   |
| 75563 | CARDIAC MAGNETIC RESONANCE IMA                   | No                  |             |                   | ALL                                   |
| 75565 | CARDIAC MAGNETIC RESONANCE IMA                   | No                  |             |                   | ALL                                   |
| 75571 | COMPUTED TOMOGRAPHY, HEART, W                    | No                  |             |                   | ALL                                   |
| 75572 | COMPUTED TOMOGRAPHY, HEART, W                    | No                  |             |                   | ALL                                   |
| 75573 | COMPUTED TOMOGRAPHY, HEART, W                    | No                  |             |                   | ALL                                   |
| 75574 | COMPUTED TOMOGRAPHIC ANGIOGR                     | No                  |             |                   | ALL                                   |
| 75580 | Noninvasive estimate of coronary fractiona       | No                  |             |                   | ALL                                   |
| 75600 | Aortography, thoracic, without serialograph      | No                  |             |                   | ALL                                   |
| 75605 | Aortography, thoracic, by serialography, ra      | No                  |             |                   | ALL                                   |
| 75625 | Aortography, abdominal, by serialography,        | No                  |             |                   | ALL                                   |
| 75630 | Aortography, abdominal plus bilateral iliofe     | No                  |             |                   | ALL                                   |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGR                     | No                  |             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGR                     | Yes                 | CCN         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 75635 | COMPUTED TOMOGRAPHIC ANGIOGR                     | No                  |             |                   | PRICHO                                |
| 75705 | Angiography, spinal, selective, radiologica      | No                  |             |                   | ALL                                   |
| 75710 | Angiography, extremity, unilateral, radiolog     | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                   |
| 75710 | Angiography, extremity, unilateral, radiolog     | No                  |             |                   | MCWRAP                                |
| 75716 | Angiography, extremity, bilateral, radiologi     | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                   |
| 75716 | Angiography, extremity, bilateral, radiologi     | No                  |             |                   | MCWRAP                                |
| 75726 | Angiography, visceral, selective or suprase      | No                  |             |                   | ALL                                   |
| 75731 | Angiography, adrenal, unilateral, selective      | No                  |             |                   | ALL                                   |
| 75733 | Angiography, adrenal, bilateral, selective, t    | No                  |             |                   | ALL                                   |
| 75736 | Angiography, pelvic, selective or suprasele      | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                   |
| 75736 | Angiography, pelvic, selective or suprasele      | No                  |             |                   | MCWRAP                                |
| 75741 | Angiography, pulmonary, unilateral, select       | No                  |             |                   | ALL                                   |
| 75743 | Angiography, pulmonary, bilateral, selectiv      | No                  |             |                   | ALL                                   |
| 75746 | Angiography, pulmonary, by nonselective c        | No                  |             |                   | ALL                                   |
| 75756 | Angiography, internal mammary, radiologic        | No                  |             |                   | ALL                                   |
| 75774 | Angiography, selective, each additional ve       | No                  |             |                   | ALL                                   |
| 75790 | Angiography, arteriovenous shunt (eg, dial       | No                  |             |                   | ALL                                   |
| 75801 | Lymphangiography, extremity only, unilate        | No                  |             |                   | ALL                                   |
| 75803 | Lymphangiography, extremity only, bilater        | No                  |             |                   | ALL                                   |
| 75805 | Lymphangiography, pelvic/abdominal, unil         | No                  |             |                   | ALL                                   |
| 75807 | Lymphangiography, pelvic/abdominal, bila         | No                  |             |                   | ALL                                   |
| 75809 | Shuntogram for investigation of previously       | No                  |             |                   | ALL                                   |
| 75810 | Splenoportography, radiological supervis         | No                  |             |                   | ALL                                   |
| 75820 | Venography, extremity, unilateral, radiolog      | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                   |
| 75820 | Venography, extremity, unilateral, radiolog      | No                  |             |                   | MCWRAP                                |
| 75822 | Venography, extremity, bilateral, radiologic     | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                   |
| 75822 | Venography, extremity, bilateral, radiologic     | No                  |             |                   | MCWRAP                                |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 75825 | Venography, caval, inferior, with serialogra  | No                  |     |                   | ALL                                   |
| 75827 | Venography, caval, superior, with serialogr   | No                  |     |                   | ALL                                   |
| 75831 | Venography, renal, unilateral, selective, ra  | No                  |     |                   | ALL                                   |
| 75833 | Venography, renal, bilateral, selective, rad  | No                  |     |                   | ALL                                   |
| 75840 | Venography, adrenal, unilateral, selective,   | No                  |     |                   | ALL                                   |
| 75842 | Venography, adrenal, bilateral, selective, r  | No                  |     |                   | ALL                                   |
| 75860 | Venography, venous sinus (eg, petrosal ar     | No                  |     |                   | ALL                                   |
| 75870 | Venography, superior sagittal sinus, radiol   | No                  |     |                   | ALL                                   |
| 75872 | Venography, epidural, radiological supervi    | No                  |     |                   | ALL                                   |
| 75880 | Venography, orbital, radiological supervis    | No                  |     |                   | ALL                                   |
| 75885 | Percutaneous transhepatic portography wi      | No                  |     |                   | ALL                                   |
| 75887 | Percutaneous transhepatic portography wi      | No                  |     |                   | ALL                                   |
| 75889 | Hepatic venography, wedged or free, with      | No                  |     |                   | ALL                                   |
| 75891 | Hepatic venography, wedged or free, with      | No                  |     |                   | ALL                                   |
| 75893 | Venous sampling through catheter, with or     | No                  |     |                   | ALL                                   |
| 75894 | TRANSCATHETER THERAPY, EMBOLIZ                | No                  |     |                   | ALL                                   |
| 75898 | Angiography through existing catheter for t   | No                  |     |                   | ALL                                   |
| 75901 | Mechanical removal of pericatheter obstru     | No                  |     |                   | ALL                                   |
| 75902 | Mechanical removal of intraluminal (intra     | No                  |     |                   | ALL                                   |
| 75956 | Xray, endovasc thor ao repr                   | No                  |     |                   | ALL                                   |
| 75957 | Xray, endovasc thor ao repr                   | No                  |     |                   | ALL                                   |
| 75958 | Xray, place prox ext thor ao                  | No                  |     |                   | ALL                                   |
| 75959 | Xray, place dist ext thor ao                  | No                  |     |                   | ALL                                   |
| 75984 | Change of percutaneous tube or drainage       | No                  |     |                   | ALL                                   |
| 75989 | Radiological guidance (ie, fluoroscopy, ult   | No                  |     |                   | ALL                                   |
| 76000 | Fluoroscopy (separate procedure), up to o     | No                  |     |                   | ALL                                   |
| 76010 | Radiologic examination from nose to rectu     | No                  |     |                   | ALL                                   |
| 76080 | Radiologic examination, abscess, fistula o    | No                  |     |                   | ALL                                   |
| 76098 | Radiological examination, surgical specim     | No                  |     |                   | ALL                                   |
| 76100 | Radiologic examination, single plane body     | No                  |     |                   | ALL                                   |
| 76120 | Cineradiography/videoradiography, except      | No                  |     |                   | ALL                                   |
| 76125 | Cineradiography/videoradiography to com       | No                  |     |                   | ALL                                   |
| 76140 | Consultation on x-ray examination made e      | No                  |     |                   | ALL                                   |
| 76140 | Consultation on x-ray examination made elsewh | Not Covered         |     |                   | CAID                                  |
| 76145 | Medical physics dose evaluation for radiati   | No                  |     |                   | ALL                                   |
| 76376 | 3D RENDER W/O POSTPROCESS                     | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 76376 | 3D RENDER W/O POSTPROCESS                     | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 76376 | 3D rendering with interpretation and report   | No                  |     |                   | PRICHO                                |
| 76377 | 3D RENDERING W/POSTPROCESS                    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 76377 | 3D RENDERING W/POSTPROCESS                    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 76377 | 3D rendering with interpretation and report   | No                  |     |                   | PRICHO                                |
| 76380 | CT SCAN FOLLOWUP STUDY, LIM                   | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 76380 | CT SCAN FOLLOWUP STUDY, LIM                   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 76380 | CT SCAN FOLLOWUP STUDY, LIM                   | No                  |     |                   | PRICHO                                |
| 76390 | MAGNETIC RESONANCE SPECTROSC                  | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 76390 | MAGNETIC RESONANCE SPECTROSC                  | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 76391 | Magnetic resonance (eg, vibration) elastog    | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 76391 | Magnetic resonance (eg, vibration) elastog    | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 76496 | UNLISTED FLUROSCOPIC PROCEDUR                 | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 76496 | UNLISTED FLUROSCOPIC PROCEDUR                 | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 76496 | UNLISTED FLUROSCOPIC PROCEDUR                 | No                  |     |                   | PRICHO                                |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY                  | Yes                 | CCN |                   | ALL (Except Medicare Comp)            |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY                  | Yes                 |     |                   | CAID, MMP                             |
| 76497 | UNLISTED COMPUTED TOMOGRAPHY                  | No                  |     |                   | MCWRAP/PRICHO                         |
| 76498 | UNLISTED DIAGNOSTIC RADIOGRAPH                | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 76498 | UNLISTED DIAGNOSTIC RADIOGRAPH                | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 76498 | UNLISTED DIAGNOSTIC RADIOGRAPH                | No                  |     |                   | PRICHO                                |
| 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC F              | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC F              | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 76499 | UNLISTED DIAGNOSTIC RADIOLOGIC F              | No                  |     |                   | PRICHO                                |
| 76506 | Echoencephalography, B-scan and/or real       | No                  |     |                   | ALL                                   |
| 76510 | OPHTHALMIC ULTRASOUND, DIAGNOST               | No                  |     |                   | ALL                                   |
| 76511 | Ophthalmic ultrasound, diagnostic; quantit    | No                  |     |                   | ALL                                   |
| 76512 | Ophthalmic ultrasound, diagnostic; B-scan     | No                  |     |                   | ALL                                   |
| 76513 | Ophthalmic ultrasound, diagnostic; anterio    | No                  |     |                   | ALL                                   |
| 76514 | OPHTHALMIC ULTRASOUND, ECHOGR                 | No                  |     |                   | ALL                                   |
| 76516 | Ophthalmic biometry by ultrasound echogr      | No                  |     |                   | ALL                                   |
| 76519 | Ophthalmic biometry by ultrasound echogr      | No                  |     |                   | ALL                                   |
| 76529 | Ophthalmic ultrasonic foreign body localiz    | No                  |     |                   | ALL                                   |
| 76536 | Ultrasound, soft tissues of head and neck     | No                  |     |                   | ALL                                   |
| 76604 | Ultrasound, chest, B-scan (includes media     | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 76641 | Ultrasound, breast, unilateral, real time with | No                  |     |                   | ALL                        |
| 76642 | Ultrasound, breast, unilateral, real time with | No                  |     |                   | ALL                        |
| 76700 | Ultrasound, abdominal, B-scan and/or real      | No                  |     |                   | ALL                        |
| 76705 | Ultrasound, abdominal, B-scan and/or real      | No                  |     |                   | ALL                        |
| 76706 | Ultrasound, abdominal aorta, real time with    | No                  |     |                   | ALL                        |
| 76770 | Ultrasound, retroperitoneal (eg, renal, aort   | No                  |     |                   | ALL                        |
| 76775 | Ultrasound, retroperitoneal (eg, renal, aort   | No                  |     |                   | ALL                        |
| 76776 | ULTRASOUND, TRANSPLANTED KIDNE                 | No                  |     |                   | ALL                        |
| 76800 | Ultrasound, spinal canal and contents          | No                  |     |                   | ALL                        |
| 76801 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76802 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76805 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76810 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76811 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76812 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76813 | ULTRASOUND, PREGNANT UTERUS, R                 | No                  |     |                   | ALL                        |
| 76814 | ULTRASOUND, PREGNANT UTERUS, R                 | No                  |     |                   | ALL                        |
| 76815 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76816 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76817 | Ultrasound, pregnant uterus, real time with    | No                  |     |                   | ALL                        |
| 76818 | Fetal biophysical profile; with non-stress te  | No                  |     |                   | ALL                        |
| 76819 | Fetal biophysical profile; without non-stres   | No                  |     |                   | ALL                        |
| 76820 | Doppler velocimetry, fetal; umbilical artery   | No                  |     |                   | ALL                        |
| 76821 | Doppler velocimetry, fetal; middle cerebral    | No                  |     |                   | ALL                        |
| 76825 | ECHOCARDIOGRAPHY, FETAL, CARDI                 | No                  |     |                   | ALL                        |
| 76826 | ECHOCARDIOGRAPHY, FETAL, CARDI                 | No                  |     |                   | ALL                        |
| 76827 | DOPPLER ECHOCARDIOGRAPHY, FET                  | No                  |     |                   | ALL                        |
| 76828 | DOPPLER ECHOCARDIOGRAPHY, FET                  | No                  |     |                   | ALL                        |
| 76830 | Ultrasound, transvaginal                       | No                  |     |                   | ALL                        |
| 76831 | Saline infusion sonohysterography (SIS), i     | No                  |     |                   | ALL                        |
| 76856 | Ultrasound, pelvic (nonobstetric), B-scan a    | No                  |     |                   | ALL                        |
| 76857 | Ultrasound, pelvic (nonobstetric), B-scan a    | No                  |     |                   | ALL                        |
| 76870 | Ultrasound, scrotum and contents               | No                  |     |                   | ALL                        |
| 76872 | Ultrasound, transrectal;                       | No                  |     |                   | ALL                        |
| 76873 | Ultrasound, transrectal; prostate volume st    | No                  |     |                   | ALL                        |
| 76881 | Ultrasound, extremity, nonvascular, real-ti    | No                  |     |                   | ALL                        |
| 76882 | Ultrasound, extremity, nonvascular, real-ti    | No                  |     |                   | ALL                        |
| 76883 | Ultrasound, nerve(s) and accompanying st       | No                  |     |                   | ALL                        |
| 76885 | Ultrasound, infant hips, real time with imag   | No                  |     |                   | ALL                        |
| 76886 | Ultrasound, infant hips, real time with imag   | No                  |     |                   | ALL                        |
| 76932 | Ultrasonic guidance for endomyocardial bi      | No                  |     |                   | ALL                        |
| 76936 | Ultrasound guided compression repair of a      | No                  |     |                   | ALL                        |
| 76937 | Ultrasound guidance for vascular access r      | No                  |     |                   | ALL                        |
| 76940 | Ultrasound guidance for, and monitoring of     | No                  |     |                   | ALL                        |
| 76941 | Ultrasonic guidance for intrauterine fetal tr  | No                  |     |                   | ALL                        |
| 76942 | Ultrasonic guidance for needle placement       | No                  |     |                   | ALL                        |
| 76945 | Ultrasonic guidance for chorionic villus sar   | No                  |     |                   | ALL                        |
| 76946 | Ultrasonic guidance for amniocentesis, im      | No                  |     |                   | ALL                        |
| 76948 | Ultrasonic guidance for aspiration of ova, i   | Yes                 | *   | A                 | ALL                        |
| 76965 | Ultrasonic guidance for interstitial radioele  | No                  |     |                   | ALL                        |
| 76970 | Ultrasound study follow-up (specify)           | No                  |     |                   | ALL                        |
| 76975 | Gastrointestinal endoscopic ultrasound, su     | No                  |     |                   | ALL                        |
| 76977 | ULTRASOUND BONE DENSITY MEASU                  | No                  |     |                   | ALL                        |
| 76978 | Ultrasound, targeted dynamic microbubble       | No                  |     |                   | ALL                        |
| 76979 | Ultrasound, targeted dynamic microbubble       | No                  |     |                   | ALL                        |
| 76981 | Ultrasound, elastography; parenchyma (eg       | No                  |     |                   | ALL                        |
| 76982 | Ultrasound, elastography; first target lesio   | No                  |     |                   | ALL                        |
| 76983 | Ultrasound, elastography; each additional      | No                  |     |                   | ALL                        |
| 76984 | Ultrasound, intraoperative thoracic aorta (e   | No                  |     |                   | ALL                        |
| 76987 | Intraoperative epicardial cardiac ultrasoun    | No                  |     |                   | ALL                        |
| 76988 | Intraoperative epicardial cardiac ultrasoun    | No                  |     |                   | ALL                        |
| 76989 | Intraoperative epicardial cardiac ultrasoun    | No                  |     |                   | ALL                        |
| 76998 | ULTRASOUND GUIDANCE, INTRAOPER                 | No                  |     |                   | ALL                        |
| 76999 | UNLISTED ULTRASOUND PROCEDURE                  | Yes                 |     |                   | ALL (Except Medicare Comp) |
| 76999 | UNLISTED ULTRASOUND PROCEDURE                  | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 76999 | UNLISTED ULTRASOUND PROCEDURE                  | No                  |     |                   | PRICHO                     |
| 77001 | FLUOROSCOPIC GUIDANCE FOR CENTR                | No                  |     |                   | ALL                        |
| 77002 | FLUOROSCOPIC GUIDANCE FOR NEED                 | No                  |     |                   | ALL                        |
| 77003 | Fluoroscopic guidance and localization of      | No                  |     |                   | ALL                        |
| 77011 | COMPUTED TOMOGRAPHY GUIDANCE                   | No                  |     |                   | ALL                        |
| 77012 | COMPUTED TOMOGRAPHY GUIDANCE                   | No                  |     |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 77013 | CT GUIDE PARENCHYMAL ABLATE                  | No                  |     |                   | ALL                                   |
| 77014 | CT GUIDE PLACE RADIATION FLD                 | No                  |     |                   | ALL                                   |
| 77021 | MAGNETIC RESONANCE GUIDANCE F                | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 77021 | MAGNETIC RESONANCE GUIDANCE F                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 77021 | MAGNETIC RESONANCE GUIDANCE F                | No                  |     |                   | PRICHO                                |
| 77022 | MAGNETIC RESONANCE GUIDANCE F                | No                  |     |                   | ALL                                   |
| 77046 | Magnetic resonance imaging, breast, with     | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 77046 | Magnetic resonance imaging, breast, with     | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 77047 | Magnetic resonance imaging, breast, with     | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 77047 | Magnetic resonance imaging, breast, with     | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 77048 | Magnetic resonance imaging, breast, with     | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 77048 | Magnetic resonance imaging, breast, with     | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 77049 | Magnetic resonance imaging, breast, with     | Yes                 | CCN |                   | ALL (Except Mcwrap/PRICHO/CAID/MMP)   |
| 77049 | Magnetic resonance imaging, breast, with     | No                  |     |                   | McWrap/PRICHO/CAID/MMP                |
| 77053 | MAMMARY DUCTOGRAM OR GALACTO                 | No                  |     |                   | ALL                                   |
| 77054 | MAMMARY DUCTOGRAM OR GALACTO                 | No                  |     |                   | ALL                                   |
| 77061 | Digital breast tomosynthesis; unilateral     | No                  |     |                   | ALL                                   |
| 77061 | Digital breast tomosynthesis; unilateral     | Not Covered         |     |                   | CAID                                  |
| 77062 | Digital breast tomosynthesis; bilateral      | No                  |     |                   | ALL                                   |
| 77062 | Digital breast tomosynthesis; bilateral      | Not Covered         |     |                   | CAID                                  |
| 77063 | Screening digital breast tomosynthesis, bil  | No                  |     |                   | ALL                                   |
| 77065 | Diagnostic mammography, including comp       | No                  |     |                   | ALL                                   |
| 77066 | Diagnostic mammography, including comp       | No                  |     |                   | ALL                                   |
| 77067 | Screening mammography, bilateral (2-view     | No                  |     |                   | ALL                                   |
| 77071 | MANUAL APPLICATION OF STRESS PE              | No                  |     |                   | ALL                                   |
| 77072 | BONE AGE STUDIES                             | No                  |     |                   | ALL                                   |
| 77073 | BONE LENGTH STUDIES (ORTHOEN                 | No                  |     |                   | ALL                                   |
| 77074 | RADIOLOGIC EXAMINATION, OSSEOUS              | No                  |     |                   | ALL                                   |
| 77075 | RADIOLOGIC EXAMINATION, OSSEOUS              | No                  |     |                   | ALL                                   |
| 77076 | RADIOLOGIC EXAMINATION, OSSEOUS              | No                  |     |                   | ALL                                   |
| 77077 | JOINT SURVEY, SINGLE VIEW, 2 OR M            | No                  |     |                   | ALL                                   |
| 77078 | COMPUTED TOMOGRAPHY, BONE MIN                | No                  |     |                   | ALL                                   |
| 77080 | DUAL-ENERGY X-RAY ABSORPTIOMET               | No                  |     |                   | ALL                                   |
| 77081 | DUAL-ENERGY X-RAY ABSORPTIOMET               | No                  |     |                   | ALL                                   |
| 77084 | MAGNETIC RESONANCE (EG, PROTON               | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 77084 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 77084 | MAGNETIC RESONANCE (EG, PROTON               | No                  |     |                   | PRICHO                                |
| 77085 | Dual-energy X-ray absorptiometry (DXA), f    | No                  |     |                   | ALL                                   |
| 77086 | Vertebral fracture assessment via dual-en    | No                  |     |                   | ALL                                   |
| 77089 | Trabecular bone score (TBS), structural co   | No                  |     |                   | ALL                                   |
| 77090 | Trabecular bone score (TBS), structural co   | No                  |     |                   | ALL                                   |
| 77091 | Trabecular bone score (TBS), structural co   | No                  |     |                   | ALL                                   |
| 77092 | Trabecular bone score (TBS), structural co   | No                  |     |                   | ALL                                   |
| 77261 | Therapeutic radiology treatment planning;    | No                  |     |                   | ALL                                   |
| 77262 | Therapeutic radiology treatment planning;    | No                  |     |                   | ALL                                   |
| 77263 | Therapeutic radiology treatment planning;    | No                  |     |                   | ALL                                   |
| 77280 | Therapeutic radiology simulation-aided fie   | No                  |     |                   | ALL                                   |
| 77285 | Therapeutic radiology simulation-aided fie   | No                  |     |                   | ALL                                   |
| 77290 | THERAPEUTIC RADIOLOGY SIMULATIO              | No                  |     |                   | ALL                                   |
| 77293 | Respiratory motion management simulatio      | No                  |     |                   | ALL                                   |
| 77295 | Therapeutic radiology simulation-aided fie   | No                  |     |                   | ALL                                   |
| 77299 | UNLISTED PROCEDURE, THERAPEUTI               | Yes                 |     |                   | ALL                                   |
| 77299 | UNLISTED PROCEDURE, THERAPEUTI               | No                  |     |                   | PRICHO                                |
| 77300 | Basic radiation dosimetry calculation, cent  | No                  |     |                   | ALL                                   |
| 77301 | Intensity modulated radiotherapy plan, incl  | No                  |     |                   | ALL                                   |
| 77306 | Teletherapy isodose plan; simple (1 or 2 u   | No                  |     |                   | ALL                                   |
| 77307 | Teletherapy isodose plan; complex (multip    | No                  |     |                   | ALL                                   |
| 77316 | Brachytherapy isodose plan; simple (calcu    | No                  |     |                   | ALL                                   |
| 77317 | Brachytherapy isodose plan; intermediate     | No                  |     |                   | ALL                                   |
| 77318 | Brachytherapy isodose plan; complex (cal     | No                  |     |                   | ALL                                   |
| 77321 | Special teletherapy port plan, particles, he | No                  |     |                   | ALL                                   |
| 77331 | SPECIAL DOSIMETRY (EG, TLD, MICRO            | No                  |     |                   | ALL                                   |
| 77332 | Treatment devices, design and constructi     | No                  |     |                   | ALL                                   |
| 77333 | Treatment devices, design and constructi     | No                  |     |                   | ALL                                   |
| 77334 | Treatment devices, design and constructi     | No                  |     |                   | ALL                                   |
| 77336 | Continuing medical physics consultation, i   | No                  |     |                   | ALL                                   |
| 77338 | MULTI-LEAF COLLIMATOR (MLC) DEVIC            | No                  |     |                   | ALL                                   |
| 77370 | Special medical radiation physics consulta   | No                  |     |                   | ALL                                   |
| 77371 | RADIATION TREATMENT DELIVERY, ST             | No                  |     |                   | ALL                                   |
| 77372 | RADIATION TREATMENT DELIVERY, ST             | No                  |     |                   | ALL                                   |
| 77373 | STEREOTACTIC BODY RADIATION THE              | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 77385 | Intensity modulated radiation treatment de         | No                  |     |                   | ALL                                   |
| 77385 | Intensity modulated radiation treatment delivery   | Not Covered         |     |                   | CAID                                  |
| 77386 | Intensity modulated radiation treatment de         | No                  |     |                   | ALL                                   |
| 77387 | Guidance for localization of target volume         | No                  |     |                   | ALL                                   |
| 77399 | UNLISTED PROCEDURE, MEDICAL RAJ                    | Yes                 |     |                   | ALL                                   |
| 77399 | UNLISTED PROCEDURE, MEDICAL RAJ                    | No                  |     |                   | PRICHO                                |
| 77401 | Radiation treatment delivery, superficial ar       | No                  |     |                   | ALL                                   |
| 77402 | Radiation treatment delivery, single treatm        | No                  |     |                   | ALL                                   |
| 77407 | Radiation treatment delivery, two separate         | No                  |     |                   | ALL                                   |
| 77412 | Radiation treatment delivery, three or more        | No                  |     |                   | ALL                                   |
| 77417 | Therapeutic radiology port film(s)                 | No                  |     |                   | ALL                                   |
| 77423 | HIGH ENERY NEUTRON RADIATION TR                    | No                  |     |                   | MEDICARE COMP/MCWWRAP                 |
| 77423 | HIGH ENERY NEUTRON RADIATION TR                    | Yes                 |     |                   | ALL (Except Medicare/McWrap)          |
| 77423 | HIGH ENERY NEUTRON RADIATION TR                    | No                  |     |                   | PRICHO                                |
| 77424 | Intraoperative radiation treatment delivery,       | No                  |     |                   | ALL                                   |
| 77424 | Intraoperative radiation treatment delivery, x-ray | Not Covered         |     |                   | CAID                                  |
| 77425 | Intraoperative radiation treatment delivery,       | No                  |     |                   | ALL                                   |
| 77425 | Intraoperative radiation treatment delivery, elect | Not Covered         |     |                   | CAID                                  |
| 77427 | Radiation treatment management, five treat         | No                  |     |                   | ALL                                   |
| 77431 | RADIATION THERAPY MANAGEMENT V                     | No                  |     |                   | ALL                                   |
| 77432 | Stereotactic radiation treatment managem           | No                  |     |                   | ALL                                   |
| 77435 | STEREOTACTIC BODY RADIATION THE                    | No                  |     |                   | ALL                                   |
| 77469 | Intraoperative radiation treatment manage          | No                  |     |                   | ALL                                   |
| 77470 | SPECIAL TREATMENT PROCEDURE (E                     | No                  |     |                   | ALL                                   |
| 77499 | UNLISTED PROCEDURE, THERAPEUTI                     | Yes                 |     |                   | ALL                                   |
| 77499 | UNLISTED PROCEDURE, THERAPEUTI                     | No                  |     |                   | PRICHO                                |
| 77520 | PROTON BEAM DELIVERY TO A SINGL                    | Yes                 |     |                   | ALL (Except MMP)                      |
| 77520 | PROTON BEAM DELIVERY TO A SINGL                    | No                  |     |                   | MMP                                   |
| 77520 | PROTON BEAM DELIVERY TO A SINGL                    | No                  |     |                   | PRICHO                                |
| 77520 | PROTON BEAM DELIVERY TO A SINGLE TRE               | Not Covered         |     |                   | CAID                                  |
| 77522 | PROTON TREATMENT DELIVERY; SIMP                    | Yes                 |     |                   | ALL (Except MMP)                      |
| 77522 | PROTON TREATMENT DELIVERY; SIMP                    | No                  |     |                   | MMP                                   |
| 77522 | PROTON TREATMENT DELIVERY; SIMP                    | No                  |     |                   | PRICHO                                |
| 77522 | PROTON TREATMENT DELIVERY; SIMPLE, V               | Not Covered         |     |                   | CAID                                  |
| 77523 | PROTON BEAM DELIVERY TO 1 OR 2 T                   | Yes                 |     |                   | ALL (Except MMP)                      |
| 77523 | PROTON BEAM DELIVERY TO 1 OR 2 T                   | No                  |     |                   | MMP                                   |
| 77523 | PROTON BEAM DELIVERY TO 1 OR 2 T                   | No                  |     |                   | PRICHO                                |
| 77523 | PROTON BEAM DELIVERY TO 1 OR 2 TREAT               | Not Covered         |     |                   | CAID                                  |
| 77525 | PROTON TREATMENT DELIVERY; COM                     | Yes                 |     |                   | ALL (Except MMP)                      |
| 77525 | PROTON TREATMENT DELIVERY; COM                     | No                  |     |                   | MMP                                   |
| 77525 | PROTON TREATMENT DELIVERY; COM                     | No                  |     |                   | PRICHO                                |
| 77525 | PROTON TREATMENT DELIVERY; COMPLEX                 | Not Covered         |     |                   | CAID                                  |
| 77600 | Hyperthermia, externally generated; superf         | No                  |     |                   | ALL                                   |
| 77605 | Hyperthermia, externally generated; deep           | No                  |     |                   | ALL                                   |
| 77610 | Hyperthermia generated by interstitial prob        | No                  |     |                   | ALL                                   |
| 77615 | Hyperthermia generated by interstitial prob        | No                  |     |                   | ALL                                   |
| 77620 | Hyperthermia generated by intracavitary p          | No                  |     |                   | ALL                                   |
| 77750 | Infusion or instillation of radioelement solu      | No                  |     |                   | ALL                                   |
| 77761 | Intracavitary radiation source application; s      | No                  |     |                   | ALL                                   |
| 77762 | Intracavitary radiation source application; i      | No                  |     |                   | ALL                                   |
| 77763 | Intracavitary radiation source application; d      | No                  |     |                   | ALL                                   |
| 77767 | Remote afterloading high dose rate radionuclide    | No                  |     |                   | ALL                                   |
| 77768 | Remote afterloading high dose rate radionuclide    | No                  |     |                   | ALL                                   |
| 77770 | Remote afterloading high dose rate radionuclide    | No                  |     |                   | ALL                                   |
| 77771 | Remote afterloading high dose rate radionuclide    | No                  |     |                   | ALL                                   |
| 77772 | Remote afterloading high dose rate radionuclide    | No                  |     |                   | ALL                                   |
| 77778 | Interstitial radiation source application; cor     | No                  |     |                   | ALL                                   |
| 77789 | Surface application of radiation source            | No                  |     |                   | ALL                                   |
| 77790 | Supervision, handling, loading of radiation        | No                  |     |                   | ALL                                   |
| 77799 | Unlisted procedure, clinical brachytherapy         | Yes                 |     |                   | ALL                                   |
| 77799 | Unlisted procedure, clinical brachytherapy         | No                  |     |                   | PRICHO                                |
| 78012 | Thyroid uptake, single or multiple quantita        | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78012 | Thyroid uptake, single or multiple quantita        | No                  |     |                   | MEDICARE COMP/MCWWRAP, Caid, MMP      |
| 78012 | Thyroid uptake, single or multiple quantita        | No                  |     |                   | PRICHO                                |
| 78013 | Thyroid imaging (including vascular flow, v        | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78013 | Thyroid imaging (including vascular flow, v        | No                  |     |                   | MEDICARE COMP/MCWWRAP, Caid, MMP      |
| 78013 | Thyroid imaging (including vascular flow, v        | No                  |     |                   | PRICHO                                |
| 78014 | Thyroid imaging (including vascular flow, v        | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78014 | Thyroid imaging (including vascular flow, v        | No                  |     |                   | MEDICARE COMP/MCWWRAP, Caid, MMP      |
| 78014 | Thyroid imaging (including vascular flow, v        | No                  |     |                   | PRICHO                                |
| 78015 | Thyroid carcinoma metastases imaging; lin          | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 78015 | Thyroid carcinoma metastases imaging; li   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78015 | Thyroid carcinoma metastases imaging; li   | No                  |     |                   | PRICHO                                |
| 78016 | Thyroid carcinoma metastases imaging; w    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78016 | Thyroid carcinoma metastases imaging; w    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78016 | Thyroid carcinoma metastases imaging; w    | No                  |     |                   | PRICHO                                |
| 78018 | Thyroid carcinoma metastases imaging; w    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78018 | Thyroid carcinoma metastases imaging; w    | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78018 | Thyroid carcinoma metastases imaging; w    | No                  |     |                   | PRICHO                                |
| 78020 | Thyroid carcinoma metastases uptake (Lis   | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78020 | Thyroid carcinoma metastases uptake (Lis   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78020 | Thyroid carcinoma metastases uptake (Lis   | No                  |     |                   | PRICHO                                |
| 78070 | Parathyroid imaging                        | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78070 | Parathyroid imaging                        | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78070 | Parathyroid planar imaging (including subt | No                  |     |                   | PRICHO                                |
| 78071 | Parathyroid planar imaging (including subt | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78071 | Parathyroid planar imaging (including subt | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78071 | Parathyroid planar imaging (including subt | No                  |     |                   | PRICHO                                |
| 78072 | Parathyroid planar imaging (including subt | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78072 | Parathyroid planar imaging (including subt | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78072 | Parathyroid planar imaging (including subt | No                  |     |                   | PRICHO                                |
| 78075 | Adrenal imaging, cortex and/or medulla     | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78075 | Adrenal imaging, cortex and/or medulla     | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78075 | Adrenal imaging, cortex and/or medulla     | No                  |     |                   | PRICHO                                |
| 78099 | UNLISTED ENDOCRINE PROCEDURE,              | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 78099 | UNLISTED ENDOCRINE PROCEDURE,              | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 78099 | UNLISTED ENDOCRINE PROCEDURE,              | No                  |     |                   | PRICHO                                |
| 78102 | Bone marrow imaging; limited area          | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78102 | Bone marrow imaging; limited area          | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78102 | Bone marrow imaging; limited area          | No                  |     |                   | PRICHO                                |
| 78103 | Bone marrow imaging; multiple areas        | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78103 | Bone marrow imaging; multiple areas        | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78103 | Bone marrow imaging; multiple areas        | No                  |     |                   | PRICHO                                |
| 78104 | Bone marrow imaging; whole body            | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78104 | Bone marrow imaging; whole body            | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78104 | Bone marrow imaging; whole body            | No                  |     |                   | PRICHO                                |
| 78110 | Plasma Volume, Radiopharmaceutical Vol     | No                  |     |                   | ALL                                   |
| 78111 | Plasma volume, radiopharmaceutical volu    | No                  |     |                   | ALL                                   |
| 78120 | RED CELL VOLUME DETERMINATION (            | No                  |     |                   | ALL                                   |
| 78121 | RED CELL VOLUME DETERMINATION (            | No                  |     |                   | ALL                                   |
| 78122 | WHOLE BLOOD VOLUME DETERMINAT              | No                  |     |                   | ALL                                   |
| 78130 | RED CELL SURVIVAL STUDY                    | No                  |     |                   | ALL                                   |
| 78135 | RED CELL SURVIVAL STUDY; DIFFERE           | No                  |     |                   | ALL                                   |
| 78140 | LABELLED RED CELL SEQUESTRATION            | No                  |     |                   | ALL                                   |
| 78185 | Spleen imaging only, with or without vascu | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78185 | Spleen imaging only, with or without vascu | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78185 | Spleen imaging only, with or without vascu | No                  |     |                   | PRICHO                                |
| 78191 | Platelet survival study                    | No                  |     |                   | ALL                                   |
| 78195 | Lymphatics and lymph nodes imaging         | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78195 | Lymphatics and lymph nodes imaging         | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78195 | Lymphatics and lymph nodes imaging         | No                  |     |                   | PRICHO                                |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULC           | Yes                 |     |                   | ALL                                   |
| 78199 | UNLISTED HEMATOPOIETIC, RETICULC           | No                  |     |                   | PRICHO                                |
| 78201 | Liver imaging; static only                 | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78201 | Liver imaging; static only                 | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78201 | Liver imaging; static only                 | No                  |     |                   | PRICHO                                |
| 78202 | Liver imaging; with vascular flow          | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78202 | Liver imaging; with vascular flow          | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78202 | Liver imaging; with vascular flow          | No                  |     |                   | PRICHO                                |
| 78215 | Liver and spleen imaging; static only      | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78215 | Liver and spleen imaging; static only      | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78215 | Liver and spleen imaging; static only      | No                  |     |                   | PRICHO                                |
| 78216 | Liver and spleen imaging; with vascular fl | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78216 | Liver and spleen imaging; with vascular fl | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78216 | Liver and spleen imaging; with vascular fl | No                  |     |                   | PRICHO                                |
| 78226 | Hepatobiliary system imaging, including ga | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78226 | Hepatobiliary system imaging, including ga | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78226 | Hepatobiliary system imaging, including ga | No                  |     |                   | PRICHO                                |
| 78227 | Hepatobiliary system imaging, including ga | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78227 | Hepatobiliary system imaging, including ga | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78227 | Hepatobiliary system imaging, including ga | No                  |     |                   | PRICHO                                |
| 78230 | Salivary gland imaging;                    | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |

**Services that require Prior Authorization List**

| Code  | Description                                          | Prior Auth Required | Key                         | Rider Requirement | Product Lines                         |
|-------|------------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------------------------|
| 78230 | Salivary gland imaging;                              | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78230 | Salivary gland imaging;                              | No                  |                             |                   | PRICHO                                |
| 78231 | Salivary gland imaging; with serial images           | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78231 | Salivary gland imaging; with serial images           | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78231 | Salivary gland imaging; with serial images           | No                  |                             |                   | PRICHO                                |
| 78232 | Salivary gland function study                        | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78232 | Salivary gland function study                        | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78232 | Salivary gland function study                        | No                  |                             |                   | PRICHO                                |
| 78258 | Esophageal motility                                  | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78258 | Esophageal motility                                  | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78258 | Esophageal motility                                  | No                  |                             |                   | PRICHO                                |
| 78261 | Gastric mucosa imaging                               | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78261 | Gastric mucosa imaging                               | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78261 | Gastric mucosa imaging                               | No                  |                             |                   | PRICHO                                |
| 78262 | Gastroesophageal reflux study                        | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78262 | Gastroesophageal reflux study                        | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78262 | Gastroesophageal reflux study                        | No                  |                             |                   | PRICHO                                |
| 78264 | Gastric emptying study                               | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78264 | Gastric emptying study                               | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78264 | Gastric emptying imaging study (e.g. solid,          | No                  |                             |                   | PRICHO                                |
| 78265 | Gastric emptying imaging study (e.g., solid, liquid) | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78265 | Gastric emptying imaging study (e.g., solid, liquid) | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78265 | Gastric emptying imaging study (e.g., solid,         | No                  |                             |                   | PRICHO                                |
| 78266 | Gastric emptying imaging study (e.g., solid, liquid) | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78266 | Gastric emptying imaging study (e.g., solid, liquid) | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78266 | Gastric emptying imaging study (e.g., solid,         | No                  |                             |                   | PRICHO                                |
| 78267 | Urea breath test, C-14 (isotopic); acquisition       | No                  |                             |                   | ALL                                   |
| 78268 | Urea breath test, C-14 (isotopic); analysis          | No                  |                             |                   | ALL                                   |
| 78278 | Acute gastrointestinal blood loss imaging            | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78278 | Acute gastrointestinal blood loss imaging            | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78278 | Acute gastrointestinal blood loss imaging            | No                  |                             |                   | PRICHO                                |
| 78282 | Gastrointestinal protein loss                        | No                  |                             |                   | ALL                                   |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa)       | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa)       | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78290 | Intestine imaging (eg, ectopic gastric mucosa)       | No                  |                             |                   | PRICHO                                |
| 78291 | Peritoneal-venous shunt patency test (eg,            | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78291 | Peritoneal-venous shunt patency test (eg,            | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78291 | Peritoneal-venous shunt patency test (eg,            | No                  |                             |                   | PRICHO                                |
| 78299 | UNLISTED GASTROINTESTINAL PROC                       | Yes                 |                             |                   | ALL (Except Medicare Comp)            |
| 78299 | UNLISTED GASTROINTESTINAL PROC                       | No                  |                             |                   | MEDICARE COMP/MCWRAP                  |
| 78299 | UNLISTED GASTROINTESTINAL PROC                       | No                  |                             |                   | PRICHO                                |
| 78300 | Bone and/or joint imaging; limited area              | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78300 | Bone and/or joint imaging; limited area              | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78300 | Bone and/or joint imaging; limited area              | No                  |                             |                   | PRICHO                                |
| 78305 | Bone and/or joint imaging; multiple areas            | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78305 | Bone and/or joint imaging; multiple areas            | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78305 | Bone and/or joint imaging; multiple areas            | No                  |                             |                   | PRICHO                                |
| 78306 | Bone and/or joint imaging; whole body                | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78306 | Bone and/or joint imaging; whole body                | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78306 | Bone and/or joint imaging; whole body                | No                  |                             |                   | PRICHO                                |
| 78315 | Bone and/or joint imaging; three phase study         | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78315 | Bone and/or joint imaging; three phase study         | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78315 | Bone and/or joint imaging; three phase study         | No                  |                             |                   | PRICHO                                |
| 78350 | BONE DENSITY (BONE MINERAL CONTENT)                  | Not Covered         |                             |                   | ALL (Except Caid)                     |
| 78350 | BONE DENSITY (BONE MINERAL CONTENT)                  | No                  |                             |                   | Caid                                  |
| 78351 | BONE DENSITY (BONE MINERAL CONTENT)                  | Not Covered         |                             |                   | ALL                                   |
| 78399 | UNLISTED MUSCULOSKELETAL PROC                        | Yes                 |                             |                   | ALL (Except Medicare Comp)            |
| 78399 | UNLISTED MUSCULOSKELETAL PROC                        | No                  |                             |                   | MEDICARE COMP/MCWRAP                  |
| 78399 | UNLISTED MUSCULOSKELETAL PROC                        | No                  |                             |                   | PRICHO                                |
| 78414 | Determination of central c-v hemodynamic             | No                  |                             |                   | ALL                                   |
| 78428 | Cardiac shunt detection                              | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78428 | Cardiac shunt detection                              | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78428 | Cardiac shunt detection                              | No                  |                             |                   | PRICHO                                |
| 78429 | Myocardial imaging, positron emission tomography     | No                  |                             |                   | ALL                                   |
| 78430 | Myocardial imaging, positron emission tomography     | No                  |                             |                   | ALL                                   |
| 78431 | Myocardial imaging, positron emission tomography     | No                  |                             |                   | ALL                                   |
| 78432 | Myocardial imaging, positron emission tomography     | No                  |                             |                   | ALL                                   |
| 78433 | Myocardial imaging, positron emission tomography     | No                  |                             |                   | ALL                                   |
| 78434 | Absolute quantitation of myocardial blood flow       | No                  |                             |                   | ALL                                   |
| 78445 | Non-cardiac vascular flow imaging (ie, angiography)  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 78445 | Non-cardiac vascular flow imaging (ie, angiography)  | No                  |                             |                   | MCWRAP                                |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                         | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|-----------------------------|-------------------|---------------------------------------|
| 78451 | MYOCARDIAL PERFUSION IMAGING, T              | No                  |                             |                   | ALL                                   |
| 78452 | MYOCARDIAL PERFUSION IMAGING, T              | No                  |                             |                   | ALL                                   |
| 78453 | MYOCARDIAL PERFUSION IMAGING, P              | No                  |                             |                   | ALL                                   |
| 78454 | MYOCARDIAL PERFUSION IMAGING, P              | No                  |                             |                   | ALL                                   |
| 78456 | Acute venous thrombosis imaging, peptide     | Not Covered         |                             |                   | HAP, AHL, FED, UAW, QHP               |
| 78456 | Acute venous thrombosis imaging, peptide     | Yes                 |                             |                   | MED (Senior Plus & AHL MA only)       |
| 78456 | Acute venous thrombosis imaging, peptide     | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78456 | Acute venous thrombosis imaging, peptide     | No                  |                             |                   | PRICHO                                |
| 78457 | Venous thrombosis imaging, venogram; u       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 78457 | Venous thrombosis imaging, venogram; u       | No                  |                             |                   | MCWRAP                                |
| 78458 | Venous thrombosis imaging, venogram; bi      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 78458 | Venous thrombosis imaging, venogram; bi      | No                  |                             |                   | MCWRAP                                |
| 78459 | MYOCARDIAL IMAGING, POSITRON EM              | No                  |                             |                   | ALL                                   |
| 78466 | MYOCARDIAL IMAGING, INFARCT AVID             | No                  |                             |                   | ALL                                   |
| 78468 | MYOCARDIAL IMAGING, INFARCT AVID             | No                  |                             |                   | ALL                                   |
| 78469 | MYOCARDIAL IMAGING, INFARCT AVID             | No                  |                             |                   | ALL                                   |
| 78472 | CARDIAC BLOOD POOL IMAGING, GAT              | No                  |                             |                   | ALL                                   |
| 78473 | CARDIAC BLOOD POOL IMAGING, GAT              | No                  |                             |                   | ALL                                   |
| 78481 | CARDIAC BLOOD POOL IMAGING, (PLA             | No                  |                             |                   | ALL                                   |
| 78483 | CARDIAC BLOOD POOL IMAGING, (PLA             | No                  |                             |                   | ALL                                   |
| 78491 | MYOCARDIAL IMAGING, POSITRON EM              | No                  |                             |                   | ALL                                   |
| 78492 | MYOCARDIAL IMAGING, POSITRON EM              | No                  |                             |                   | ALL                                   |
| 78494 | CARDIAC BLOOD POOL IMAGING, GAT              | No                  |                             |                   | ALL                                   |
| 78496 | NUCLEAR BLOOD POOL IMAGING                   | No                  |                             |                   | ALL                                   |
| 78499 | UNLISTED CARDIOVASCULAR PROCE                | Yes                 |                             |                   | ALL (Except Medicare Comp)            |
| 78499 | UNLISTED CARDIOVASCULAR PROCE                | No                  |                             |                   | MEDICARE COMP/MCWRAP                  |
| 78499 | UNLISTED CARDIOVASCULAR PROCE                | No                  |                             |                   | PRICHO                                |
| 78579 | Pulmonary ventilation imaging (eg, aeroso    | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78579 | Pulmonary ventilation imaging (eg, aeroso    | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78579 | Pulmonary ventilation imaging (eg, aeroso    | No                  |                             |                   | PRICHO                                |
| 78580 | Pulmonary perfusion imaging, particulate     | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78580 | Pulmonary perfusion imaging, particulate     | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78580 | Pulmonary perfusion imaging, particulate     | No                  |                             |                   | PRICHO                                |
| 78582 | Pulmonary ventilation imaging (eg, aeroso    | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78582 | Pulmonary ventilation imaging (eg, aeroso    | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78582 | Pulmonary ventilation imaging (eg, aeroso    | No                  |                             |                   | PRICHO                                |
| 78597 | Quantitative differential pulmonary perfusio | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78597 | Quantitative differential pulmonary perfusio | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78597 | Quantitative differential pulmonary perfusio | No                  |                             |                   | PRICHO                                |
| 78598 | Quantitative differential pulmonary perfusio | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78598 | Quantitative differential pulmonary perfusio | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78598 | Quantitative differential pulmonary perfusio | No                  |                             |                   | PRICHO                                |
| 78599 | UNLISTED RESPIRATORY PROCEDUR                | Yes                 |                             |                   | ALL (Except Medicare Comp)            |
| 78599 | UNLISTED RESPIRATORY PROCEDUR                | No                  |                             |                   | MEDICARE COMP/MCWRAP                  |
| 78599 | UNLISTED RESPIRATORY PROCEDUR                | No                  |                             |                   | PRICHO                                |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78600 | BRAIN IMAGING, LIMITED PROCEDURE             | No                  |                             |                   | PRICHO                                |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78601 | BRAIN IMAGING, LIMITED PROCEDURE             | No                  |                             |                   | PRICHO                                |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; S             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; S             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78605 | BRAIN IMAGING, COMPLETE STUDY; S             | No                  |                             |                   | PRICHO                                |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; V             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; V             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78606 | BRAIN IMAGING, COMPLETE STUDY; V             | No                  |                             |                   | PRICHO                                |
| 78608 | BRAIN IMAGING, POSITRON EMISSION             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78608 | BRAIN IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78608 | BRAIN IMAGING, POSITRON EMISSION             | No                  |                             |                   | PRICHO                                |
| 78609 | BRAIN IMAGING, POSITRON EMISSION             | Not Covered         |                             |                   | ALL                                   |
| 78609 | BRAIN IMAGING, POSITRON EMISSION             | Yes                 |                             |                   | Caid                                  |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ON              | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ON              | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78610 | BRAIN IMAGING, VASCULAR FLOW ON              | No                  |                             |                   | PRICHO                                |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGIN             | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGIN             | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78630 | CEREBROSPINAL FLUID FLOW, IMAGIN             | No                  |                             |                   | PRICHO                                |
| 78635 | Cerebrospinal fluid flow, imaging (not inclu | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78635 | Cerebrospinal fluid flow, imaging (not inclu | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78635 | Cerebrospinal fluid flow, imaging (not inclu | No                  |                             |                   | PRICHO                                |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                 | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|---------------------|-------------------|---------------------------------------|
| 78645 | Cerebrospinal fluid flow, imaging (not inclu | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78645 | Cerebrospinal fluid flow, imaging (not inclu | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78645 | Cerebrospinal fluid flow, imaging (not inclu | No                  |                     |                   | PRICHO                                |
| 78650 | Cerebrospinal fluid leakage detection and    | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78650 | Cerebrospinal fluid leakage detection and    | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78650 | Cerebrospinal fluid leakage detection and    | No                  |                     |                   | PRICHO                                |
| 78660 | Radiopharmaceutical dacryocystography        | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78660 | Radiopharmaceutical dacryocystography        | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78660 | Radiopharmaceutical dacryocystography        | No                  |                     |                   | PRICHO                                |
| 78699 | UNLISTED NERVOUS SYSTEM PROCE                | Yes                 |                     |                   | ALL (Except Medicare Comp)            |
| 78699 | UNLISTED NERVOUS SYSTEM PROCE                | No                  |                     |                   | MEDICARE COMP/MCWRAP                  |
| 78699 | UNLISTED NERVOUS SYSTEM PROCE                | No                  |                     |                   | PRICHO                                |
| 78700 | KIDNEY IMAGING MORPHOLOGY                    | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78700 | KIDNEY IMAGING MORPHOLOGY                    | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78700 | KIDNEY IMAGING MORPHOLOGY                    | No                  |                     |                   | PRICHO                                |
| 78701 | KIDNEY IMAGING MORPHOLOGY; WITH              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78701 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78701 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | PRICHO                                |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78707 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | PRICHO                                |
| 78708 | KIDNEY IMAGING MORPHOLOGY; WITH              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78708 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78708 | KIDNEY IMAGING MORPHOLOGY; WITH              | No                  |                     |                   | PRICHO                                |
| 78709 | KIDNEY IMAGING MORPHOLOGY; W/V               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78709 | KIDNEY IMAGING MORPHOLOGY; W/V               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78709 | KIDNEY IMAGING MORPHOLOGY; W/V               | No                  |                     |                   | PRICHO                                |
| 78725 | KIDNEY FUNCTION STUDY, NON-IMAG              | No                  |                     |                   | ALL                                   |
| 78730 | URINARY BLADDER RESIDUAL STUDY               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78730 | URINARY BLADDER RESIDUAL STUDY               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78730 | URINARY BLADDER RESIDUAL STUDY               | No                  |                     |                   | PRICHO                                |
| 78740 | URETERAL REFLUX STUDY (RADIOPH               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78740 | URETERAL REFLUX STUDY (RADIOPH               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78740 | URETERAL REFLUX STUDY (RADIOPH               | No                  |                     |                   | PRICHO                                |
| 78761 | TESTICULAR IMAGING WITH VASCULA              | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78761 | TESTICULAR IMAGING WITH VASCULA              | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78761 | TESTICULAR IMAGING WITH VASCULA              | No                  |                     |                   | PRICHO                                |
| 78799 | UNLISTED GENITOURINARY PROCEDU               | Yes                 |                     |                   | ALL (except Medicare Comp)            |
| 78799 | UNLISTED GENITOURINARY PROCEDU               | No                  |                     |                   | MEDICARE COMP/MCWRAP                  |
| 78799 | UNLISTED GENITOURINARY PROCEDU               | No                  |                     |                   | PRICHO                                |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATI               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78800 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | PRICHO                                |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATI               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78801 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | PRICHO                                |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATI               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78802 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | PRICHO                                |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATI               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78803 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | PRICHO                                |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATI               | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78804 | RADIOPHARMACEUTICAL LOCALIZATI               | No                  |                     |                   | PRICHO                                |
| 78808 | Injection procedure for radiopharmaceutica   | No                  |                     |                   | ALL                                   |
| 78811 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78811 | TUMOR IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78811 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | PRICHO                                |
| 78812 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78812 | TUMOR IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78812 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | PRICHO                                |
| 78813 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78813 | TUMOR IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78813 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | PRICHO                                |
| 78814 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78814 | TUMOR IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78814 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | PRICHO                                |
| 78815 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78815 | TUMOR IMAGING, POSITRON EMISSION             | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78815 | TUMOR IMAGING, POSITRON EMISSION             | No                  |                     |                   | PRICHO                                |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 78816 | TUMOR IMAGING, POSITRON EMISSION            | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 78816 | TUMOR IMAGING, POSITRON EMISSION            | Yes                 | CCN |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 78816 | TUMOR IMAGING, POSITRON EMISSION            | No                  |     |                   | PRICHO                                |
| 78830 | Radiopharmaceutical localization of tumor   | Yes                 | CCN |                   | ALL (Except MCWRAP)                   |
| 78830 | Radiopharmaceutical localization of tumor   | No                  |     |                   | MCWRAP                                |
| 78831 | Radiopharmaceutical localization of tumor   | Yes                 | CCN |                   | ALL (Except MCWRAP)                   |
| 78831 | Radiopharmaceutical localization of tumor   | No                  |     |                   | MCWRAP                                |
| 78832 | Radiopharmaceutical localization of tumor   | Yes                 | CCN |                   | ALL (Except MCWRAP)                   |
| 78832 | Radiopharmaceutical localization of tumor   | No                  |     |                   | MCWRAP                                |
| 78835 | Radiopharmaceutical quantification measu    | No                  |     |                   | ALL                                   |
| 78999 | UNLISTED MISCELLANEOUS PROCEDU              | Yes                 |     |                   | ALL (Except Medicare Comp)            |
| 78999 | UNLISTED MISCELLANEOUS PROCEDU              | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 78999 | UNLISTED MISCELLANEOUS PROCEDU              | No                  |     |                   | PRICHO                                |
| 79005 | Radiopharmaceutical therapy, by oral adm    | No                  |     |                   | ALL                                   |
| 79101 | Radiopharmaceutical therapy, by intraveno   | No                  |     |                   | ALL                                   |
| 79200 | Radiopharmaceutical therapy, by intracavi   | No                  |     |                   | ALL                                   |
| 79300 | Radiopharmaceutical therapy, by interstitia | No                  |     |                   | ALL                                   |
| 79403 | RADIOPHARMACEUTICAL THERAPY, R              | No                  |     |                   | ALL                                   |
| 79440 | Radiopharmaceutical therapy, by intra-arti  | No                  |     |                   | ALL                                   |
| 79445 | Radiopharmaceutical therapy, by intra-arte  | No                  |     |                   | ALL                                   |
| 79999 | Radiopharmaceutical therapy, unlisted pro   | No                  |     |                   | ALL (Except Caid)                     |
| 79999 | Radiopharmaceutical therapy, unlisted pro   | Yes                 |     |                   | Caid                                  |
| 80047 | BASIC METABOLIC PANEL (CALCIUM, I           | No                  |     |                   | ALL                                   |
| 80048 | Basic metabolic panel                       | No                  |     |                   | ALL                                   |
| 80050 | General health panel                        | No                  |     |                   | ALL                                   |
| 80051 | Electrolyte panel                           | No                  |     |                   | ALL                                   |
| 80053 | Comprehensive metabolic panel               | No                  |     |                   | ALL                                   |
| 80055 | Obstetric panel                             | No                  |     |                   | ALL                                   |
| 80061 | Lipid panel                                 | No                  | *   |                   | ALL                                   |
| 80069 | Renal function panel                        | No                  |     |                   | ALL                                   |
| 80074 | Acute hepatitis panel                       | No                  |     |                   | ALL                                   |
| 80076 | Hepatic function panel                      | No                  |     |                   | ALL                                   |
| 80081 | Obstetric panel (including HIV testing)     | No                  |     |                   | ALL                                   |
| 80143 | Acetaminophen                               | No                  |     |                   | ALL                                   |
| 80145 | Adalimumab                                  | No                  |     |                   | ALL                                   |
| 80150 | Amikacin                                    | No                  |     |                   | ALL                                   |
| 80151 | Amiodarone                                  | No                  |     |                   | ALL                                   |
| 80155 | Caffeine                                    | No                  |     |                   | ALL                                   |
| 80156 | Carbamazepine; total                        | No                  |     |                   | ALL                                   |
| 80157 | Carbamazepine; free                         | No                  |     |                   | ALL                                   |
| 80158 | Cyclosporine                                | No                  |     |                   | ALL                                   |
| 80159 | Clozapine                                   | No                  |     |                   | ALL                                   |
| 80161 | Carbamazepine; -10,11-epoxide               | No                  |     |                   | ALL                                   |
| 80162 | Digoxin                                     | No                  |     |                   | ALL                                   |
| 80163 | Digoxin; free                               | No                  |     |                   | ALL                                   |
| 80164 | Dipropylacetic acid (valproic acid)         | No                  |     |                   | ALL                                   |
| 80165 | Valproic acid (dipropylacetic acid); free   | No                  |     |                   | ALL                                   |
| 80167 | Felbamate                                   | No                  |     |                   | ALL                                   |
| 80168 | Ethosuximide                                | No                  |     |                   | ALL                                   |
| 80169 | Everolimus                                  | No                  |     |                   | ALL                                   |
| 80170 | Gentamicin                                  | No                  |     |                   | ALL                                   |
| 80171 | Gabapentin                                  | No                  |     |                   | ALL                                   |
| 80173 | Haloperidol                                 | No                  |     |                   | ALL                                   |
| 80175 | Lamotrigine                                 | No                  |     |                   | ALL                                   |
| 80176 | Lidocaine                                   | No                  |     |                   | ALL                                   |
| 80177 | Levetiracetam                               | No                  |     |                   | ALL                                   |
| 80178 | Lithium                                     | No                  |     |                   | ALL                                   |
| 80179 | Salicylate                                  | No                  |     |                   | ALL                                   |
| 80180 | Mycophenolate (mycophenolic acid)           | No                  |     |                   | ALL                                   |
| 80181 | Flecainide                                  | No                  |     |                   | ALL                                   |
| 80183 | Oxcarbazepine                               | No                  |     |                   | ALL                                   |
| 80184 | Phenobarbital                               | No                  |     |                   | ALL                                   |
| 80185 | Phenytoin; total                            | No                  |     |                   | ALL                                   |
| 80186 | Phenytoin; free                             | No                  |     |                   | ALL                                   |
| 80187 | Posaconazole                                | No                  |     |                   | ALL                                   |
| 80188 | Primidone                                   | No                  |     |                   | ALL                                   |
| 80189 | Itraconazole                                | No                  |     |                   | ALL                                   |
| 80190 | Procainamide;                               | No                  |     |                   | ALL                                   |
| 80192 | Procainamide; with metabolites (eg, n-ace   | No                  |     |                   | ALL                                   |
| 80193 | Leflunomide                                 | No                  |     |                   | ALL                                   |
| 80194 | Quinidine                                   | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                                              | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--------------------------------------------------------------------------|---------------------|-----|-------------------|---------------|
| 80195 | Assay of sirolimus                                                       | No                  |     |                   | ALL           |
| 80197 | Tacrolimus                                                               | No                  |     |                   | ALL           |
| 80198 | Theophylline                                                             | No                  |     |                   | ALL           |
| 80199 | Tiagabine                                                                | No                  |     |                   | ALL           |
| 80200 | Tobramycin                                                               | No                  |     |                   | ALL           |
| 80201 | Topiramate                                                               | No                  |     |                   | ALL           |
| 80202 | Vancomycin                                                               | No                  |     |                   | ALL           |
| 80203 | Zonisamide                                                               | No                  |     |                   | ALL           |
| 80204 | Methotrexate                                                             | No                  |     |                   | ALL           |
| 80210 | Rufinamide                                                               | No                  |     |                   | ALL           |
| 80220 | Hydroxychloroquine                                                       | No                  |     |                   | ALL           |
| 80230 | Infliximab                                                               | No                  |     |                   | ALL           |
| 80235 | Lacosamide                                                               | No                  |     |                   | ALL           |
| 80280 | Vedolizumab                                                              | No                  |     |                   | ALL           |
| 80285 | Voriconazole                                                             | No                  |     |                   | ALL           |
| 80299 | Quantitation of drug, not elsewhere specified                            | No                  |     |                   | ALL           |
| 80305 | Drug test(s), presumptive, any number of drugs                           | No                  |     |                   | ALL           |
| 80306 | Drug test(s), presumptive, any number of drugs                           | No                  |     |                   | ALL           |
| 80307 | Drug test(s), presumptive, any number of drugs                           | No                  |     |                   | ALL           |
| 80320 | Alcohols                                                                 | No                  |     |                   | ALL           |
| 80320 | Alcohols                                                                 | Not Covered         |     |                   | CAID          |
| 80321 | Alcohol biomarkers; 1 or 2                                               | No                  |     |                   | ALL           |
| 80321 | Alcohol biomarkers; 1 or 2                                               | Not Covered         |     |                   | CAID          |
| 80322 | Alcohol biomarkers; 3 or more                                            | No                  |     |                   | ALL           |
| 80322 | Alcohol biomarkers; 3 or more                                            | Not Covered         |     |                   | CAID          |
| 80323 | Alkaloids, not otherwise specified                                       | No                  |     |                   | ALL           |
| 80323 | Alkaloids, not otherwise specified                                       | Not Covered         |     |                   | CAID          |
| 80324 | Amphetamines; 1 or 2                                                     | No                  |     |                   | ALL           |
| 80324 | Amphetamines; 1 or 2                                                     | Not Covered         |     |                   | CAID          |
| 80325 | Amphetamines; 3 or 4                                                     | No                  |     |                   | ALL           |
| 80325 | Amphetamines; 3 or 4                                                     | Not Covered         |     |                   | CAID          |
| 80326 | Amphetamines; 5 or more                                                  | No                  |     |                   | ALL           |
| 80326 | Amphetamines; 5 or more                                                  | Not Covered         |     |                   | CAID          |
| 80327 | Anabolic steroids; 1 or 2                                                | No                  |     |                   | ALL           |
| 80327 | Anabolic steroids; 1 or 2                                                | Not Covered         |     |                   | CAID          |
| 80328 | Anabolic steroids; 3 or more                                             | No                  |     |                   | ALL           |
| 80328 | Anabolic steroids; 3 or more                                             | Not Covered         |     |                   | CAID          |
| 80329 | Analgesics, non-opioid; 1 or 2                                           | No                  |     |                   | ALL           |
| 80329 | Analgesics, non-opioid; 1 or 2                                           | Not Covered         |     |                   | CAID          |
| 80330 | Analgesics, non-opioid; 3-5                                              | No                  |     |                   | ALL           |
| 80330 | Analgesics, non-opioid; 3-5                                              | Not Covered         |     |                   | CAID          |
| 80331 | Analgesics, non-opioid; 6 or more                                        | No                  |     |                   | ALL           |
| 80331 | Analgesics, non-opioid; 6 or more                                        | Not Covered         |     |                   | CAID          |
| 80332 | Antidepressants, serotonergic class; 1 or 2                              | No                  |     |                   | ALL           |
| 80332 | Antidepressants, serotonergic class; 1 or 2                              | Not Covered         |     |                   | CAID          |
| 80333 | Antidepressants, serotonergic class; 3-5                                 | No                  |     |                   | ALL           |
| 80333 | Antidepressants, serotonergic class; 3-5                                 | Not Covered         |     |                   | CAID          |
| 80334 | Antidepressants, serotonergic class; 6 or more                           | No                  |     |                   | ALL           |
| 80334 | Antidepressants, serotonergic class; 6 or more                           | Not Covered         |     |                   | CAID          |
| 80335 | Antidepressants, tricyclic and other cyclical antidepressants; 1 or 2    | No                  |     |                   | ALL           |
| 80335 | Antidepressants, tricyclic and other cyclical antidepressants; 1 or 2    | Not Covered         |     |                   | CAID          |
| 80336 | Antidepressants, tricyclic and other cyclical antidepressants; 3-5       | No                  |     |                   | ALL           |
| 80336 | Antidepressants, tricyclic and other cyclical antidepressants; 3-5       | Not Covered         |     |                   | CAID          |
| 80337 | Antidepressants, tricyclic and other cyclical antidepressants; 6 or more | No                  |     |                   | ALL           |
| 80337 | Antidepressants, tricyclic and other cyclical antidepressants; 6 or more | Not Covered         |     |                   | CAID          |
| 80338 | Antidepressants, not otherwise specified                                 | No                  |     |                   | ALL           |
| 80338 | Antidepressants, not otherwise specified                                 | Not Covered         |     |                   | CAID          |
| 80339 | Antiepileptics, not otherwise specified; 1-3                             | No                  |     |                   | ALL           |
| 80339 | Antiepileptics, not otherwise specified; 1-3                             | Not Covered         |     |                   | CAID          |
| 80340 | Antiepileptics, not otherwise specified; 4-6                             | No                  |     |                   | ALL           |
| 80340 | Antiepileptics, not otherwise specified; 4-6                             | Not Covered         |     |                   | CAID          |
| 80341 | Antiepileptics, not otherwise specified; 7 or more                       | No                  |     |                   | ALL           |
| 80341 | Antiepileptics, not otherwise specified; 7 or more                       | Not Covered         |     |                   | CAID          |
| 80342 | Antipsychotics, not otherwise specified; 1-3                             | No                  |     |                   | ALL           |
| 80342 | Antipsychotics, not otherwise specified; 1-3                             | Not Covered         |     |                   | CAID          |
| 80343 | Antipsychotics, not otherwise specified; 4-6                             | No                  |     |                   | ALL           |
| 80343 | Antipsychotics, not otherwise specified; 4-6                             | Not Covered         |     |                   | CAID          |
| 80344 | Antipsychotics, not otherwise specified; 7 or more                       | No                  |     |                   | ALL           |
| 80344 | Antipsychotics, not otherwise specified; 7 or more                       | Not Covered         |     |                   | CAID          |
| 80345 | Barbiturates                                                             | No                  |     |                   | ALL           |
| 80345 | Barbiturates                                                             | Not Covered         |     |                   | CAID          |

**Services that require Prior Authorization List**

| Code  | Description                                                          | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|----------------------------------------------------------------------|---------------------|-----|-------------------|---------------|
| 80346 | Benzodiazepines; 1-12                                                | No                  |     |                   | ALL           |
| 80346 | Benzodiazepines; 1-12                                                | Not Covered         |     |                   | CAID          |
| 80347 | Benzodiazepines; 13 or more                                          | No                  |     |                   | ALL           |
| 80347 | Benzodiazepines; 13 or more                                          | Not Covered         |     |                   | CAID          |
| 80348 | Buprenorphine                                                        | No                  |     |                   | ALL           |
| 80348 | Buprenorphine                                                        | Not Covered         |     |                   | CAID          |
| 80349 | Cannabinoids, natural                                                | No                  |     |                   | ALL           |
| 80349 | Cannabinoids, natural                                                | Not Covered         |     |                   | CAID          |
| 80350 | Cannabinoids, synthetic; 1-3                                         | No                  |     |                   | ALL           |
| 80350 | Cannabinoids, synthetic; 1-3                                         | Not Covered         |     |                   | CAID          |
| 80351 | Cannabinoids, synthetic; 4-6                                         | No                  |     |                   | ALL           |
| 80351 | Cannabinoids, synthetic; 4-6                                         | Not Covered         |     |                   | CAID          |
| 80352 | Cannabinoids, synthetic; 7 or more                                   | No                  |     |                   | ALL           |
| 80352 | Cannabinoids, synthetic; 7 or more                                   | Not Covered         |     |                   | CAID          |
| 80353 | Cocaine                                                              | No                  |     |                   | ALL           |
| 80353 | Cocaine                                                              | Not Covered         |     |                   | CAID          |
| 80354 | Fentanyl                                                             | No                  |     |                   | ALL           |
| 80354 | Fentanyl                                                             | Not Covered         |     |                   | CAID          |
| 80355 | Gabapentin, non-blood                                                | No                  |     |                   | ALL           |
| 80355 | Gabapentin, non-blood                                                | Not Covered         |     |                   | CAID          |
| 80356 | Heroin metabolite                                                    | No                  |     |                   | ALL           |
| 80356 | Heroin metabolite                                                    | Not Covered         |     |                   | CAID          |
| 80357 | Ketamine and norketamine                                             | No                  |     |                   | ALL           |
| 80357 | Ketamine and norketamine                                             | Not Covered         |     |                   | CAID          |
| 80358 | Methadone                                                            | No                  |     |                   | ALL           |
| 80358 | Methadone                                                            | Not Covered         |     |                   | CAID          |
| 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDEA, MDEA)                   | No                  |     |                   | ALL           |
| 80359 | Methylenedioxyamphetamines (MDA, MDEA, MDEA, MDEA)                   | Not Covered         |     |                   | CAID          |
| 80360 | Methylphenidate                                                      | No                  |     |                   | ALL           |
| 80360 | Methylphenidate                                                      | Not Covered         |     |                   | CAID          |
| 80361 | Opiates, 1 or more                                                   | No                  |     |                   | ALL           |
| 80361 | Opiates, 1 or more                                                   | Not Covered         |     |                   | CAID          |
| 80362 | Opioids and opiate analogs; 1 or 2                                   | No                  |     |                   | ALL           |
| 80362 | Opioids and opiate analogs; 1 or 2                                   | Not Covered         |     |                   | CAID          |
| 80363 | Opioids and Opiate analogs; 3 or 4                                   | No                  |     |                   | ALL           |
| 80363 | Opioids and Opiate analogs; 3 or 4                                   | Not Covered         |     |                   | CAID          |
| 80364 | Opioids and Opiate analogs; 5 or more                                | No                  |     |                   | ALL           |
| 80364 | Opioids and Opiate analogs; 5 or more                                | Not Covered         |     |                   | CAID          |
| 80365 | Oxycodone                                                            | No                  |     |                   | ALL           |
| 80365 | Oxycodone                                                            | Not Covered         |     |                   | CAID          |
| 80366 | Pregabalin                                                           | No                  |     |                   | ALL           |
| 80366 | Pregabalin                                                           | Not Covered         |     |                   | CAID          |
| 80367 | Propoxyphene                                                         | No                  |     |                   | ALL           |
| 80367 | Propoxyphene                                                         | Not Covered         |     |                   | CAID          |
| 80368 | Sedative hypnotics (non-benzodiazepines)                             | No                  |     |                   | ALL           |
| 80368 | Sedative hypnotics (non-benzodiazepines)                             | Not Covered         |     |                   | CAID          |
| 80369 | Skeletal muscle relaxants; 1 or 2                                    | No                  |     |                   | ALL           |
| 80369 | Skeletal muscle relaxants; 1 or 2                                    | Not Covered         |     |                   | CAID          |
| 80370 | Skeletal muscle relaxants; 3 or more                                 | No                  |     |                   | ALL           |
| 80370 | Skeletal muscle relaxants; 3 or more                                 | Not Covered         |     |                   | CAID          |
| 80371 | Stimulants, synthetic                                                | No                  |     |                   | ALL           |
| 80371 | Stimulants, synthetic                                                | Not Covered         |     |                   | CAID          |
| 80372 | Tapentadol                                                           | No                  |     |                   | ALL           |
| 80372 | Tapentadol                                                           | Not Covered         |     |                   | CAID          |
| 80373 | Tramadol                                                             | No                  |     |                   | ALL           |
| 80373 | Tramadol                                                             | Not Covered         |     |                   | CAID          |
| 80374 | Stereoisomer (enantiomer) analysis, single drug                      | No                  |     |                   | ALL           |
| 80374 | Stereoisomer (enantiomer) analysis, single drug                      | Not Covered         |     |                   | CAID          |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative     | No                  |     |                   | ALL           |
| 80375 | Drug(s) or substance(s), definitive, qualitative or quantitative     | Not Covered         |     |                   | CAID          |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative     | No                  |     |                   | ALL           |
| 80376 | Drug(s) or substance(s), definitive, qualitative or quantitative     | Not Covered         |     |                   | CAID          |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative     | No                  |     |                   | ALL           |
| 80377 | Drug(s) or substance(s), definitive, qualitative or quantitative     | Not Covered         |     |                   | CAID          |
| 80400 | ACTH stimulation panel; for adrenal insufficiency                    | No                  |     |                   | ALL           |
| 80400 | ACTH stimulation panel; for adrenal insufficiency                    | Not Covered         |     |                   | CAID          |
| 80402 | ACTH stimulation panel; for 21 hydroxylase deficiency                | No                  | *   |                   | ALL           |
| 80402 | ACTH stimulation panel; for 21 hydroxylase deficiency                | Not Covered         | *   |                   | CAID          |
| 80406 | ACTH stimulation panel; for 3 beta-hydroxysteroid oxidase deficiency | No                  | *   |                   | ALL           |
| 80406 | ACTH stimulation panel; for 3 beta-hydroxysteroid oxidase deficiency | Not Covered         | *   |                   | CAID          |
| 80408 | Aldosterone suppression evaluation panel                             | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------------|
| 80408 | Aldosterone suppression evaluation panel (eg, s    | Not Covered         |     |                   | CAID                |
| 80410 | Calcitonin stimulation panel (eg, calcium, p       | No                  |     |                   | ALL                 |
| 80410 | Calcitonin stimulation panel (eg, calcium, pentag  | Not Covered         |     |                   | CAID                |
| 80412 | Corticotrophic releasing hormone (CRH) sti         | No                  |     |                   | ALL                 |
| 80412 | Corticotrophic releasing hormone (CRH) stimulat    | Not Covered         |     |                   | CAID                |
| 80414 | Chorionic gonadotropin stimulation panel;          | No                  | *   |                   | ALL                 |
| 80414 | Chorionic gonadotropin stimulation panel; testos   | Not Covered         |     |                   | CAID                |
| 80415 | Chorionic gonadotropin stimulation panel;          | No                  | *   |                   | ALL                 |
| 80415 | Chorionic gonadotropin stimulation panel; estrad   | Not Covered         |     |                   | CAID                |
| 80416 | Renal vein renin stimulation panel (eg, cap        | No                  |     |                   | ALL                 |
| 80416 | Renal vein renin stimulation panel (eg, captopril) | Not Covered         |     |                   | CAID                |
| 80417 | Peripheral vein renin stimulation panel (eg        | No                  |     |                   | ALL                 |
| 80417 | Peripheral vein renin stimulation panel (eg, capt  | Not Covered         |     |                   | CAID                |
| 80418 | Combined rapid anterior pituitary evaluatio        | No                  | *   |                   | ALL                 |
| 80418 | Combined rapid anterior pituitary evaluation pan   | Not Covered         |     |                   | CAID                |
| 80420 | Dexamethasone suppression panel, 48 ho             | No                  |     |                   | ALL                 |
| 80420 | Dexamethasone suppression panel, 48 hour           | Not Covered         |     |                   | CAID                |
| 80422 | Glucagon tolerance panel; for insulinoma           | No                  |     |                   | ALL                 |
| 80422 | Glucagon tolerance panel; for insulinoma           | Not Covered         |     |                   | CAID                |
| 80424 | Glucagon tolerance panel; for pheochromoc          | No                  |     |                   | ALL                 |
| 80424 | Glucagon tolerance panel; for pheochromocytom      | Not Covered         |     |                   | CAID                |
| 80426 | Gonadotropin releasing hormone stimulat            | No                  | *   |                   | ALL                 |
| 80426 | Gonadotropin releasing hormone stimulation par     | Not Covered         |     |                   | CAID                |
| 80428 | Growth hormone stimulation panel (eg, arg          | No                  |     |                   | ALL                 |
| 80428 | Growth hormone stimulation panel (eg, arginine     | Not Covered         |     |                   | CAID                |
| 80430 | Growth hormone suppression panel (glu              | No                  |     |                   | ALL                 |
| 80430 | Growth hormone suppression panel (glucose ad       | Not Covered         |     |                   | CAID                |
| 80432 | Insulin-induced C-peptide suppression par          | No                  |     |                   | ALL                 |
| 80432 | Insulin-induced C-peptide suppression panel        | Not Covered         |     |                   | CAID                |
| 80434 | Insulin tolerance panel; for ACTH insufficie       | No                  |     |                   | ALL                 |
| 80434 | Insulin tolerance panel; for ACTH insufficiency    | Not Covered         |     |                   | CAID                |
| 80435 | Insulin tolerance panel; for growth hormon         | No                  |     |                   | ALL                 |
| 80435 | Insulin tolerance panel; for growth hormone defici | Not Covered         |     |                   | CAID                |
| 80436 | Metyrapone panel                                   | No                  |     |                   | ALL                 |
| 80436 | Metyrapone panel                                   | Not Covered         |     |                   | CAID                |
| 80438 | Thyrotropin releasing hormone (TRH) stim           | No                  |     |                   | ALL                 |
| 80438 | Thyrotropin releasing hormone (TRH) stimulat       | Not Covered         |     |                   | CAID                |
| 80439 | Thyrotropin releasing hormone (TRH) stim           | No                  |     |                   | ALL                 |
| 80439 | Thyrotropin releasing hormone (TRH) stimulat       | Not Covered         |     |                   | CAID                |
| 80500 | Clinical pathology consultation; limited, wit      | No                  |     |                   | ALL                 |
| 80502 | Clinical pathology consultation; comprehen         | No                  |     |                   | ALL                 |
| 80503 | Pathology clinical consultation; for a clinica     | No                  |     |                   | ALL                 |
| 80504 | Pathology clinical consultation; for a mode        | No                  |     |                   | ALL                 |
| 80505 | Pathology clinical consultation; for a highly      | No                  |     |                   | ALL                 |
| 80506 | Pathology clinical consultation; prolonged         | No                  |     |                   | ALL                 |
| 81000 | Urinalysis, by dip stick or tablet reagent fo      | No                  |     |                   | ALL                 |
| 81001 | Urinalysis, by dip stick or tablet reagent fo      | No                  |     |                   | ALL                 |
| 81002 | Urinalysis, by dip stick or tablet reagent fo      | No                  |     |                   | ALL                 |
| 81003 | Urinalysis, by dip stick or tablet reagent fo      | No                  |     |                   | ALL                 |
| 81005 | Urinalysis; qualitative or semiquantitative,       | No                  |     |                   | ALL                 |
| 81007 | Urinalysis; bacteriuria screen, except by cu       | No                  |     |                   | ALL (except Caid)   |
| 81007 | Urinalysis; bacteriuria screen, except by culture  | Not Covered         |     |                   | CAID                |
| 81015 | Urinalysis; microscopic only                       | No                  |     |                   | ALL (Except MMP)    |
| 81020 | Urinalysis; two or three glass test                | No                  |     |                   | ALL (Except Caid)   |
| 81020 | Urinalysis; two or three glass test                | Not Covered         |     |                   | CAID                |
| 81025 | Urine pregnancy test, by visual color comp         | No                  |     |                   | ALL                 |
| 81050 | Volume measurement for timed collection,           | No                  |     |                   | ALL                 |
| 81050 | Volume measurement for timed collection, each      | Not Covered         |     |                   | CAID                |
| 81099 | UNLISTED URINALYSIS PROCEDURE                      | Yes                 |     |                   | ALL                 |
| 81099 | UNLISTED URINALYSIS PROCEDURE                      | No                  |     |                   | PRICHO              |
| 81105 | Human Platelet Antigen 1 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 81105 | Human Platelet Antigen 1 genotyping (HP,           | No                  |     |                   | MCWRAP              |
| 81106 | Human Platelet Antigen 2 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 81106 | Human Platelet Antigen 2 genotyping (HP,           | No                  |     |                   | MCWRAP              |
| 81107 | Human Platelet Antigen 3 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 81107 | Human Platelet Antigen 3 genotyping (HP,           | No                  |     |                   | MCWRAP              |
| 81108 | Human Platelet Antigen 4 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 81108 | Human Platelet Antigen 4 genotyping (HP,           | No                  |     |                   | MCWRAP              |
| 81109 | Human Platelet Antigen 5 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 81109 | Human Platelet Antigen 5 genotyping (HP,           | No                  |     |                   | MCWRAP              |
| 81110 | Human Platelet Antigen 6 genotyping (HP,           | Yes                 |     |                   | ALL (Except MCWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                                      | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|------------------------------------------|-------------------|----------------------------|
| 81110 | Human Platelet Antigen 6 genotyping (HP)      | No                  |                                          |                   | MCWRAP                     |
| 81111 | Human Platelet Antigen 9 genotyping (HP)      | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81111 | Human Platelet Antigen 9 genotyping (HP)      | No                  |                                          |                   | MCWRAP                     |
| 81112 | Human Platelet Antigen 15 genotyping (HP)     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81112 | Human Platelet Antigen 15 genotyping (HP)     | No                  |                                          |                   | MCWRAP                     |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+       | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 81120 | IDH1 (isocitrate dehydrogenase 1 [NADP+       | No                  |                                          |                   | McWrap/MED                 |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+       | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 81121 | IDH2 (isocitrate dehydrogenase 2 [NADP+       | No                  |                                          |                   | McWrap/MED                 |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker r       | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81161 | DMD (dystrophin) (eg, Duchenne/Becker r       | No                  |                                          |                   | MCWRAP                     |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., h | Yes                 |                                          |                   | ALL (McWRAP)               |
| 81162 | BRCA1, BRCA2 (breast cancer 1 and 2) (e.g., h | No                  |                                          |                   | MEDICARE COMP/MCWRAP       |
| 81163 | BRCA1 (BRCA1, DNA repair associated),         | Yes                 |                                          |                   | ALL (Except McWrap/PRICHO) |
| 81163 | BRCA1 (BRCA1, DNA repair associated),         | No                  |                                          |                   | McWRAP/PRICHO              |
| 81164 | BRCA1 (BRCA1, DNA repair associated),         | Yes                 |                                          |                   | ALL (Except McWrap/PRICHO) |
| 81164 | BRCA1 (BRCA1, DNA repair associated),         | No                  |                                          |                   | McWRAP/PRICHO              |
| 81165 | BRCA1 (BRCA1, DNA repair associated),         | Yes                 |                                          |                   | ALL (Except McWrap/PRICHO) |
| 81165 | BRCA1 (BRCA1, DNA repair associated),         | No                  |                                          |                   | McWRAP/PRICHO              |
| 81166 | BRCA1 (BRCA1, DNA repair associated),         | Yes                 |                                          |                   | ALL (Except McWrap/PRICHO) |
| 81166 | BRCA1 (BRCA1, DNA repair associated),         | No                  |                                          |                   | McWRAP/PRICHO              |
| 81167 | BRCA2 (BRCA2, DNA repair associated),         | Yes                 |                                          |                   | ALL (Except McWrap/PRICHO) |
| 81167 | BRCA2 (BRCA2, DNA repair associated),         | No                  |                                          |                   | McWRAP/PRICHO              |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lym     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81168 | CCND1/IGH (t(11;14)) (eg, mantle cell lym     | No                  |                                          |                   | MCWRAP                     |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyro | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81170 | ABL1 (ABL proto-oncogene 1, non-receptor tyro | No                  |                                          |                   | MCWRAP                     |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR]         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81171 | AFF2 (AF4/FMR2 family, member 2 [FMR]         | No                  |                                          |                   | MCWRAP                     |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR]         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81172 | AFF2 (AF4/FMR2 family, member 2 [FMR]         | No                  |                                          |                   | MCWRAP                     |
| 81173 | AR (androgen receptor) (eg, spinal and bu     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81173 | AR (androgen receptor) (eg, spinal and bu     | No                  |                                          |                   | MCWRAP                     |
| 81174 | AR (androgen receptor) (eg, spinal and bu     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81174 | AR (androgen receptor) (eg, spinal and bu     | No                  |                                          |                   | MCWRAP                     |
| 81175 | ASXL1 (additional sex combs like 1, trans     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81175 | ASXL1 (additional sex combs like 1, trans     | No                  |                                          |                   | MCWRAP                     |
| 81176 | ASXL1 (additional sex combs like 1, trans     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81176 | ASXL1 (additional sex combs like 1, trans     | No                  |                                          |                   | MCWRAP                     |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallid   | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81177 | ATN1 (atrophin 1) (eg, dentatorubral-pallid   | No                  |                                          |                   | MCWRAP                     |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar atax    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81178 | ATXN1 (ataxin 1) (eg, spinocerebellar atax    | No                  |                                          |                   | MCWRAP                     |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar atax    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81179 | ATXN2 (ataxin 2) (eg, spinocerebellar atax    | No                  |                                          |                   | MCWRAP                     |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar atax    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81180 | ATXN3 (ataxin 3) (eg, spinocerebellar atax    | No                  |                                          |                   | MCWRAP                     |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar atax    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81181 | ATXN7 (ataxin 7) (eg, spinocerebellar atax    | No                  |                                          |                   | MCWRAP                     |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-p         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81182 | ATXN8OS (ATXN8 opposite strand [non-p         | No                  |                                          |                   | MCWRAP                     |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar a     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81183 | ATXN10 (ataxin 10) (eg, spinocerebellar a     | No                  |                                          |                   | MCWRAP                     |
| 81184 | CACNA1A (calcium voltage-gated channe         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81184 | CACNA1A (calcium voltage-gated channe         | No                  |                                          |                   | MCWRAP                     |
| 81185 | CACNA1A (calcium voltage-gated channe         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81185 | CACNA1A (calcium voltage-gated channe         | No                  |                                          |                   | MCWRAP                     |
| 81186 | CACNA1A (calcium voltage-gated channe         | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81186 | CACNA1A (calcium voltage-gated channe         | No                  |                                          |                   | MCWRAP                     |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid      | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81187 | CNBP (CCHC-type zinc finger nucleic acid      | No                  |                                          |                   | MCWRAP                     |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81188 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | No                  |                                          |                   | MCWRAP                     |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81189 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | No                  |                                          |                   | MCWRAP                     |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81190 | CSTB (cystatin B) (eg, Unverricht-Lundbor     | No                  |                                          |                   | MCWRAP                     |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kin     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81191 | NTRK1 (neurotrophic receptor tyrosine kin     | No                  |                                          |                   | MCWRAP                     |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kin     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 81192 | NTRK2 (neurotrophic receptor tyrosine kin     | No                  |                                          |                   | MCWRAP                     |

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|-------|--------------------------------------------|---------------------|--------------------------|-------------------|----------------------------|
| 81193 | NTRK3 (neurotrophic receptor tyrosine kin  | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81193 | NTRK3 (neurotrophic receptor tyrosine kin  | No                  |                          |                   | MCWRAP                     |
| 81194 | NTRK (neurotrophic-tropomyosin receptor    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81194 | NTRK (neurotrophic-tropomyosin receptor    | No                  |                          |                   | MCWRAP                     |
| 81200 | ASPA (aspartoacylase) (eg, Canavan dise    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81200 | ASPA (aspartoacylase) (eg, Canavan dise    | No                  |                          |                   | MCWRAP                     |
| 81201 | APC (adenomatous polyposis coli) (eg, far  | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81201 | APC (adenomatous polyposis coli) (eg, far  | No                  |                          |                   | MCWRAP                     |
| 81202 | APC (adenomatous polyposis coli) (eg, far  | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81202 | APC (adenomatous polyposis coli) (eg, far  | No                  |                          |                   | MCWRAP                     |
| 81203 | APC (adenomatous polyposis coli) (eg, far  | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81203 | APC (adenomatous polyposis coli) (eg, far  | No                  |                          |                   | MCWRAP                     |
| 81204 | AR (androgen receptor) (eg, spinal and bu  | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81204 | AR (androgen receptor) (eg, spinal and bu  | No                  |                          |                   | MCWRAP                     |
| 81205 | BCKDHB (branched-chain keto acid dehyd     | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81205 | BCKDHB (branched-chain keto acid dehyd     | No                  |                          |                   | MCWRAP                     |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81206 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | No                  |                          |                   | McWrap/MED                 |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81207 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | No                  |                          |                   | McWrap/MED                 |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81208 | BCR/ABL1 (t(9;22)) (eg, chronic myelogen   | No                  |                          |                   | MCWRAP                     |
| 81209 | BLM (Bloom syndrome, RecQ helicase-lik     | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81209 | BLM (Bloom syndrome, RecQ helicase-lik     | No                  |                          |                   | MCWRAP                     |
| 81210 | BRAF (v-raf murine sarcoma viral oncog     | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81210 | BRAF (v-raf murine sarcoma viral oncog     | No                  |                          |                   | McWrap/MED                 |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) (     | Yes                 |                          |                   | ALL (Except Medicare Comp) |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) (     | No                  |                          |                   | MEDICARE COMP/MCWRAP       |
| 81212 | BRCA1, BRCA2 (breast cancer 1 and 2) (     | No                  |                          |                   | PRICHO                     |
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary b  | Yes                 |                          |                   | ALL (Except Medicare Comp) |
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary b  | No                  |                          |                   | MEDICARE COMP/MCWRAP       |
| 81215 | BRCA1 (breast cancer 1) (eg, hereditary b  | No                  |                          |                   | PRICHO                     |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary b  | Yes                 |                          |                   | ALL (Except Medicare Comp) |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary b  | No                  |                          |                   | MEDICARE COMP/MCWRAP       |
| 81216 | BRCA2 (breast cancer 2) (eg, hereditary b  | No                  |                          |                   | PRICHO                     |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary b  | Yes                 |                          |                   | ALL (Except Medicare Comp) |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary b  | No                  |                          |                   | MEDICARE COMP/MCWRAP       |
| 81217 | BRCA2 (breast cancer 2) (eg, hereditary b  | No                  |                          |                   | PRICHO                     |
| 81218 | CEBPA (CCAAT/enhancer binding protein      | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81218 | CEBPA (CCAAT/enhancer binding protein      | No                  |                          |                   | MCWRAP                     |
| 81219 | CALR (calreticulin) (e.g., myeloproliferat | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81219 | CALR (calreticulin) (e.g., myeloproliferat | No                  |                          |                   | McWrap/MED                 |
| 81220 | CFTR (cystic fibrosis transmembrane cond   | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81220 | CFTR (cystic fibrosis transmembrane cond   | No                  |                          |                   | McWrap/MED                 |
| 81221 | CFTR (cystic fibrosis transmembrane cond   | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81221 | CFTR (cystic fibrosis transmembrane cond   | No                  |                          |                   | MCWRAP                     |
| 81222 | CFTR (cystic fibrosis transmembrane cond   | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81222 | CFTR (cystic fibrosis transmembrane cond   | No                  |                          |                   | MCWRAP                     |
| 81223 | CFTR (cystic fibrosis transmembrane cond   | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81223 | CFTR (cystic fibrosis transmembrane cond   | No                  |                          |                   | MCWRAP                     |
| 81224 | CFTR (cystic fibrosis transmembrane cond   | No                  | Preferred provider HFCDP |                   | ALL (Except McWrap, MED)   |
| 81224 | CFTR (cystic fibrosis transmembrane cond   | No                  |                          |                   | McWrap/MED                 |
| 81225 | CYP2C19 (cytochrome P450, family 2, sub    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81225 | CYP2C19 (cytochrome P450, family 2, sub    | No                  |                          |                   | MCWRAP                     |
| 81226 | CYP2D6 (cytochrome P450, family 2, subf    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81226 | CYP2D6 (cytochrome P450, family 2, subf    | No                  |                          |                   | MCWRAP                     |
| 81227 | CYP2C9 (cytochrome P450, family 2, subf    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81227 | CYP2C9 (cytochrome P450, family 2, subf    | No                  |                          |                   | MCWRAP                     |
| 81228 | Cytogenomic constitutional (genome-wide    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81228 | Cytogenomic constitutional (genome-wide    | No                  |                          |                   | MCWRAP                     |
| 81229 | Cytogenomic constitutional (genome-wide    | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81229 | Cytogenomic constitutional (genome-wide    | No                  |                          |                   | MCWRAP                     |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfa     | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81230 | CYP3A4 (cytochrome P450 family 3 subfa     | No                  |                          |                   | MCWRAP                     |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfa     | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81231 | CYP3A5 (cytochrome P450 family 3 subfa     | No                  |                          |                   | MCWRAP                     |
| 81232 | DPYD (dihydropyrimidine dehydrogenase)     | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81232 | DPYD (dihydropyrimidine dehydrogenase)     | No                  |                          |                   | MCWRAP                     |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chroni | Yes                 |                          |                   | ALL (Except MCWRAP)        |
| 81233 | BTK (Bruton's tyrosine kinase) (eg, chroni | No                  |                          |                   | MCWRAP                     |
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic    | Yes                 |                          |                   | ALL (Except MCWRAP)        |



**Services that require Prior Authorization List**

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|-------|----------------------------------------------|---------------------|--------------------------------------------------|-------------------|--------------------------|
| 81234 | DMPK (DM1 protein kinase) (eg, myotonic      | No                  |                                                  |                   | MCWRAP                   |
| 81235 | EGFR (epidermal growth factor receptor) (    | No                  | <a href="#">Preferred provider HFCDP</a>         |                   | ALL (Except McWrap, MED) |
| 81235 | EGFR (epidermal growth factor receptor) (    | No                  |                                                  |                   | McWrap/MED               |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repr      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81236 | EZH2 (enhancer of zeste 2 polycomb repr      | No                  |                                                  |                   | MCWRAP                   |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repr      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81237 | EZH2 (enhancer of zeste 2 polycomb repr      | No                  |                                                  |                   | MCWRAP                   |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia   | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81238 | F9 (coagulation factor IX) (eg, hemophilia   | No                  |                                                  |                   | MCWRAP                   |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81239 | DMPK (DM1 protein kinase) (eg, myotonic      | No                  |                                                  |                   | MCWRAP                   |
| 81240 | F2 (prothrombin, coagulation factor II) (eg, | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81240 | F2 (prothrombin, coagulation factor II) (eg, | No                  |                                                  |                   | MCWRAP                   |
| 81241 | F5 (coagulation Factor V) (eg, hereditary h  | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81241 | F5 (coagulation Factor V) (eg, hereditary h  | No                  |                                                  |                   | MCWRAP                   |
| 81242 | FANCC (Fanconi anemia, complementatio        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81242 | FANCC (Fanconi anemia, complementatio        | No                  |                                                  |                   | MCWRAP                   |
| 81243 | FMR1 (Fragile X mental retardation 1) (eg,   | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81243 | FMR1 (Fragile X mental retardation 1) (eg,   | No                  |                                                  |                   | MCWRAP                   |
| 81244 | FMR1 (Fragile X mental retardation 1) (eg,   | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81244 | FMR1 (Fragile X mental retardation 1) (eg,   | No                  |                                                  |                   | MCWRAP                   |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, a  | No                  | <a href="#">Preferred provider HFCDP</a>         |                   | ALL (Except McWrap, MED) |
| 81245 | FLT3 (fms-related tyrosine kinase 3) (eg, a  | No                  |                                                  |                   | McWrap/MED               |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, a  | No                  | <a href="#">Preferred provider HFCDP</a>         |                   | ALL (Except McWrap, MED) |
| 81246 | FLT3 (fms-related tyrosine kinase 3) (eg, a  | No                  |                                                  |                   | McWrap/MED               |
| 81247 | G6PD (glucose-6-phosphate dehydrogena        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81247 | G6PD (glucose-6-phosphate dehydrogena        | No                  |                                                  |                   | MCWRAP                   |
| 81248 | G6PD (glucose-6-phosphate dehydrogena        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81248 | G6PD (glucose-6-phosphate dehydrogena        | No                  |                                                  |                   | MCWRAP                   |
| 81249 | G6PD (glucose-6-phosphate dehydrogena        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81249 | G6PD (glucose-6-phosphate dehydrogena        | No                  |                                                  |                   | MCWRAP                   |
| 81250 | G6PC (glucose-6-phosphatase, catalytic s     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81250 | G6PC (glucose-6-phosphatase, catalytic s     | No                  |                                                  |                   | MCWRAP                   |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gauch     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81251 | GBA (glucosidase, beta, acid) (eg, Gauch     | No                  |                                                  |                   | MCWRAP                   |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81252 | GJB2 (gap junction protein, beta 2, 26kDa    | No                  |                                                  |                   | MCWRAP                   |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81253 | GJB2 (gap junction protein, beta 2, 26kDa    | No                  |                                                  |                   | MCWRAP                   |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81254 | GJB6 (gap junction protein, beta 6, 30kDa    | No                  |                                                  |                   | MCWRAP                   |
| 81255 | HEXA (hexosaminidase A [alpha polypepti      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81255 | HEXA (hexosaminidase A [alpha polypepti      | No                  |                                                  |                   | MCWRAP                   |
| 81256 | HFE (hemochromatosis) (eg, hereditary h      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81256 | HFE (hemochromatosis) (eg, hereditary h      | No                  |                                                  |                   | MCWRAP                   |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha glo      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81257 | HBA1/HBA2 (alpha globin 1 and alpha glo      | No                  |                                                  |                   | MCWRAP                   |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha glo      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81258 | HBA1/HBA2 (alpha globin 1 and alpha glo      | No                  |                                                  |                   | MCWRAP                   |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha glo      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81259 | HBA1/HBA2 (alpha globin 1 and alpha glo      | No                  |                                                  |                   | MCWRAP                   |
| 81260 | IKBKAP (inhibitor of kappa light polypepti   | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81260 | IKBKAP (inhibitor of kappa light polypepti   | No                  |                                                  |                   | MCWRAP                   |
| 81261 | IGH@ (Immunoglobulin heavy chain locus       | No                  | <a href="#">Preferred provider HFCDP</a>         |                   | ALL (Except McWrap, MED) |
| 81261 | IGH@ (Immunoglobulin heavy chain locus       | No                  |                                                  |                   | McWrap/MED               |
| 81262 | IGH@ (Immunoglobulin heavy chain locus       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81262 | IGH@ (Immunoglobulin heavy chain locus       | No                  |                                                  |                   | MCWRAP                   |
| 81263 | IGH@ (Immunoglobulin heavy chain locus       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81263 | IGH@ (Immunoglobulin heavy chain locus       | No                  |                                                  |                   | MCWRAP                   |
| 81264 | IGH@ (Immunoglobulin heavy chain locus       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81264 | IGH@ (Immunoglobulin heavy chain locus       | No                  |                                                  |                   | MCWRAP                   |
| 81265 | Comparative analysis using Short Tandem      | No                  | <a href="#">Preferred provider HFCDP or UofM</a> |                   | ALL (Except McWrap, MED) |
| 81265 | Comparative analysis using Short Tandem      | No                  |                                                  |                   | McWrap/MED               |
| 81266 | Comparative analysis using Short Tandem      | No                  | <a href="#">Preferred provider HFCDP or UofM</a> |                   | ALL (Except McWrap, MED) |
| 81266 | Comparative analysis using Short Tandem      | No                  |                                                  |                   | McWrap/MED               |
| 81267 | Chimerism (engraftment) analysis, post tra   | No                  | <a href="#">Preferred provider HFCDP or UofM</a> |                   | ALL (Except McWrap, MED) |
| 81267 | Chimerism (engraftment) analysis, post tra   | No                  |                                                  |                   | McWrap/MED               |

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| Code  | Description                                    | Prior Auth Required | Key                                              | Rider Requirement | Product Lines            |
|-------|------------------------------------------------|---------------------|--------------------------------------------------|-------------------|--------------------------|
| 81268 | Chimerism (engraftment) analysis, post tra     | No                  | <a href="#">Preferred provider HFCPD or UofM</a> |                   | ALL (Except McWrap, MED) |
| 81268 | Chimerism (engraftment) analysis, post tra     | No                  |                                                  |                   | McWrap/MED               |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha glo        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81269 | HBA1/HBA2 (alpha globin 1 and alpha glo        | No                  |                                                  |                   | MCWRAP                   |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloprolifera      | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81270 | JAK2 (Janus kinase 2) (eg, myeloprolifera      | No                  |                                                  |                   | McWrap/MED               |
| 81271 | HTT (huntingtin) (eg, Huntington disease)      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81271 | HTT (huntingtin) (eg, Huntington disease)      | No                  |                                                  |                   | MCWRAP                   |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarco      | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81272 | KIT (v-kit Hardy-Zuckerman 4 feline sarco      | No                  |                                                  |                   | McWrap/MED               |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarco      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81273 | KIT (v-kit Hardy-Zuckerman 4 feline sarco      | No                  |                                                  |                   | MCWRAP                   |
| 81274 | HTT (huntingtin) (eg, Huntington disease)      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81274 | HTT (huntingtin) (eg, Huntington disease)      | No                  |                                                  |                   | MCWRAP                   |
| 81275 | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral      | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81275 | KRAS (v-Ki-ras2 Kirsten rat sarcoma viral      | No                  |                                                  |                   | McWrap/MED               |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene       | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81276 | KRAS (Kirsten rat sarcoma viral oncogene       | No                  |                                                  |                   | McWrap/MED               |
| 81277 | Cytogenomic neoplasia (genome-wide) mi         | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81277 | Cytogenomic neoplasia (genome-wide) mi         | No                  |                                                  |                   | MCWRAP                   |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymph     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81278 | IGH@/BCL2 (t(14;18)) (eg, follicular lymph     | No                  |                                                  |                   | MCWRAP                   |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloprolifera      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81279 | JAK2 (Janus kinase 2) (eg, myeloprolifera      | No                  |                                                  |                   | MCWRAP                   |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug res     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81283 | IFNL3 (interferon, lambda 3) (eg, drug res     | No                  |                                                  |                   | MCWRAP                   |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81284 | FXN (frataxin) (eg, Friedreich ataxia) gene    | No                  |                                                  |                   | MCWRAP                   |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81285 | FXN (frataxin) (eg, Friedreich ataxia) gene    | No                  |                                                  |                   | MCWRAP                   |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81286 | FXN (frataxin) (eg, Friedreich ataxia) gene    | No                  |                                                  |                   | MCWRAP                   |
| 81287 | MGMT (O-6-methylguanine-DNA methyltra          | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81287 | MGMT (O-6-methylguanine-DNA methyltra          | No                  |                                                  |                   | McWrap/MED               |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nor        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81288 | MLH1 (mutL homolog 1, colon cancer, nor        | No                  |                                                  |                   | MCWRAP                   |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene    | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81289 | FXN (frataxin) (eg, Friedreich ataxia) gene    | No                  |                                                  |                   | MCWRAP                   |
| 81290 | MCOLN1 (mucolipin 1) (eg, Mucopolipidosis,     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81290 | MCOLN1 (mucolipin 1) (eg, Mucopolipidosis,     | No                  |                                                  |                   | MCWRAP                   |
| 81291 | MTHFR (5,10-methylenetetrahydrofolate r        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81291 | MTHFR (5,10-methylenetetrahydrofolate r        | No                  |                                                  |                   | MCWRAP                   |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nor        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81292 | MLH1 (mutL homolog 1, colon cancer, nor        | No                  |                                                  |                   | MCWRAP                   |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nor        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81293 | MLH1 (mutL homolog 1, colon cancer, nor        | No                  |                                                  |                   | MCWRAP                   |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nor        | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81294 | MLH1 (mutL homolog 1, colon cancer, nor        | No                  |                                                  |                   | MCWRAP                   |
| 81295 | MSH2 (mutS homolog 2, colon cancer, no         | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81295 | MSH2 (mutS homolog 2, colon cancer, no         | No                  |                                                  |                   | MCWRAP                   |
| 81296 | MSH2 (mutS homolog 2, colon cancer, no         | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81296 | MSH2 (mutS homolog 2, colon cancer, no         | No                  |                                                  |                   | MCWRAP                   |
| 81297 | MSH2 (mutS homolog 2, colon cancer, no         | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81297 | MSH2 (mutS homolog 2, colon cancer, no         | No                  |                                                  |                   | MCWRAP                   |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81298 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | No                  |                                                  |                   | MCWRAP                   |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81299 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | No                  |                                                  |                   | MCWRAP                   |
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81300 | MSH6 (mutS homolog 6 [E. coli]) (eg, here      | No                  |                                                  |                   | MCWRAP                   |
| 81301 | Microsatellite instability analysis (eg, hered | No                  | <a href="#">Preferred provider HFCPD</a>         |                   | ALL (Except McWrap, MED) |
| 81301 | Microsatellite instability analysis (eg, hered | No                  |                                                  |                   | McWrap/MED               |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81302 | MECP2 (methyl CpG binding protein 2) (eg       | No                  |                                                  |                   | MCWRAP                   |
| 81303 | MECP2 (methyl CpG binding protein 2) (eg       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81303 | MECP2 (methyl CpG binding protein 2) (eg       | No                  |                                                  |                   | MCWRAP                   |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg       | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81304 | MECP2 (methyl CpG binding protein 2) (eg       | No                  |                                                  |                   | MCWRAP                   |
| 81305 | MYD88 (myeloid differentiation primary res     | Yes                 |                                                  |                   | ALL (Except MCWRAP)      |
| 81305 | MYD88 (myeloid differentiation primary res     | No                  |                                                  |                   | MCWRAP                   |

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|-------|---------------------------------------------|---------------------|------------------------------------------|-------------------|--------------------------|
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug m     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81306 | NUDT15 (nudix hydrolase 15) (eg, drug m     | No                  |                                          |                   | MCWRAP                   |
| 81307 | PALB2 (partner and localizer of BRCA2) (e   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81307 | PALB2 (partner and localizer of BRCA2) (e   | No                  |                                          |                   | MCWRAP                   |
| 81308 | PALB2 (partner and localizer of BRCA2) (e   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81308 | PALB2 (partner and localizer of BRCA2) (e   | No                  |                                          |                   | MCWRAP                   |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosp   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81309 | PIK3CA (phosphatidylinositol-4, 5-biphosp   | No                  |                                          |                   | MCWRAP                   |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid     | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81310 | NPM1 (nucleophosmin) (eg, acute myeloid     | No                  |                                          |                   | McWrap/MED               |
| 81311 | NRAS (neuroblastoma RAS viral [v- ras] c    | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81311 | NRAS (neuroblastoma RAS viral [v- ras] c    | No                  |                                          |                   | McWrap/MED               |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81312 | PABPN1 (poly[A] binding protein nuclear 1   | No                  |                                          |                   | MCWRAP                   |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [nc    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81313 | PCA3/KLK3 (prostate cancer antigen 3 [nc    | No                  |                                          |                   | MCWRAP                   |
| 81314 | PDGFRA (platelet-derived growth factor re   | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81314 | PDGFRA (platelet-derived growth factor re   | No                  |                                          |                   | McWrap/MED               |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic    | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81315 | PML/RARalpha, (t(15;17)), (promyelocytic    | No                  |                                          |                   | McWrap/MED               |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81316 | PML/RARalpha, (t(15;17)), (promyelocytic    | No                  |                                          |                   | MCWRAP                   |
| 81317 | PMS2 (postmeiotic segregation increased     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81317 | PMS2 (postmeiotic segregation increased     | No                  |                                          |                   | MCWRAP                   |
| 81318 | PMS2 (postmeiotic segregation increased     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81318 | PMS2 (postmeiotic segregation increased     | No                  |                                          |                   | MCWRAP                   |
| 81319 | PMS2 (postmeiotic segregation increased     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81319 | PMS2 (postmeiotic segregation increased     | No                  |                                          |                   | MCWRAP                   |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, c      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81320 | PLCG2 (phospholipase C gamma 2) (eg, c      | No                  |                                          |                   | MCWRAP                   |
| 81321 | PTEN (phosphatase and tensin homolog)       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81321 | PTEN (phosphatase and tensin homolog)       | No                  |                                          |                   | MCWRAP                   |
| 81322 | PTEN (phosphatase and tensin homolog)       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81322 | PTEN (phosphatase and tensin homolog)       | No                  |                                          |                   | MCWRAP                   |
| 81323 | PTEN (phosphatase and tensin homolog)       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81323 | PTEN (phosphatase and tensin homolog)       | No                  |                                          |                   | MCWRAP                   |
| 81324 | PMP22 (peripheral myelin protein 22) (eg,   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81324 | PMP22 (peripheral myelin protein 22) (eg,   | No                  |                                          |                   | MCWRAP                   |
| 81325 | PMP22 (peripheral myelin protein 22) (eg,   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81325 | PMP22 (peripheral myelin protein 22) (eg,   | No                  |                                          |                   | MCWRAP                   |
| 81326 | PMP22 (peripheral myelin protein 22) (eg,   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81326 | PMP22 (peripheral myelin protein 22) (eg,   | No                  |                                          |                   | MCWRAP                   |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) m   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81327 | SEPT9 (Septin9) (eg, colorectal cancer) m   | No                  |                                          |                   | MCWRAP                   |
| 81328 | SLCO1B1 (solute carrier organic anion tra   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81328 | SLCO1B1 (solute carrier organic anion tra   | No                  |                                          |                   | MCWRAP                   |
| 81329 | SMN1 (survival of motor neuron 1, telome    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81329 | SMN1 (survival of motor neuron 1, telome    | No                  |                                          |                   | MCWRAP                   |
| 81330 | SMPD1(sphingomyelin phosphodiesterase       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81330 | SMPD1(sphingomyelin phosphodiesterase       | No                  |                                          |                   | MCWRAP                   |
| 81331 | SNRPN/UBE3A (small nuclear ribonucleo       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81331 | SNRPN/UBE3A (small nuclear ribonucleo       | No                  |                                          |                   | MCWRAP                   |
| 81332 | SERPINA1 (serpin peptidase inhibitor, cla   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81332 | SERPINA1 (serpin peptidase inhibitor, cla   | No                  |                                          |                   | MCWRAP                   |
| 81333 | TGFBI (transforming growth factor beta-in   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81333 | TGFBI (transforming growth factor beta-in   | No                  |                                          |                   | MCWRAP                   |
| 81334 | RUNX1 (runt related transcription factor 1) | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81334 | RUNX1 (runt related transcription factor 1) | No                  |                                          |                   | MCWRAP                   |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81335 | TPMT (thiopurine S-methyltransferase) (eg   | No                  |                                          |                   | MCWRAP                   |
| 81336 | SMN1 (survival of motor neuron 1, telome    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81336 | SMN1 (survival of motor neuron 1, telome    | No                  |                                          |                   | MCWRAP                   |
| 81337 | SMN1 (survival of motor neuron 1, telome    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81337 | SMN1 (survival of motor neuron 1, telome    | No                  |                                          |                   | MCWRAP                   |
| 81338 | MPL (MPL proto-oncogene, thrombopoieti      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81338 | MPL (MPL proto-oncogene, thrombopoieti      | No                  |                                          |                   | MCWRAP                   |
| 81339 | MPL (MPL proto-oncogene, thrombopoieti      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81339 | MPL (MPL proto-oncogene, thrombopoieti      | No                  |                                          |                   | MCWRAP                   |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg,   | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81340 | TRB@ (T cell antigen receptor, beta) (eg,   | No                  |                                          |                   | McWrap/MED               |
| 81341 | TRB@ (T cell antigen receptor, beta) (eg,   | Yes                 |                                          |                   | ALL (Except MCWRAP)      |

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| Code  | Description                                    | Prior Auth Required | Key                                      | Rider Requirement | Product Lines            |
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| 81341 | TRB@ (T cell antigen receptor, beta) (eg,      | No                  |                                          |                   | MCWRAP                   |
| 81342 | TRG@ (T cell antigen receptor, gamma) (        | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81342 | TRG@ (T cell antigen receptor, gamma) (        | No                  |                                          |                   | McWrap/MED               |
| 81343 | PPP2R2B (protein phosphatase 2 regulato        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81343 | PPP2R2B (protein phosphatase 2 regulato        | No                  |                                          |                   | MCWRAP                   |
| 81344 | TBP (TATA box binding protein) (eg, spind      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81344 | TBP (TATA box binding protein) (eg, spind      | No                  |                                          |                   | MCWRAP                   |
| 81345 | TERT (telomerase reverse transcriptase) (      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81345 | TERT (telomerase reverse transcriptase) (      | No                  |                                          |                   | MCWRAP                   |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluo      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81346 | TYMS (thymidylate synthetase) (eg, 5-fluo      | No                  |                                          |                   | MCWRAP                   |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81347 | SF3B1 (splicing factor [3b] subunit B1) (eg    | No                  |                                          |                   | MCWRAP                   |
| 81348 | SRSF2 (serine and arginine-rich splicing fa    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81348 | SRSF2 (serine and arginine-rich splicing fa    | No                  |                                          |                   | MCWRAP                   |
| 81349 | Cytogenomic (genome-wide) analysis for c       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81349 | Cytogenomic (genome-wide) analysis for c       | No                  |                                          |                   | MCWRAP                   |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1          | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81350 | UGT1A1 (UDP glucuronosyltransferase 1          | No                  |                                          |                   | MCWRAP                   |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81351 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | No                  |                                          |                   | MCWRAP                   |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81352 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | No                  |                                          |                   | MCWRAP                   |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81353 | TP53 (tumor protein 53) (eg, Li-Fraumeni       | No                  |                                          |                   | MCWRAP                   |
| 81355 | VKORC1 (vitamin K epoxide reductase co         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81355 | VKORC1 (vitamin K epoxide reductase co         | No                  |                                          |                   | MCWRAP                   |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary fa       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81357 | U2AF1 (U2 small nuclear RNA auxiliary fa       | No                  |                                          |                   | MCWRAP                   |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA bind         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81360 | ZRSR2 (zinc finger CCCH-type, RNA bind         | No                  |                                          |                   | MCWRAP                   |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81361 | HBB (hemoglobin, subunit beta) (eg, sickle     | No                  |                                          |                   | MCWRAP                   |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81362 | HBB (hemoglobin, subunit beta) (eg, sickle     | No                  |                                          |                   | MCWRAP                   |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81363 | HBB (hemoglobin, subunit beta) (eg, sickle     | No                  |                                          |                   | MCWRAP                   |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81364 | HBB (hemoglobin, subunit beta) (eg, sickle     | No                  |                                          |                   | MCWRAP                   |
| 81370 | HLA Class I and II typing, low resolution (e   | No                  |                                          |                   | ALL                      |
| 81371 | HLA Class I and II typing, low resolution (e   | No                  |                                          |                   | ALL                      |
| 81372 | HLA Class I typing, low resolution (eg, anti   | No                  |                                          |                   | ALL                      |
| 81373 | HLA Class I typing, low resolution (eg, anti   | No                  |                                          |                   | ALL                      |
| 81374 | HLA Class I typing, low resolution (eg, anti   | No                  |                                          |                   | ALL                      |
| 81375 | HLA Class II typing, low resolution (eg, ant   | No                  |                                          |                   | ALL                      |
| 81376 | HLA Class II typing, low resolution (eg, ant   | No                  |                                          |                   | ALL                      |
| 81377 | HLA Class II typing, low resolution (eg, ant   | No                  |                                          |                   | ALL                      |
| 81378 | HLA Class I and II typing, high resolution (   | No                  |                                          |                   | ALL                      |
| 81379 | HLA Class I typing, high resolution (ie, alle  | No                  |                                          |                   | ALL                      |
| 81380 | HLA Class I typing, high resolution (ie, alle  | No                  |                                          |                   | ALL                      |
| 81381 | HLA Class I typing, high resolution (ie, alle  | No                  |                                          |                   | ALL                      |
| 81382 | HLA Class II typing, high resolution (ie, alle | No                  |                                          |                   | ALL                      |
| 81383 | HLA Class II typing, high resolution (ie, alle | No                  |                                          |                   | ALL                      |
| 81400 | Molecular pathology procedure, Level 1 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81400 | Molecular pathology procedure, Level 1 (e      | No                  |                                          |                   | MCWRAP                   |
| 81401 | Molecular pathology procedure, Level 2 (e      | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81401 | Molecular pathology procedure, Level 2 (e      | No                  |                                          |                   | McWrap/MED               |
| 81402 | Molecular pathology procedure, Level 3 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81402 | Molecular pathology procedure, Level 3 (e      | No                  |                                          |                   | MCWRAP                   |
| 81403 | Molecular pathology procedure, Level 4 (e      | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81403 | Molecular pathology procedure, Level 4 (e      | No                  |                                          |                   | McWrap/MED               |
| 81404 | Molecular pathology procedure, Level 5 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81404 | Molecular pathology procedure, Level 5 (e      | No                  |                                          |                   | MCWRAP                   |
| 81405 | Molecular pathology procedure, Level 6 (e      | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81405 | Molecular pathology procedure, Level 6 (e      | No                  |                                          |                   | McWrap/MED               |
| 81406 | Molecular pathology procedure, Level 7 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81406 | Molecular pathology procedure, Level 7 (e      | No                  |                                          |                   | MCWRAP                   |
| 81407 | Molecular pathology procedure, Level 8 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81407 | Molecular pathology procedure, Level 8 (e      | No                  |                                          |                   | MCWRAP                   |
| 81408 | Molecular pathology procedure, Level 9 (e      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |

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| 81408 | Molecular pathology procedure, Level 9 (e       | No                  |                                          |                   | MCWRAP                   |
| 81410 | Aortic dysfunction or dilation (eg, Marfan s    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81410 | Aortic dysfunction or dilation (eg, Marfan s    | No                  |                                          |                   | MCWRAP                   |
| 81411 | Aortic dysfunction or dilation (eg, Marfan s    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81411 | Aortic dysfunction or dilation (eg, Marfan s    | No                  |                                          |                   | MCWRAP                   |
| 81412 | Ashkenazi Jewish associated disorders (e.g., Bl | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81412 | Ashkenazi Jewish associated disorders (e.g., Bl | No                  |                                          |                   | MCWRAP                   |
| 81413 | Cardiac ion channelopathies (eg, Brugada        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81413 | Cardiac ion channelopathies (eg, Brugada        | No                  |                                          |                   | MCWRAP                   |
| 81414 | Cardiac ion channelopathies (eg, Brugada        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81414 | Cardiac ion channelopathies (eg, Brugada        | No                  |                                          |                   | MCWRAP                   |
| 81415 | Exome (eg, unexplained constitutional or h      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81415 | Exome (eg, unexplained constitutional or h      | No                  |                                          |                   | MCWRAP                   |
| 81416 | Exome (eg, unexplained constitutional or h      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81416 | Exome (eg, unexplained constitutional or h      | No                  |                                          |                   | MCWRAP                   |
| 81417 | Exome (eg, unexplained constitutional or h      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81417 | Exome (eg, unexplained constitutional or h      | No                  |                                          |                   | MCWRAP                   |
| 81418 | Drug metabolism (eg, pharmacogenomics           | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81418 | Drug metabolism (eg, pharmacogenomics           | No                  |                                          |                   | MCWRAP                   |
| 81419 | Epilepsy genomic sequence analysis pane         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81419 | Epilepsy genomic sequence analysis pane         | No                  |                                          |                   | MCWRAP                   |
| 81420 | Fetal chromosomal aneuploidy (eg, trisom        | No                  |                                          |                   | ALL                      |
| 81422 | Fetal chromosomal microdeletion(s) genot        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81422 | Fetal chromosomal microdeletion(s) genot        | No                  |                                          |                   | MCWRAP                   |
| 81425 | Genome (eg, unexplained constitutional or       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81425 | Genome (eg, unexplained constitutional or       | No                  |                                          |                   | MCWRAP                   |
| 81426 | Genome (eg, unexplained constitutional or       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81426 | Genome (eg, unexplained constitutional or       | No                  |                                          |                   | MCWRAP                   |
| 81427 | Genome (eg, unexplained constitutional or       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81427 | Genome (eg, unexplained constitutional or       | No                  |                                          |                   | MCWRAP                   |
| 81430 | Hearing loss (eg, nonsyndromic hearing lo       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81430 | Hearing loss (eg, nonsyndromic hearing lo       | No                  |                                          |                   | MCWRAP                   |
| 81431 | Hearing loss (eg, nonsyndromic hearing lo       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81431 | Hearing loss (eg, nonsyndromic hearing lo       | No                  |                                          |                   | MCWRAP                   |
| 81432 | Hereditary breast cancer- related disorders     | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81432 | Hereditary breast cancer- related disorders     | No                  |                                          |                   | MCWRAP                   |
| 81434 | Hereditary retinal disorders (e.g., retinitis p | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81434 | Hereditary retinal disorders (e.g., retinitis p | No                  |                                          |                   | MCWRAP                   |
| 81435 | Hereditary colon cancer syndromes (eg, L        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81435 | Hereditary colon cancer syndromes (eg, L        | No                  |                                          |                   | MCWRAP                   |
| 81437 | Hereditary neuroendocrine tumor disorders       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81437 | Hereditary neuroendocrine tumor disorders       | No                  |                                          |                   | MCWRAP                   |
| 81439 | Inherited cardiomyopathy (eg, hypertrophic      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81439 | Inherited cardiomyopathy (eg, hypertrophic      | No                  |                                          |                   | MCWRAP                   |
| 81440 | Nuclear encoded mitochondrial genes (eg,        | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81440 | Nuclear encoded mitochondrial genes (eg,        | No                  |                                          |                   | MCWRAP                   |
| 81441 | Inherited bone marrow failure syndromes (       | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81441 | Inherited bone marrow failure syndromes (       | No                  |                                          |                   | MCWRAP                   |
| 81442 | Noonan spectrum disorders (e.g., Noonan         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81442 | Noonan spectrum disorders (e.g., Noonan         | No                  |                                          |                   | MCWRAP                   |
| 81443 | Genetic testing for severe inherited conditi    | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81443 | Genetic testing for severe inherited conditi    | No                  |                                          |                   | MCWRAP                   |
| 81445 | Targeted genomic sequence analysis pane         | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81445 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | McWrap/MED               |
| 81448 | Hereditary peripheral neuropathies (eg, Ch      | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81448 | Hereditary peripheral neuropathies (eg, Ch      | No                  |                                          |                   | MCWRAP                   |
| 81449 | Targeted genomic sequence analysis pane         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81449 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | MCWRAP                   |
| 81450 | Targeted genomic sequence analysis pane         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81450 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | MCWRAP                   |
| 81451 | Targeted genomic sequence analysis pane         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81451 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | MCWRAP                   |
| 81455 | Targeted genomic sequence analysis pane         | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED) |
| 81455 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | McWrap/MED               |
| 81456 | Targeted genomic sequence analysis pane         | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81456 | Targeted genomic sequence analysis pane         | No                  |                                          |                   | MCWRAP                   |
| 81457 | Solid organ neoplasm, genomic sequence          | Yes                 |                                          |                   | ALL (Except MCWRAP, AHL) |
| 81457 | Solid organ neoplasm, genomic sequence          | No                  |                                          |                   | ALL (Except MCWRAP)      |
| 81458 | Solid organ neoplasm, genomic sequence          | Yes                 |                                          |                   | ALL (Except MCWRAP)      |
| 81458 | Solid organ neoplasm, genomic sequence          | No                  |                                          |                   | MCWRAP                   |

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| 81459 | Solid organ neoplasm, genomic sequence            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81459 | Solid organ neoplasm, genomic sequence            | No                  |     |                   | MCWRAP                      |
| 81460 | Whole mitochondrial genome (eg, Leigh s           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81460 | Whole mitochondrial genome (eg, Leigh s           | No                  |     |                   | MCWRAP                      |
| 81462 | Solid organ neoplasm, genomic sequence            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81462 | Solid organ neoplasm, genomic sequence            | No                  |     |                   | MCWRAP                      |
| 81463 | Solid organ neoplasm, genomic sequence            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81463 | Solid organ neoplasm, genomic sequence            | No                  |     |                   | MCWRAP                      |
| 81464 | Solid organ neoplasm, genomic sequence            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81464 | Solid organ neoplasm, genomic sequence            | No                  |     |                   | MCWRAP                      |
| 81465 | Whole mitochondrial genome large deletio          | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81465 | Whole mitochondrial genome large deletio          | No                  |     |                   | MCWRAP                      |
| 81470 | X-linked intellectual disability (XLID) (eg, s    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81470 | X-linked intellectual disability (XLID) (eg, s    | No                  |     |                   | MCWRAP                      |
| 81471 | X-linked intellectual disability (XLID) (eg, s    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81471 | X-linked intellectual disability (XLID) (eg, s    | No                  |     |                   | MCWRAP                      |
| 81479 | Unlisted molecular pathology procedure            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81479 | Unlisted molecular pathology procedure            | No                  |     |                   | MCWRAP                      |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 1  | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81490 | Autoimmune (rheumatoid arthritis), analysis of 1  | No                  |     |                   | MCWRAP                      |
| 81493 | Coronary artery disease, mRNA, gene expressio     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81493 | Coronary artery disease, mRNA, gene expressio     | No                  |     |                   | MCWRAP                      |
| 81500 | Oncology (ovarian), biochemical assays of         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81500 | Oncology (ovarian), biochemical assays of         | No                  |     |                   | MCWRAP                      |
| 81503 | Oncology (ovarian), biochemical assays of         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81503 | Oncology (ovarian), biochemical assays of         | No                  |     |                   | MCWRAP                      |
| 81504 | Oncology (tissue of origin), microarray gen       | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81504 | Oncology (tissue of origin), microarray gen       | No                  |     |                   | MCWRAP                      |
| 81506 | Endocrinology (type 2 diabetes), biochemi         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81506 | Endocrinology (type 2 diabetes), biochemi         | No                  |     |                   | MCWRAP                      |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) I       | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81507 | Fetal aneuploidy (trisomy 21, 18, and 13) I       | No                  |     |                   | MCWRAP                      |
| 81508 | Fetal congenital abnormalities, biochemica        | No                  |     |                   | ALL (Except for CAID)       |
| 81508 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | MMP                         |
| 81509 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | CAID                        |
| 81509 | Fetal congenital abnormalities, biochemica        | No                  |     |                   | ALL (Except for CAID)       |
| 81509 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | MMP                         |
| 81510 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | CAID                        |
| 81510 | Fetal congenital abnormalities, biochemica        | No                  |     |                   | ALL (Except for CAID)       |
| 81510 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | MMP                         |
| 81511 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | CAID                        |
| 81511 | Fetal congenital abnormalities, biochemica        | No                  |     |                   | ALL (Except for CAID)       |
| 81511 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | MMP                         |
| 81512 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | CAID                        |
| 81512 | Fetal congenital abnormalities, biochemica        | No                  |     |                   | ALL (Except for CAID)       |
| 81512 | Fetal congenital abnormalities, biochemica        | Yes                 |     |                   | MMP                         |
| 81513 | Infectious disease, bacterial vaginosis, qua      | No                  |     |                   | ALL                         |
| 81514 | Infectious disease, bacterial vaginosis and       | No                  |     |                   | ALL                         |
| 81515 | Infectious disease, bacterial vaginosis and       | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81515 | Infectious disease, bacterial vaginosis and       | No                  |     |                   | MCWRAP                      |
| 81517 | Liver disease, analysis of 3 biomarkers (hy       | No                  |     |                   | ALL                         |
| 81518 | Oncology (breast), mRNA, gene expressio           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81518 | Oncology (breast), mRNA, gene expressio           | No                  |     |                   | MCWRAP                      |
| 81519 | Oncology (breast), mRNA, gene expressio           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81519 | Oncology (breast), mRNA, gene expressio           | No                  |     |                   | MCWRAP                      |
| 81520 | Oncology (breast), mRNA gene expression           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81520 | Oncology (breast), mRNA gene expression           | No                  |     |                   | MCWRAP                      |
| 81521 | Oncology (breast), mRNA, microarray gen           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81521 | Oncology (breast), mRNA, microarray gen           | No                  |     |                   | MCWRAP                      |
| 81522 | Oncology (breast), mRNA, gene expressio           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81522 | Oncology (breast), mRNA, gene expressio           | No                  |     |                   | MCWRAP                      |
| 81523 | Oncology (breast), mRNA, next-generatio           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81523 | Oncology (breast), mRNA, next-generatio           | No                  |     |                   | MCWRAP                      |
| 81525 | Oncology (colon), mRNA, gene expression profi     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81525 | Oncology (colon), mRNA, gene expressio            | No                  |     |                   | MCWRAP                      |
| 81528 | Oncology (colorectal) screening, quantitative rea | No                  |     |                   | ALL                         |
| 81529 | Oncology (cutaneous melanoma), mRNA,              | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 81529 | Oncology (cutaneous melanoma), mRNA,              | No                  |     |                   | MCWRAP                      |
| 81535 | Oncology (gynecologic), live tumor cell culture a | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 81535 | Oncology (gynecologic), live tumor cell culture a | No                  |     |                   | MCWRAP, PRICHO              |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines                     |
|-------|---------------------------------------------------|---------------------|-----|-------------------|-----------------------------------|
| 81536 | Oncology (gynecologic), live tumor cell culture a | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)       |
| 81536 | Oncology (gynecologic), live tumor cell culture a | No                  |     |                   | MCWRAP, PRICHO                    |
| 81538 | Oncology (lung), mass spectrometric 8- protein s  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, CAID) |
| 81538 | Oncology (lung), mass spectrometric 8- protein s  | No                  |     |                   | MCWRAP, PRICHO, CAID              |
| 81539 | Oncology (high-grade prostate cancer), biochem    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)       |
| 81539 | Oncology (high-grade prostate cancer), biochem    | No                  |     |                   | MCWRAP, PRICHO                    |
| 81540 | Oncology (tumor of unknown origin), mRNA, ger     | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81540 | Oncology (tumor of unknown origin), mRNA, ger     | No                  |     |                   | MCWRAP                            |
| 81541 | Oncology (prostate), mRNA gene expressi           | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81541 | Oncology (prostate), mRNA gene expressi           | No                  |     |                   | MCWRAP                            |
| 81542 | Oncology (prostate), mRNA, microarray ge          | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81542 | Oncology (prostate), mRNA, microarray ge          | No                  |     |                   | MCWRAP                            |
| 81546 | Oncology (thyroid), mRNA, gene expressic          | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81546 | Oncology (thyroid), mRNA, gene expressic          | No                  |     |                   | MCWRAP                            |
| 81551 | Oncology (prostate), promoter methylation         | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81551 | Oncology (prostate), promoter methylation         | No                  |     |                   | MCWRAP                            |
| 81552 | Oncology (uveal melanoma), mRNA, gene             | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81552 | Oncology (uveal melanoma), mRNA, gene             | No                  |     |                   | MCWRAP                            |
| 81554 | Pulmonary disease (idiopathic pulmonary f         | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81554 | Pulmonary disease (idiopathic pulmonary f         | No                  |     |                   | MCWRAP                            |
| 81558 | Transplantation medicine (allograft rejecti       | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81558 | Transplantation medicine (allograft rejecti       | No                  |     |                   | MCWRAP                            |
| 81560 | Transplantation medicine (allograft rejecti       | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81560 | Transplantation medicine (allograft rejecti       | No                  |     |                   | MCWRAP                            |
| 81595 | Cardiology (heart transplant), mRNA, gene         | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81595 | Cardiology (heart transplant), mRNA, gene         | No                  |     |                   | MCWRAP                            |
| 81596 | Infectious disease, chronic hepatitis C viru      | No                  |     |                   | ALL                               |
| 81599 | Unlisted multianalyte assay with algorithmi       | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 81599 | Unlisted multianalyte assay with algorithmi       | No                  |     |                   | MCWRAP                            |
| 82009 | Acetone or other ketone bodies, serum; qu         | No                  |     |                   | ALL                               |
| 82010 | Acetone or other ketone bodies, serum; qu         | No                  |     |                   | ALL                               |
| 82013 | Acetylcholinesterase                              | No                  |     |                   | ALL                               |
| 82016 | Acylcarnitines; qualitative, each specimen        | No                  |     |                   | ALL                               |
| 82017 | Acylcarnitines; quantitative, each specime        | No                  |     |                   | ALL                               |
| 82024 | Adrenocorticotropic hormone (ACTH)                | No                  |     |                   | ALL                               |
| 82030 | Adenosine, 5-monophosphate, cyclic (cycl          | No                  |     |                   | ALL                               |
| 82040 | Albumin; serum                                    | No                  |     |                   | ALL                               |
| 82042 | Albumin; urine or other source, quantitative      | No                  |     |                   | ALL                               |
| 82043 | Albumin; urine, microalbumin, quantitative        | No                  |     |                   | ALL                               |
| 82044 | Albumin; urine, microalbumin, semiquantit         | No                  |     |                   | ALL                               |
| 82045 | Albumin; ischemia modified                        | No                  |     |                   | ALL                               |
| 82075 | Alcohol (ethanol); breath                         | No                  |     |                   | ALL                               |
| 82075 | Alcohol (ethanol); breath                         | Not Covered         |     |                   | CAID                              |
| 82077 | Alcohol (ethanol); any specimen except ur         | No                  |     |                   | ALL                               |
| 82085 | Aldolase                                          | No                  |     |                   | ALL                               |
| 82088 | Aldosterone                                       | No                  |     |                   | ALL                               |
| 82103 | Alpha-1-antitrypsin; total                        | No                  |     |                   | ALL                               |
| 82104 | Alpha-1-antitrypsin; phenotype                    | No                  |     |                   | ALL                               |
| 82104 | Alpha-1-antitrypsin; phenotype                    | Not Covered         |     |                   | CAID                              |
| 82105 | Alpha-fetoprotein; serum                          | No                  |     |                   | ALL                               |
| 82106 | Alpha-fetoprotein; amniotic fluid                 | No                  |     |                   | ALL                               |
| 82107 | ALPHA-FETOPROTEIN (AFP); AFP-L3 FI                | No                  |     |                   | ALL                               |
| 82108 | Aluminum                                          | No                  |     |                   | ALL                               |
| 82120 | Amines, vaginal fluid, qualitative                | No                  |     |                   | ALL                               |
| 82127 | Amino acids; single, qualitative, each spec       | No                  |     |                   | ALL                               |
| 82128 | Amino acids; multiple, qualitative, each sp       | No                  |     |                   | ALL                               |
| 82131 | Amino acids; single, quantitative, each spe       | No                  |     |                   | ALL                               |
| 82135 | Aminolevulinic acid, delta (ALA)                  | No                  |     |                   | ALL                               |
| 82136 | Amino acids, 2 to 5 amino acids, quantitat        | No                  |     |                   | ALL                               |
| 82139 | Amino acids, 6 or more amino acids, quan          | No                  |     |                   | ALL                               |
| 82140 | Ammonia                                           | No                  |     |                   | ALL                               |
| 82143 | Amniotic fluid scan (spectrophotometric)          | No                  |     |                   | ALL                               |
| 82150 | Amylase                                           | No                  |     |                   | ALL                               |
| 82154 | Androstenediol glucuronide                        | No                  |     |                   | ALL                               |
| 82157 | Androstenedione                                   | No                  |     |                   | ALL                               |
| 82160 | Androsterone                                      | No                  |     |                   | ALL                               |
| 82163 | Angiotensin II                                    | No                  |     |                   | ALL                               |
| 82164 | Angiotensin I - converting enzyme (ACE)           | No                  |     |                   | ALL                               |
| 82166 | Anti-mullerian hormone (AMH)                      | No                  |     |                   | ALL                               |
| 82172 | Apolipoprotein, each                              | No                  |     |                   | ALL                               |
| 82175 | Arsenic                                           | No                  |     |                   | ALL                               |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------|
| 82180 | Ascorbic acid (Vitamin C), blood              | No                  |     |                   | ALL           |
| 82190 | Atomic absorption spectroscopy, each ana      | No                  |     |                   | ALL           |
| 82190 | Atomic absorption spectroscopy, each analyte  | Not Covered         |     |                   | CAID          |
| 82232 | Beta-2 microglobulin                          | No                  |     |                   | ALL           |
| 82233 | Beta-amyloid; 1-40 (Abeta 40)                 | No                  |     |                   | ALL           |
| 82234 | Beta-amyloid; 1-42 (Abeta 42)                 | No                  |     |                   | ALL           |
| 82239 | Bile acids; total                             | No                  |     |                   | ALL           |
| 82240 | Bile acids; cholyglycine                      | No                  |     |                   | ALL           |
| 82247 | Bilirubin; total                              | No                  |     |                   | ALL           |
| 82248 | Bilirubin; direct                             | No                  |     |                   | ALL           |
| 82252 | Bilirubin; feces, qualitative                 | No                  |     |                   | ALL           |
| 82261 | Biotinidase, each specimen                    | No                  |     |                   | ALL           |
| 82270 | Blood, occult, by peroxidase activity (eg, g  | No                  |     |                   | ALL           |
| 82271 | Occult blood, feces, single                   | No                  |     |                   | ALL           |
| 82272 | Blood occult peroxidase                       | No                  |     |                   | ALL           |
| 82274 | Blood, occult, by fecal hemoglobin determi    | No                  |     |                   | ALL           |
| 82286 | Bradykinin                                    | No                  |     |                   | ALL           |
| 82286 | Bradykinin                                    | Not Covered         |     |                   | CAID          |
| 82300 | Cadmium                                       | No                  |     |                   | ALL           |
| 82306 | Calcifediol (25-OH Vitamin D-3)               | No                  |     |                   | ALL           |
| 82308 | Calcitonin                                    | No                  |     |                   | ALL           |
| 82310 | Calcium; total                                | No                  |     |                   | ALL           |
| 82330 | Calcium; ionized                              | No                  |     |                   | ALL           |
| 82331 | Calcium; after calcium infusion test          | No                  |     |                   | ALL           |
| 82331 | Calcium; after calcium infusion test          | Not Covered         |     |                   | CAID          |
| 82340 | Calcium; urine quantitative, timed specime    | No                  |     |                   | ALL           |
| 82355 | Calculus; qualitative analysis                | No                  |     |                   | ALL           |
| 82360 | Calculus; quantitative analysis, chemical     | No                  |     |                   | ALL           |
| 82365 | Calculus; infrared spectroscopy               | No                  |     |                   | ALL           |
| 82370 | Calculus; x-ray diffraction                   | No                  |     |                   | ALL           |
| 82373 | Carbohydrate deficient transferrin            | No                  |     |                   | ALL           |
| 82374 | Carbon dioxide (bicarbonate)                  | No                  |     |                   | ALL           |
| 82375 | Carbon monoxide, (carboxyhemoglobin); c       | No                  |     |                   | ALL           |
| 82376 | Carbon monoxide, (carboxyhemoglobin); c       | No                  |     |                   | ALL           |
| 82378 | Carcinoembryonic antigen (CEA)                | No                  |     |                   | ALL           |
| 82379 | Carnitine (total and free), quantitative, eac | No                  |     |                   | ALL           |
| 82380 | Carotene                                      | No                  |     |                   | ALL           |
| 82382 | Catecholamines; total urine                   | No                  |     |                   | ALL           |
| 82383 | Catecholamines; blood                         | No                  |     |                   | ALL           |
| 82384 | Catecholamines; fractionated                  | No                  |     |                   | ALL           |
| 82387 | CATHEPSIN-D                                   | Not covered         |     |                   | ALL           |
| 82390 | Ceruloplasmin                                 | No                  |     |                   | ALL           |
| 82397 | Chemiluminescent assay                        | No                  |     |                   | ALL           |
| 82397 | Chemiluminescent assay                        | Not Covered         |     |                   | CAID          |
| 82415 | Chloramphenicol                               | No                  |     |                   | ALL           |
| 82435 | Chloride; blood                               | No                  |     |                   | ALL           |
| 82436 | Chloride; urine                               | No                  |     |                   | ALL           |
| 82438 | Chloride; other source                        | No                  |     |                   | ALL           |
| 82441 | Chlorinated hydrocarbons, screen              | No                  |     |                   | ALL           |
| 82441 | Chlorinated hydrocarbons, screen              | Not Covered         |     |                   | CAID          |
| 82465 | Cholesterol, serum or whole blood, total      | No                  |     |                   | ALL           |
| 82480 | Cholinesterase; serum                         | No                  |     |                   | ALL           |
| 82482 | Cholinesterase; RBC                           | No                  |     |                   | ALL           |
| 82485 | Chondroitin B sulfate, quantitative           | No                  |     |                   | ALL           |
| 82485 | Chondroitin B sulfate, quantitative           | Not Covered         |     |                   | CAID          |
| 82495 | Chromium                                      | No                  |     |                   | ALL           |
| 82507 | Citrate                                       | No                  |     |                   | ALL           |
| 82507 | Citrate                                       | Not Covered         |     |                   | CAID          |
| 82523 | COLLAGEN CROSS LINKS, ANY METHC               | No                  |     |                   | ALL           |
| 82523 | COLLAGEN CROSS LINKS, ANY METHOD              | Not Covered         |     |                   | CAID          |
| 82525 | Copper                                        | No                  |     |                   | ALL           |
| 82528 | Corticosterone                                | No                  |     |                   | ALL           |
| 82530 | Cortisol; free                                | No                  |     |                   | ALL           |
| 82533 | Cortisol; total                               | No                  |     |                   | ALL           |
| 82540 | Creatine                                      | No                  |     |                   | ALL           |
| 82542 | Column chromatography/mass spectrome          | No                  |     |                   | ALL           |
| 82542 | Column chromatography/mass spectrometry (eg   | Not Covered         |     |                   | CAID          |
| 82550 | Creatine kinase (CK), (CPK); total            | No                  |     |                   | ALL           |
| 82552 | Creatine kinase (CK), (CPK); isoenzymes       | No                  |     |                   | ALL           |
| 82553 | Creatine kinase (CK), (CPK); MB fraction c    | No                  |     |                   | ALL           |
| 82554 | Creatine kinase (CK), (CPK); isoforms         | No                  |     |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                                                | Prior Auth Required | Key | Rider Requirement | Product Lines              |
|-------|----------------------------------------------------------------------------|---------------------|-----|-------------------|----------------------------|
| 82565 | Creatinine; blood                                                          | No                  |     |                   | ALL                        |
| 82570 | Creatinine; other source                                                   | No                  |     |                   | ALL                        |
| 82575 | Creatinine; clearance                                                      | No                  |     |                   | ALL                        |
| 82585 | Cryofibrinogen                                                             | No                  |     |                   | ALL                        |
| 82595 | Cryoglobulin, qualitative or semi-quantitative                             | No                  |     |                   | ALL                        |
| 82600 | Cyanide                                                                    | No                  |     |                   | ALL                        |
| 82607 | Cyanocobalamin (Vitamin B-12);                                             | No                  |     |                   | ALL                        |
| 82608 | Cyanocobalamin (Vitamin B-12); unsaturated                                 | No                  |     |                   | ALL                        |
| 82610 | CYSTATIN C                                                                 | No                  |     |                   | ALL                        |
| 82610 | CYSTATIN C                                                                 | Not Covered         |     |                   | CAID                       |
| 82615 | Cystine and homocystine, urine, qualitative                                | No                  |     |                   | ALL                        |
| 82626 | Dehydroepiandrosterone (DHEA)                                              | No                  | *   |                   | ALL                        |
| 82627 | Dehydroepiandrosterone-sulfate (DHEA-S)                                    | No                  | *   |                   | ALL                        |
| 82633 | Desoxycorticosterone, 11-                                                  | No                  |     |                   | ALL                        |
| 82634 | Deoxycortisol, 11-                                                         | No                  |     |                   | ALL                        |
| 82638 | Dibucaine number                                                           | No                  |     |                   | ALL                        |
| 82642 | Dihydrotestosterone (DHT)                                                  | No                  |     |                   | ALL                        |
| 82642 | Dihydrotestosterone (DHT)                                                  | Not Covered         |     |                   | CAID                       |
| 82652 | Dihydroxyvitamin D, 1,25-                                                  | No                  |     |                   | ALL                        |
| 82653 | Elastase, pancreatic (EL-1), fecal; quantitative                           | No                  |     |                   | ALL                        |
| 82656 | Elastase, pancreatic (EL-1), fecal, qualitative                            | No                  |     |                   | ALL                        |
| 82657 | Enzyme activity in blood cells, cultured cells                             | No                  |     |                   | ALL                        |
| 82657 | Enzyme activity in blood cells, cultured cells, or                         | Not Covered         |     |                   | CAID                       |
| 82658 | Enzyme activity in blood cells, cultured cells                             | No                  |     |                   | ALL                        |
| 82658 | Enzyme activity in blood cells, cultured cells, or                         | Not Covered         |     |                   | CAID                       |
| 82664 | Electrophoretic technique, not elsewhere specified                         | Yes                 |     |                   | ALL                        |
| 82664 | Electrophoretic technique, not elsewhere specified                         | No                  |     |                   | MEDICARE COMP/MCWRAP       |
| 82664 | Electrophoretic technique, not elsewhere specified                         | No                  |     |                   | PRICHO                     |
| 82664 | Electrophoretic technique, not elsewhere specified                         | Not Covered         |     |                   | CAID                       |
| 82668 | Erythropoietin                                                             | No                  |     |                   | ALL                        |
| 82670 | Estradiol                                                                  | No                  | *   |                   | ALL                        |
| 82671 | Estrogens; fractionated                                                    | No                  | *   |                   | ALL                        |
| 82672 | Estrogens; total                                                           | No                  | *   |                   | ALL                        |
| 82677 | Estriol                                                                    | No                  |     |                   | ALL                        |
| 82679 | Estrone                                                                    | No                  | *   |                   | ALL                        |
| 82681 | Estradiol; free, direct measurement (eg, equilibrium dialysis)             | No                  |     |                   | ALL                        |
| 82693 | Ethylene glycol                                                            | No                  |     |                   | ALL                        |
| 82696 | Etiocholanolone                                                            | No                  |     |                   | ALL                        |
| 82705 | Fat or lipids, feces; qualitative                                          | No                  | *   |                   | ALL                        |
| 82710 | Fat or lipids, feces; quantitative                                         | No                  |     |                   | ALL                        |
| 82715 | Fat differential, feces, quantitative                                      | No                  |     |                   | ALL                        |
| 82725 | Fatty acids, nonesterified                                                 | No                  |     |                   | ALL                        |
| 82726 | Very long chain fatty acids                                                | No                  |     |                   | ALL                        |
| 82728 | Ferritin                                                                   | No                  |     |                   | ALL                        |
| 82731 | Fetal fibronectin, cervicovaginal secretions                               | No                  |     |                   | ALL                        |
| 82735 | Fluoride                                                                   | No                  |     |                   | ALL                        |
| 82746 | Folic acid; serum                                                          | No                  |     |                   | ALL                        |
| 82747 | Folic acid; RBC                                                            | No                  |     |                   | ALL                        |
| 82757 | Fructose, semen                                                            | No                  | *   |                   | ALL                        |
| 82757 | Fructose, semen                                                            | Not Covered         |     |                   | CAID                       |
| 82759 | Galactokinase, RBC                                                         | No                  |     |                   | ALL                        |
| 82759 | Galactokinase, RBC                                                         | Not Covered         |     |                   | CAID                       |
| 82760 | Galactose                                                                  | No                  |     |                   | ALL                        |
| 82775 | Galactose-1-phosphate uridyl transferase; serum                            | No                  |     |                   | ALL                        |
| 82776 | Galactose-1-phosphate uridyl transferase; serum                            | No                  |     |                   | ALL                        |
| 82776 | Galactose-1-phosphate uridyl transferase; screening                        | Not Covered         |     |                   | CAID                       |
| 82777 | Galectin-3                                                                 | Yes                 |     |                   | ALL (Except MCWRAP,PRICHO) |
| 82777 | Galectin-3                                                                 | No                  |     |                   | MCWRAP, PRICHO             |
| 82784 | Gammaglobulin; IgA, IgD, IgG, IgM, each                                    | No                  |     |                   | ALL                        |
| 82785 | Gammaglobulin; IgE                                                         | No                  |     |                   | ALL                        |
| 82787 | Gammaglobulin; immunoglobulin subclass                                     | No                  |     |                   | ALL                        |
| 82800 | Gases, blood, pH only                                                      | No                  |     |                   | ALL                        |
| 82803 | Gases, blood, any combination of pH, pCO <sub>2</sub>                      | No                  |     |                   | ALL                        |
| 82805 | Gases, blood, any combination of pH, pCO <sub>2</sub>                      | No                  |     |                   | ALL                        |
| 82810 | Gases, blood, O <sub>2</sub> saturation only, by direct                    | No                  |     |                   | ALL                        |
| 82820 | Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% saturation)            | No                  |     |                   | ALL                        |
| 82820 | Hemoglobin-oxygen affinity (pO <sub>2</sub> for 50% hemoglobin saturation) | Not Covered         |     |                   | CAID                       |
| 82930 | Gastric acid analysis, includes pH if performed                            | No                  |     |                   | ALL                        |
| 82938 | Gastrin after secretin stimulation                                         | No                  |     |                   | ALL                        |
| 82941 | Gastrin                                                                    | No                  |     |                   | ALL                        |
| 82943 | Glucagon                                                                   | No                  |     |                   | ALL                        |

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| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------------|
| 82945 | Glucose, body fluid, other than blood         | No                  |     |                   | ALL                 |
| 82946 | Glucagon tolerance test                       | No                  |     |                   | ALL                 |
| 82947 | Glucose; quantitative, blood (except reage    | No                  | *   |                   | ALL                 |
| 82948 | Glucose; blood, reagent strip                 | No                  |     |                   | ALL                 |
| 82950 | Glucose; post glucose dose (includes gluc     | No                  |     |                   | ALL                 |
| 82951 | Glucose; tolerance test (GTT), three speci    | No                  | *   |                   | ALL                 |
| 82952 | Glucose; tolerance test, each additional be   | No                  | *   |                   | ALL                 |
| 82955 | Glucose-6-phosphate dehydrogenase (G6         | No                  |     |                   | ALL                 |
| 82960 | Glucose-6-phosphate dehydrogenase (G6         | No                  |     |                   | ALL                 |
| 82962 | Glucose, blood by glucose monitoring devi     | No                  |     |                   | ALL                 |
| 82963 | Glucosidase, beta                             | No                  |     |                   | ALL                 |
| 82963 | Glucosidase, beta                             | Not Covered         |     |                   | CAID                |
| 82965 | Glutamate dehydrogenase                       | No                  |     |                   | ALL                 |
| 82977 | Glutamyltransferase, gamma (GGT)              | No                  |     |                   | ALL                 |
| 82978 | Glutathione                                   | No                  |     |                   | ALL                 |
| 82978 | Glutathione                                   | Not Covered         |     |                   | CAID                |
| 82979 | Glutathione reductase, RBC                    | No                  |     |                   | ALL                 |
| 82985 | Glycated protein                              | No                  |     |                   | ALL                 |
| 83001 | Gonadotropin; follicle stimulating hormone    | No                  | *   |                   | ALL                 |
| 83002 | Gonadotropin; luteinizing hormone (LH)        | No                  | *   |                   | ALL                 |
| 83003 | Growth hormone, human (GH) (somatotr          | No                  |     |                   | ALL                 |
| 83006 | Growth stimulation expressed gene 2 (ST2      | Yes                 |     |                   | ALL (Except MCWRAP) |
| 83006 | Growth stimulation expressed gene 2 (ST2      | No                  |     |                   | MCWRAP              |
| 83009 | Helicobacter pylori, blood test analysis for  | No                  |     |                   | ALL                 |
| 83010 | Haptoglobin; quantitative                     | No                  |     |                   | ALL                 |
| 83012 | Haptoglobin; phenotypes                       | No                  |     |                   | ALL                 |
| 83012 | Haptoglobin; phenotypes                       | Not Covered         |     |                   | CAID                |
| 83013 | Helicobacter pylori; breath test analysis for | No                  |     |                   | ALL                 |
| 83014 | Helicobacter pylori; drug administration      | No                  |     |                   | ALL                 |
| 83015 | Heavy metal (eg, arsenic, barium, berylliu    | No                  |     |                   | ALL                 |
| 83018 | Heavy metal (eg, arsenic, barium, berylliu    | No                  | *   |                   | ALL                 |
| 83020 | Hemoglobin fractionation and quantitation;    | No                  |     |                   | ALL                 |
| 83021 | Hemoglobin fractionation and quantitation;    | No                  |     |                   | ALL                 |
| 83026 | Hemoglobin; by copper sulfate method, nd      | No                  |     |                   | ALL                 |
| 83030 | Hemoglobin; F (fetal), chemical               | No                  |     |                   | ALL                 |
| 83033 | Hemoglobin; F (fetal), qualitative            | No                  |     |                   | ALL                 |
| 83036 | Hemoglobin; glycated                          | No                  |     |                   | ALL                 |
| 83037 | Glycosylated hb, home device                  | No                  |     |                   | ALL                 |
| 83045 | Hemoglobin; methemoglobin, qualitative        | No                  |     |                   | ALL                 |
| 83050 | Hemoglobin; methemoglobin, quantitative       | No                  |     |                   | ALL                 |
| 83051 | Hemoglobin; plasma                            | No                  |     |                   | ALL                 |
| 83060 | Hemoglobin; sulfhemoglobin, quantitative      | No                  |     |                   | ALL                 |
| 83065 | Hemoglobin; thermolabile                      | No                  |     |                   | ALL                 |
| 83068 | Hemoglobin; unstable, screen                  | No                  |     |                   | ALL                 |
| 83069 | Hemoglobin; urine                             | No                  |     |                   | ALL                 |
| 83070 | Hemosiderin; qualitative                      | No                  |     |                   | ALL                 |
| 83080 | b-Hexosaminidase, each assay                  | No                  |     |                   | ALL                 |
| 83088 | Histamine                                     | No                  |     |                   | ALL                 |
| 83090 | Homocystine                                   | No                  |     |                   | ALL                 |
| 83150 | Homovanillic acid (HVA)                       | No                  |     |                   | ALL                 |
| 83491 | Hydroxycorticosteroids, 17- (17-OHCS)         | No                  |     |                   | ALL                 |
| 83497 | HYDROXYINDOLACETIC ACID, 5-(HIAA)             | No                  |     |                   | ALL                 |
| 83498 | Hydroxyprogesterone, 17-d                     | No                  | *   |                   | ALL                 |
| 83500 | Hydroxyproline; free                          | No                  |     |                   | ALL                 |
| 83505 | Hydroxyproline; total                         | No                  |     |                   | ALL                 |
| 83516 | Immunoassay for analyte other than infect     | No                  | *   |                   | ALL                 |
| 83518 | Immunoassay for analyte other than infect     | No                  |     |                   | ALL                 |
| 83519 | Immunoassay, analyte, quantitative; by rad    | No                  |     |                   | ALL                 |
| 83520 | Immunoassay, analyte, quantitative; not ot    | No                  |     |                   | ALL                 |
| 83521 | Immunoglobulin light chains (ie, kappa, lar   | No                  |     |                   | ALL                 |
| 83525 | Insulin; total                                | No                  |     |                   | ALL                 |
| 83527 | Insulin; free                                 | No                  |     |                   | ALL                 |
| 83528 | Intrinsic factor                              | No                  |     |                   | ALL                 |
| 83529 | Interleukin-6 (IL-6)                          | No                  |     |                   | ALL                 |
| 83540 | Iron                                          | No                  |     |                   | ALL                 |
| 83550 | Iron binding capacity                         | No                  |     |                   | ALL                 |
| 83570 | Isocitric dehydrogenase (IDH)                 | No                  |     |                   | ALL                 |
| 83582 | Ketogenic steroids, fractionation             | No                  |     |                   | ALL                 |
| 83586 | Ketosteroids, 17- (17-KS); total              | No                  |     |                   | ALL                 |
| 83593 | Ketosteroids, 17- (17-KS); fractionation      | No                  |     |                   | ALL                 |
| 83605 | Lactate (lactic acid)                         | No                  |     |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 83615 | Lactate dehydrogenase (LD), (LDH);            | No                  |     |                   | ALL                                 |
| 83625 | Lactate dehydrogenase (LD), (LDH); isoer      | No                  |     |                   | ALL                                 |
| 83630 | Lactoferrin, fecal, qualitative               | No                  |     |                   | ALL                                 |
| 83631 | Lactoferrin, fecal (quant)                    | No                  |     |                   | ALL                                 |
| 83632 | Lactogen, human placental (HPL) human         | No                  |     |                   | ALL                                 |
| 83633 | Lactose, urine; qualitative                   | No                  |     |                   | ALL                                 |
| 83655 | Assay blood for Lead                          | No                  |     |                   | ALL                                 |
| 83661 | Fetal lung maturity assessment; lecithin sp   | No                  |     |                   | ALL                                 |
| 83662 | Fetal lung maturity assessment; foam stab     | No                  |     |                   | ALL                                 |
| 83663 | Fetal lung maturity assessment; fluorescer    | No                  |     |                   | ALL                                 |
| 83664 | Fetal lung maturity assessment; lamellar b    | No                  |     |                   | ALL                                 |
| 83670 | Leucine aminopeptidase (LAP)                  | No                  |     |                   | ALL (Except CAID)                   |
| 83670 | Leucine aminopeptidase (LAP)                  | Not Covered         |     |                   | CAID                                |
| 83690 | Lipase                                        | No                  |     |                   | ALL                                 |
| 83695 | Assay of lipoprotein(a)                       | No                  |     |                   | ALL                                 |
| 83698 | LIPO-PROTEIN-ASSOCIATED PHOSPHO               | No                  |     |                   | ALL                                 |
| 83700 | Lipopro bld, electrophoretic                  | Not Covered         |     |                   | ALL (Except MED/CAID/MMP)           |
| 83700 | Lipopro bld, electrophoretic                  | No                  |     |                   | MED, Caid, MMP                      |
| 83701 | Lipoprotein bld, hr fraction                  | Not Covered         |     |                   | ALL (Except MED/CAID/MMP)           |
| 83701 | Lipoprotein bld, hr fraction                  | No                  |     |                   | MED, Caid, MMP                      |
| 83704 | Lipoprotein, bld, by nmr                      | No                  |     |                   | ALL                                 |
| 83718 | Lipoprotein, direct measurement; high den     | No                  |     |                   | ALL                                 |
| 83719 | Lipoprotein, direct measurement; direct me    | No                  |     |                   | ALL                                 |
| 83721 | Lipoprotein, direct measurement; direct me    | No                  |     |                   | ALL                                 |
| 83722 | Lipoprotein, direct measurement; small de     | No                  |     |                   | ALL                                 |
| 83727 | Luteinizing releasing factor (LRH)            | No                  |     |                   | ALL (Except CAID)                   |
| 83727 | Luteinizing releasing factor (LRH)            | Not Covered         |     |                   | CAID                                |
| 83735 | Magnesium                                     | No                  |     |                   | ALL                                 |
| 83775 | Malate dehydrogenase                          | No                  |     |                   | ALL                                 |
| 83785 | Manganese                                     | No                  |     |                   | ALL                                 |
| 83789 | Mass spectrometry and tandem mass spe         | No                  |     |                   | ALL (Except CAID)                   |
| 83789 | Mass spectrometry and tandem mass spectrom    | Not Covered         |     |                   | CAID                                |
| 83825 | Mercury, quantitative                         | No                  |     |                   | ALL                                 |
| 83835 | Metanephrines                                 | No                  |     |                   | ALL                                 |
| 83884 | Neurofilament light chain (NFL)               | No                  |     |                   | ALL                                 |
| 83857 | Methalbumin                                   | No                  |     |                   | ALL                                 |
| 83861 | Microfluidic analysis utilizing an integrated | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 83861 | Microfluidic analysis utilizing an integrated | No                  | *   |                   | MED, PRICHO, CAID, MMP              |
| 83864 | Mucopolysaccharides, acid; quantitative       | No                  |     |                   | ALL                                 |
| 83872 | Mucin, synovial fluid (Ropes test)            | No                  |     |                   | ALL                                 |
| 83873 | Myelin basic protein, cerebrospinal fluid     | No                  |     |                   | ALL                                 |
| 83874 | Myoglobin                                     | No                  |     |                   | ALL                                 |
| 83876 | Myeloperoxidase (MPO)                         | No                  |     |                   | ALL                                 |
| 83880 | Natriuretic peptide                           | No                  |     |                   | ALL                                 |
| 83883 | Nephelometry, each analyte not elsewhere      | No                  |     |                   | ALL                                 |
| 83885 | Nickel                                        | No                  |     |                   | ALL                                 |
| 83915 | Nucleotidase 5-                               | No                  |     |                   | ALL                                 |
| 83916 | Oligoclonal immune (oligoclonal bands)        | No                  |     |                   | ALL                                 |
| 83918 | Organic acids; total, quantitative, each spe  | No                  |     |                   | ALL                                 |
| 83919 | Organic acids; qualitative, each specimen     | No                  |     |                   | ALL                                 |
| 83921 | Organic acid, single, quantitative            | No                  |     |                   | CAID                                |
| 83930 | Osmolality; blood                             | No                  |     |                   | CAID                                |
| 83935 | Osmolality; urine                             | No                  |     |                   | CAID                                |
| 83937 | Osteocalcin (bone g1a protein)                | No                  |     |                   | CAID                                |
| 83945 | Oxalate                                       | No                  |     |                   | CAID                                |
| 83950 | Oncoprotein, HER-2/neu                        | No                  |     |                   | CAID                                |
| 83951 | Oncoprotein; des-gamma-carboxy-prothro        | Not Covered         |     |                   | ALL (Except CAID, MMP, MED, PRICHO) |
| 83951 | Oncoprotein; des-gamma-carboxy-prothro        | No                  |     |                   | CAID, MMP, MED, PRICHO              |
| 83970 | Parathormone (parathyroid hormone)            | No                  |     |                   | ALL                                 |
| 83986 | pH, body fluid, except blood                  | No                  |     |                   | ALL                                 |
| 83987 | ASSAY PH; EXHALED BREATH CONDE                | No                  |     |                   | ALL                                 |
| 83992 | Phencyclidine (PCP)                           | No                  |     |                   | ALL                                 |
| 83993 | CALPROTECTIN, FECAL                           | No                  |     |                   | ALL                                 |
| 84030 | Phenylalanine (PKU), blood                    | No                  |     |                   | ALL                                 |
| 84035 | Phenylketones, qualitative                    | No                  |     |                   | ALL                                 |
| 84060 | Phosphatase, acid; total                      | No                  |     |                   | ALL                                 |
| 84066 | Phosphatase, acid; prostatic                  | No                  |     |                   | ALL                                 |
| 84075 | Phosphatase, alkaline;                        | No                  |     |                   | ALL                                 |
| 84078 | Phosphatase, alkaline; heat stable (total n   | No                  |     |                   | ALL                                 |
| 84080 | Phosphatase, alkaline; isoenzymes             | No                  |     |                   | ALL                                 |
| 84081 | Phosphatidylglycerol                          | No                  |     |                   | ALL                                 |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key    | Rider Requirement | Product Lines     |
|-------|--------------------------------------------------|---------------------|--------|-------------------|-------------------|
| 84085 | Phosphogluconate, 6-, dehydrogenase, Rf          | No                  |        |                   | ALL               |
| 84087 | Phosphohexose isomerase                          | No                  |        |                   | ALL               |
| 84100 | Phosphorus inorganic (phosphate);                | No                  |        |                   | ALL               |
| 84105 | Phosphorus inorganic (phosphate); urine          | No                  |        |                   | ALL               |
| 84106 | Porphobilinogen, urine; qualitative              | No                  |        |                   | ALL               |
| 84110 | Porphobilinogen, urine; quantitative             | No                  |        |                   | ALL               |
| 84112 | Placental alpha microglobulin-1 (PAMG-1)         | No                  |        |                   | ALL               |
| 84119 | Porphyrins, urine; qualitative                   | No                  |        |                   | ALL               |
| 84120 | Porphyrins, urine; quantitation and fraction     | No                  |        |                   | ALL               |
| 84126 | Porphyrins, feces; quantitative                  | No                  |        |                   | ALL               |
| 84132 | Potassium; serum                                 | No                  |        |                   | ALL               |
| 84133 | Potassium; urine                                 | No                  |        |                   | ALL               |
| 84134 | Prealbumin                                       | No                  |        |                   | ALL               |
| 84135 | Pregnanediol                                     | No                  | *      |                   | ALL               |
| 84138 | Pregnanetriol                                    | No                  | -      |                   | ALL               |
| 84140 | Pregnenolone                                     | No                  |        |                   | ALL               |
| 84143 | 17-hydroxypregnenolone                           | No                  | *      |                   | ALL               |
| 84144 | Progesterone                                     | No                  | *<br>- |                   | ALL               |
| 84145 | ASSAY PROCALCITONIN (PCT)                        | No                  |        |                   | ALL               |
| 84146 | Prolactin                                        | No                  | *      |                   | ALL               |
| 84150 | Prostaglandin, each                              | No                  |        |                   | ALL (Except CAID) |
| 84150 | Prostaglandin, each                              | Not Covered         |        |                   | CAID              |
| 84152 | Prostate specific antigen (PSA); complex         | No                  |        |                   | ALL               |
| 84153 | Prostate specific antigen (PSA); total           | No                  |        |                   | ALL               |
| 84154 | Prostate specific antigen (PSA); free            | No                  |        |                   | ALL               |
| 84155 | Protein, total, except by refractometry; ser     | No                  |        |                   | ALL               |
| 84156 | Protein, total, except by refractometry; urin    | No                  |        |                   | ALL               |
| 84157 | Protein, total, except by refractometry; othe    | No                  |        |                   | ALL               |
| 84160 | Protein, total, by refractometry, any source     | No                  |        |                   | ALL               |
| 84163 | Pregnancy-associated plasma protein-A (F         | No                  |        |                   | ALL               |
| 84165 | Protein; electrophoretic fractionation and c     | No                  |        |                   | ALL               |
| 84166 | Protein; electrophoretic fractionation and q     | No                  |        |                   | ALL               |
| 84181 | Protein; Western Blot, with interpretation a     | No                  |        |                   | ALL               |
| 84182 | Protein; Western Blot, with interpretation a     | No                  |        |                   | ALL               |
| 84202 | Protoporphyrin, RBC; quantitative                | No                  |        |                   | ALL               |
| 84203 | Protoporphyrin, RBC; screen                      | No                  |        |                   | ALL (Except CAID) |
| 84203 | Protoporphyrin, RBC; screen                      | Not Covered         |        |                   | CAID              |
| 84206 | Proinsulin                                       | No                  |        |                   | ALL (Except CAID) |
| 84206 | Proinsulin                                       | Not Covered         |        |                   | CAID              |
| 84207 | Pyridoxal phosphate (Vitamin B-6)                | No                  |        |                   | ALL               |
| 84210 | Pyruvate                                         | No                  |        |                   | ALL               |
| 84220 | Pyruvate kinase                                  | No                  |        |                   | ALL               |
| 84228 | Quinine                                          | No                  |        |                   | ALL               |
| 84233 | Receptor assay; estrogen                         | No                  |        |                   | ALL               |
| 84234 | Receptor assay; progesterone                     | No                  |        |                   | ALL               |
| 84235 | Receptor assay; endocrine, other than est        | No                  |        |                   | ALL (Except CAID) |
| 84235 | Receptor assay; endocrine, other than estrogen   | Not Covered         |        |                   | CAID              |
| 84238 | Receptor assay; non-endocrine (eg, acetyl        | No                  |        |                   | ALL               |
| 84244 | Renin                                            | No                  |        |                   | ALL               |
| 84252 | Riboflavin (Vitamin B-2)                         | No                  |        |                   | ALL               |
| 84255 | Selenium                                         | No                  |        |                   | ALL               |
| 84260 | Serotonin                                        | No                  |        |                   | ALL               |
| 84270 | Sex hormone binding globulin (SHBG)              | No                  |        |                   | ALL (Except CAID) |
| 84270 | Sex hormone binding globulin (SHBG)              | Not Covered         |        |                   | CAID              |
| 84275 | SIALIC ACID                                      | Not Covered         |        |                   | ALL (Except MMP)  |
| 84275 | SIALIC ACID                                      | No                  |        |                   | MMP               |
| 84285 | SILICA                                           | No                  |        |                   | ALL               |
| 84295 | Sodium; serum                                    | No                  |        |                   | ALL               |
| 84300 | Sodium; urine                                    | No                  |        |                   | ALL               |
| 84302 | Sodium; other source                             | No                  |        |                   | ALL               |
| 84305 | Somatomedin                                      | No                  |        |                   | ALL               |
| 84307 | Somatostatin                                     | No                  |        |                   | ALL               |
| 84311 | Spectrophotometry, analyte not elsewhere         | No                  |        |                   | ALL               |
| 84315 | Specific gravity (except urine)                  | No                  |        |                   | ALL (Except CAID) |
| 84315 | Specific gravity (except urine)                  | Not Covered         |        |                   | CAID              |
| 84375 | Sugars, chromatographic, TLC or paper ch         | No                  |        |                   | ALL (Except CAID) |
| 84375 | Sugars, chromatographic, TLC or paper chroma     | Not Covered         |        |                   | CAID              |
| 84376 | Sugars (mono-, di-, and oligosaccharides)        | No                  |        |                   | ALL (Except CAID) |
| 84376 | Sugars (mono-, di-, and oligosaccharides); singl | Not Covered         |        |                   | CAID              |
| 84377 | Sugars (mono-, di-, and oligosaccharides)        | No                  |        |                   | ALL (Except CAID) |
| 84377 | Sugars (mono-, di-, and oligosaccharides); multi | Not Covered         |        |                   | CAID              |

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|-------|---------------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 84378 | Sugars (mono-, di-, and oligosaccharides)         | No                  |     |                   | ALL (Except CAID)                |
| 84378 | Sugars (mono-, di-, and oligosaccharides); single | Not Covered         |     |                   | CAID                             |
| 84379 | Sugars (mono-, di-, and oligosaccharides)         | No                  |     |                   | ALL (Except CAID)                |
| 84379 | Sugars (mono-, di-, and oligosaccharides); multi  | Not Covered         |     |                   | CAID                             |
| 84392 | Sulfate, urine                                    | No                  |     |                   | ALL                              |
| 84393 | Tau, phosphorylated (eg, pTau 181, pTau           | No                  |     |                   | ALL                              |
| 84394 | Tau, total (tTau)                                 | No                  |     |                   | ALL                              |
| 84402 | Testosterone; free                                | No                  | *   |                   | ALL                              |
| 84403 | Testosterone; total                               | No                  | *   |                   | ALL                              |
| 84410 | Testosterone; bioavailable, direct measure        | No                  | -   |                   | ALL                              |
| 84425 | Thiamine (Vitamin B-1)                            | No                  |     |                   | ALL                              |
| 84431 | ASSAY THROMBOXANE METABOLITE(S)                   | No                  |     |                   | ALL                              |
| 84432 | Thyroglobulin                                     | No                  |     |                   | ALL                              |
| 84433 | Thiopurine S-methyltransferase (TPMT)             | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 84433 | Thiopurine S-methyltransferase (TPMT)             | No                  |     |                   | MCWRAP                           |
| 84436 | Thyroxine; total                                  | No                  |     |                   | ALL                              |
| 84437 | Thyroxine; requiring elution (eg, neonatal)       | No                  |     |                   | ALL                              |
| 84439 | Thyroxine; free                                   | No                  |     |                   | ALL                              |
| 84442 | Thyroxine binding globulin (TBG)                  | No                  |     |                   | ALL                              |
| 84443 | Thyroid stimulating hormone (TSH)                 | No                  | *   |                   | ALL                              |
| 84445 | Thyroid stimulating immune globulins (TSI)        | No                  |     |                   | ALL                              |
| 84446 | Tocopherol alpha (Vitamin E)                      | No                  |     |                   | ALL                              |
| 84449 | Transcortin (cortisol binding globulin)           | No                  |     |                   | ALL                              |
| 84450 | Transferase; aspartate amino (AST) (SGC           | No                  |     |                   | ALL                              |
| 84460 | Transferase; alanine amino (ALT) (SGPT)           | No                  |     |                   | ALL                              |
| 84466 | Transferrin                                       | No                  |     |                   | ALL                              |
| 84478 | Triglycerides                                     | No                  |     |                   | ALL                              |
| 84479 | Thyroid hormone (T3 or T4) uptake or thyr         | No                  |     |                   | ALL                              |
| 84480 | Triiodothyronine T3; total (TT-3)                 | No                  |     |                   | ALL                              |
| 84481 | Triiodothyronine T3; free                         | No                  |     |                   | ALL                              |
| 84482 | Triiodothyronine T3; reverse                      | No                  |     |                   | ALL (Except CAID)                |
| 84482 | Triiodothyronine T3; reverse                      | Not Covered         |     |                   | CAID                             |
| 84484 | Troponin, quantitative                            | No                  |     |                   | ALL                              |
| 84485 | Trypsin; duodenal fluid                           | No                  |     |                   | ALL (Except CAID)                |
| 84485 | Trypsin; duodenal fluid                           | Not Covered         |     |                   | CAID                             |
| 84488 | Trypsin; feces, qualitative                       | No                  |     |                   | ALL                              |
| 84490 | Trypsin; feces, quantitative, 24-hour collec      | No                  |     |                   | ALL                              |
| 84510 | Tyrosine                                          | No                  |     |                   | ALL                              |
| 84512 | Troponin, qualitative                             | No                  |     |                   | ALL                              |
| 84520 | Urea nitrogen; quantitative                       | No                  |     |                   | ALL                              |
| 84525 | Urea nitrogen; semiquantitative (eg, reage        | No                  |     |                   | ALL (Except CAID)                |
| 84525 | Urea nitrogen; semiquantitative (eg, reagent stri | Not Covered         |     |                   | CAID                             |
| 84540 | Urea nitrogen, urine                              | No                  |     |                   | ALL                              |
| 84545 | Urea nitrogen, clearance                          | No                  |     |                   | ALL                              |
| 84550 | Uric acid; blood                                  | No                  |     |                   | ALL                              |
| 84560 | Uric acid; other source                           | No                  |     |                   | ALL                              |
| 84577 | Urobilinogen, feces, quantitative                 | No                  |     |                   | ALL                              |
| 84578 | Urobilinogen, urine; qualitative                  | No                  |     |                   | ALL                              |
| 84580 | Urobilinogen, urine; quantitative, timed spe      | No                  |     |                   | ALL                              |
| 84583 | Urobilinogen, urine; semiquantitative             | No                  |     |                   | ALL                              |
| 84585 | Vanillylmandelic acid (VMA), urine                | No                  |     |                   | ALL                              |
| 84586 | Vasoactive intestinal peptide (VIP)               | No                  |     |                   | ALL                              |
| 84588 | Vasopressin (antidiuretic hormone, ADH)           | No                  |     |                   | ALL                              |
| 84590 | Vitamin A                                         | No                  |     |                   | ALL                              |
| 84591 | Vitamin, not otherwise specified                  | No                  |     |                   | ALL                              |
| 84597 | Vitamin K                                         | No                  |     |                   | ALL (Except CAID)                |
| 84597 | Vitamin K                                         | Not Covered         |     |                   | CAID                             |
| 84600 | Volatiles (eg, acetic anhydride, carbon tetr      | No                  |     |                   | ALL                              |
| 84620 | Xylose absorption test, blood and/or urine        | No                  |     |                   | ALL                              |
| 84630 | Zinc                                              | No                  |     |                   | ALL                              |
| 84681 | C-peptide                                         | No                  |     |                   | ALL                              |
| 84702 | Gonadotropin, chorionic (hCG); quantitativ        | No                  | *   |                   | ALL                              |
| 84703 | Gonadotropin, chorionic (hCG); qualitative        | No                  | *   |                   | ALL                              |
| 84704 | GONADOTROPIN, CHORIONIC (hCG); F                  | No                  |     |                   | ALL                              |
| 84830 | Ovulation tests, by visual color compariso        | No                  | *   |                   | ALL (Except CAID)                |
| 84830 | Ovulation tests, by visual color comparison meth  | Not Covered         |     |                   | CAID                             |
| 84999 | Unlisted chemistry procedure                      | Yes                 |     |                   | ALL (Except Medicare Comp, Caid) |
| 84999 | Unlisted chemistry procedure                      | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid       |
| 84999 | Unlisted chemistry procedure                      | No                  |     |                   | PRICHO                           |
| 85002 | Bleeding time                                     | No                  |     |                   | ALL                              |
| 85004 | Blood count; automated differential WBC c         | No                  |     |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines     |
|-------|---------------------------------------------------|---------------------|-----|-------------------|-------------------|
| 85007 | Blood count; blood smear, microscopic ex          | No                  |     |                   | ALL               |
| 85008 | Blood count; blood smear, microscopic ex          | No                  |     |                   | ALL               |
| 85009 | Blood count; manual differential WBC cou          | No                  |     |                   | ALL               |
| 85013 | Blood count; spun microhematocrit                 | No                  |     |                   | ALL               |
| 85014 | Blood count; hematocrit (Hct)                     | No                  |     |                   | ALL               |
| 85018 | Blood count; hemoglobin (Hgb)                     | No                  |     |                   | ALL               |
| 85025 | Blood count; complete (CBC), automated            | No                  |     |                   | ALL               |
| 85027 | Blood count; complete (CBC), automated            | No                  |     |                   | ALL               |
| 85032 | Blood count; manual cell count (erythrocyt        | No                  |     |                   | ALL               |
| 85041 | Blood count; red blood cell (RBC), automa         | No                  |     |                   | ALL               |
| 85044 | Blood count; reticulocyte, manual                 | No                  |     |                   | ALL               |
| 85045 | Blood count; reticulocyte, automated              | No                  |     |                   | ALL               |
| 85046 | Blood count; reticulocytes, automated, incl       | No                  |     |                   | ALL               |
| 85048 | Blood count; leukocyte (WBC), automated           | No                  | *   |                   | ALL               |
| 85049 | Blood count; platelet, automated                  | No                  |     |                   | ALL               |
| 85055 | Reticulated platelet assay                        | No                  |     |                   | ALL               |
| 85060 | Blood smear, peripheral, interpretation by        | No                  |     |                   | ALL               |
| 85060 | Blood smear, peripheral, interpretation by        | Not Covered         |     |                   | CAID              |
| 85097 | Bone marrow, smear interpretation                 | No                  |     |                   | ALL               |
| 85130 | Chromogenic substrate assay                       | No                  |     |                   | ALL (Except CAID) |
| 85130 | Chromogenic substrate assay                       | Not Covered         |     |                   | CAID              |
| 85170 | Clot retraction                                   | No                  |     |                   | ALL (Except CAID) |
| 85170 | Clot retraction                                   | Not Covered         |     |                   | CAID              |
| 85175 | Clot lysis time, whole blood dilution             | No                  |     |                   | ALL               |
| 85210 | Clotting; factor II, prothrombin, specific        | No                  |     |                   | ALL               |
| 85220 | Clotting; factor V (AcG or proaccelerin), lab     | No                  |     |                   | ALL               |
| 85230 | Clotting; factor VII (proconvertin, stable fac    | No                  |     |                   | ALL               |
| 85240 | Clotting; factor VIII (AHG), one stage            | No                  |     |                   | ALL               |
| 85244 | Clotting; factor VIII related antigen             | No                  |     |                   | ALL               |
| 85245 | Clotting; factor VIII, VW factor, ristocetin c    | No                  |     |                   | ALL               |
| 85246 | Clotting; factor VIII, VW factor antigen          | No                  |     |                   | ALL               |
| 85247 | Clotting; factor VIII, von Willebrand factor,     | No                  |     |                   | ALL               |
| 85250 | Clotting; factor IX (PTC or Christmas)            | No                  |     |                   | ALL               |
| 85260 | Clotting; factor X (Stuart-Prower)                | No                  |     |                   | ALL               |
| 85270 | Clotting; factor XI (PTA)                         | No                  |     |                   | ALL               |
| 85280 | Clotting; factor XII (Hageman)                    | No                  |     |                   | ALL               |
| 85290 | Clotting; factor XIII (fibrin stabilizing)        | No                  |     |                   | ALL               |
| 85291 | Clotting; factor XIII (fibrin stabilizing), scree | No                  |     |                   | ALL               |
| 85292 | Clotting; prekallikrein assay (Fletcher fact      | No                  |     |                   | ALL               |
| 85293 | Clotting; high molecular weight kininogen a       | No                  |     |                   | ALL               |
| 85300 | Clotting inhibitors or anticoagulants; antith     | No                  |     |                   | ALL               |
| 85301 | Clotting inhibitors or anticoagulants; antith     | No                  |     |                   | ALL               |
| 85302 | Clotting inhibitors or anticoagulants; protei     | No                  |     |                   | ALL               |
| 85303 | Clotting inhibitors or anticoagulants; protei     | No                  |     |                   | ALL               |
| 85305 | Clotting inhibitors or anticoagulants; protei     | No                  |     |                   | ALL               |
| 85306 | Clotting inhibitors or anticoagulants; protei     | No                  |     |                   | ALL               |
| 85307 | Activated Protein C (APC) resistance assa         | No                  |     |                   | ALL               |
| 85335 | Factor inhibitor test                             | No                  |     |                   | ALL               |
| 85337 | Thrombomodulin                                    | No                  |     |                   | ALL               |
| 85345 | Coagulation time; Lee and White                   | No                  |     |                   | ALL               |
| 85347 | Coagulation time; activated                       | No                  |     |                   | ALL               |
| 85348 | Coagulation time; other methods                   | No                  |     |                   | ALL               |
| 85360 | Euglobulin lysis                                  | No                  |     |                   | ALL               |
| 85362 | Fibrin(ogen) degradation (split) products (F      | No                  |     |                   | ALL               |
| 85366 | Fibrin(ogen) degradation (split) products (F      | No                  |     |                   | ALL               |
| 85370 | Fibrin(ogen) degradation (split) products (F      | No                  |     |                   | ALL               |
| 85378 | Fibrin degradation products, D-dimer; qual        | No                  |     |                   | ALL               |
| 85379 | Fibrin degradation products, D-dimer; quat        | No                  |     |                   | ALL               |
| 85380 | Fibrin degradation products, D-dimer; ultra       | No                  |     |                   | ALL               |
| 85384 | Fibrinogen; activity                              | No                  |     |                   | ALL               |
| 85385 | Fibrinogen; antigen                               | No                  |     |                   | ALL               |
| 85390 | Fibrinolysins or coagulopathy screen, inter       | No                  |     |                   | ALL               |
| 85396 | Coagulation/fibrinolysis assay, whole blood       | No                  |     |                   | ALL               |
| 85396 | Coagulation/fibrinolysis assay, whole blood       | Not Covered         |     |                   | CAID              |
| 85397 | Coagulation and fibrinolysis, functional act      | No                  |     |                   | ALL               |
| 85400 | Fibrinolytic factors and inhibitors; plasmin      | No                  |     |                   | ALL               |
| 85410 | Fibrinolytic factors and inhibitors; alpha-2 a    | No                  |     |                   | ALL               |
| 85415 | Fibrinolytic factors and inhibitors; plasmin      | No                  |     |                   | ALL               |
| 85420 | Fibrinolytic factors and inhibitors; plasmin      | No                  |     |                   | ALL               |
| 85421 | Fibrinolytic factors and inhibitors; plasmin      | No                  |     |                   | ALL               |
| 85441 | Heinz bodies; direct                              | No                  |     |                   | ALL               |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|---------------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 85445 | Heinz bodies; induced, acetyl phenylhydra         | No                  |     |                   | ALL                                 |
| 85460 | Hemoglobin or RBCs, fetal, for fetomatern         | No                  |     |                   | ALL                                 |
| 85461 | Hemoglobin or RBCs, fetal, for fetomatern         | No                  |     |                   | ALL                                 |
| 85475 | Hemolysin, acid                                   | No                  |     |                   | ALL                                 |
| 85520 | Heparin assay                                     | No                  |     |                   | ALL                                 |
| 85525 | Heparin neutralization                            | No                  |     |                   | ALL                                 |
| 85530 | Heparin-protamine tolerance test                  | No                  |     |                   | ALL                                 |
| 85536 | Iron stain, peripheral blood                      | No                  |     |                   | ALL (Except CAID)                   |
| 85536 | Iron stain, peripheral blood                      | Not Covered         |     |                   | CAID                                |
| 85540 | Leukocyte alkaline phosphatase with coun          | No                  |     |                   | ALL                                 |
| 85547 | Mechanical fragility, RBC                         | No                  |     |                   | ALL                                 |
| 85549 | Muramidase                                        | No                  |     |                   | ALL                                 |
| 85555 | Osmotic fragility, RBC; unincubated               | No                  |     |                   | ALL (Except CAID)                   |
| 85555 | Osmotic fragility, RBC; unincubated               | Not Covered         |     |                   | CAID                                |
| 85557 | Osmotic fragility, RBC; incubated                 | No                  |     |                   | ALL                                 |
| 85576 | Platelet, aggregation (in vitro), each agent      | No                  |     |                   | ALL                                 |
| 85597 | Phospholipid neutralization; platelet             | No                  |     |                   | ALL                                 |
| 85598 | Phospholipid neutralization; hexagonal ph         | No                  |     |                   | ALL                                 |
| 85610 | Prothrombin time;                                 | No                  |     |                   | ALL                                 |
| 85611 | Prothrombin time; substitution, plasma frac       | No                  |     |                   | ALL                                 |
| 85612 | Russell viper venom time (includes venom          | No                  |     |                   | ALL                                 |
| 85613 | Russell viper venom time (includes venom          | No                  |     |                   | ALL                                 |
| 85635 | Reptilase test                                    | No                  |     |                   | ALL                                 |
| 85651 | Sedimentation rate, erythrocyte; non-autor        | No                  |     |                   | ALL                                 |
| 85652 | Sedimentation rate, erythrocyte; automater        | No                  |     |                   | ALL                                 |
| 85660 | Sickling of RBC, reduction                        | No                  |     |                   | ALL                                 |
| 85670 | Thrombin time; plasma                             | No                  |     |                   | ALL                                 |
| 85675 | Thrombin time; titer                              | No                  |     |                   | ALL                                 |
| 85705 | Thromboplastin inhibition, tissue                 | No                  |     |                   | ALL                                 |
| 85730 | Thromboplastin time, partial (PTT); plasma        | No                  |     |                   | ALL                                 |
| 85732 | Thromboplastin time, partial (PTT); substit       | No                  |     |                   | ALL                                 |
| 85810 | Viscosity                                         | No                  |     |                   | ALL                                 |
| 85999 | UNLISTED HEMATOLOGY AND COAGU                     | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| 85999 | UNLISTED HEMATOLOGY AND COAGU                     | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |
| 85999 | UNLISTED HEMATOLOGY AND COAGU                     | No                  |     |                   | PRICHO                              |
| 86000 | Agglutinins, febrile (eg, Brucella, Francisel     | No                  |     |                   | ALL                                 |
| 86001 | ALLERGEN SPECIFIC IgG QUANTITATIV                 | No                  |     |                   | ALL                                 |
| 86003 | ALLERGEN SPECIFIC IGE; QUANTITAT                  | No                  | *   |                   | ALL                                 |
| 86005 | ALLERGEN SPECIFIC IGE; QUALITATIV                 | No                  | *   |                   | ALL                                 |
| 86008 | Allergen specific IgE; quantitative or semiq      | No                  |     |                   | ALL                                 |
| 86015 | Actin (smooth muscle) antibody (ASMA), e          | No                  |     |                   | ALL                                 |
| 86021 | Antibody identification; leukocyte antibody       | No                  |     |                   | ALL                                 |
| 86022 | Antibody identification; platelet antibodies      | No                  |     |                   | ALL                                 |
| 86023 | Antibody identification; platelet associated      | No                  |     |                   | ALL (Except CAID)                   |
| 86023 | Antibody identification; platelet associated immu | Not Covered         |     |                   | CAID                                |
| 86036 | Antineutrophil cytoplasmic antibody (ANCA)        | No                  |     |                   | ALL                                 |
| 86037 | Antineutrophil cytoplasmic antibody (ANCA)        | No                  |     |                   | ALL                                 |
| 86038 | Antinuclear antibodies (ANA);                     | No                  |     |                   | ALL                                 |
| 86039 | Antinuclear antibodies (ANA); titer               | No                  |     |                   | ALL                                 |
| 86041 | Acetylcholine receptor (AChR); binding an         | No                  |     |                   | ALL                                 |
| 86042 | Acetylcholine receptor (AChR); blocking at        | No                  |     |                   | ALL                                 |
| 86043 | Acetylcholine receptor (AChR); modulating         | No                  |     |                   | ALL                                 |
| 86051 | Aquaporin-4 (neuromyelitis optica [NMO])          | No                  |     |                   | ALL                                 |
| 86052 | Aquaporin-4 (neuromyelitis optica [NMO])          | No                  |     |                   | ALL                                 |
| 86053 | Aquaporin-4 (neuromyelitis optica [NMO])          | No                  |     |                   | ALL                                 |
| 86060 | Antistreptolysin O; titer                         | No                  |     |                   | ALL                                 |
| 86063 | Antistreptolysin O; screen                        | No                  |     |                   | ALL                                 |
| 86077 | Blood bank physician services; difficult cro      | No                  |     |                   | ALL (Except CAID)                   |
| 86077 | Blood bank physician services; difficult cross ma | Not Covered         |     |                   | CAID                                |
| 86078 | Blood bank physician services; investigati        | No                  |     |                   | ALL (Except CAID)                   |
| 86078 | Blood bank physician services; investigation of t | Not Covered         |     |                   | CAID                                |
| 86079 | Blood bank physician services; authorizati        | No                  |     |                   | ALL (Except CAID)                   |
| 86079 | Blood bank physician services; authorization for  | Not Covered         |     |                   | CAID                                |
| 86140 | C-reactive protein;                               | No                  |     |                   | ALL                                 |
| 86141 | C-reactive protein; high sensitivity (hsCRP       | No                  |     |                   | ALL                                 |
| 86146 | Beta 2 Glycoprotein I antibody, each              | No                  |     |                   | ALL                                 |
| 86147 | Cardiolipin (phospholipid) antibody, each I       | No                  |     |                   | ALL                                 |
| 86148 | Anti-phosphatidylserine (phospholipid) ant        | No                  |     |                   | ALL                                 |
| 86152 | Cell enumeration using immunologic sele           | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 86152 | Cell enumeration using immunologic sele           | Yes                 |     |                   | MED                                 |
| 86152 | Cell enumeration using immunologic sele           | No                  |     |                   | PRICHO, CAID, MMP                   |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|----------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 86153 | Cell enumeration using immunologic select    | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP) |
| 86153 | Cell enumeration using immunologic select    | Yes                 |     |                   | MED                                 |
| 86153 | Cell enumeration using immunologic select    | No                  |     |                   | PRICHO, CAID, MMP                   |
| 86155 | Chemotaxis assay, specify method             | No                  |     |                   | ALL (Except CAID)                   |
| 86155 | Chemotaxis assay, specify method             | Not Covered         |     |                   | CAID                                |
| 86156 | Cold agglutinin; screen                      | No                  |     |                   | ALL                                 |
| 86157 | Cold agglutinin; titer                       | No                  |     |                   | ALL                                 |
| 86160 | Complement; antigen, each component          | No                  |     |                   | ALL                                 |
| 86161 | Complement; functional activity, each com    | No                  |     |                   | ALL                                 |
| 86162 | Complement; total hemolytic (CH50)           | No                  |     |                   | ALL                                 |
| 86171 | Complement fixation tests, each antigen      | No                  |     |                   | ALL                                 |
| 86200 | Ccp antibody                                 | No                  |     |                   | ALL                                 |
| 86215 | Deoxyribonuclease, antibody                  | No                  |     |                   | ALL                                 |
| 86225 | Deoxyribonucleic acid (DNA) antibody; nat    | No                  |     |                   | ALL                                 |
| 86226 | Deoxyribonucleic acid (DNA) antibody; sin    | No                  |     |                   | ALL                                 |
| 86231 | Endomysial antibody (EMA), each immuno       | No                  |     |                   | ALL                                 |
| 86235 | Extractable nuclear antigen, antibody to, a  | No                  |     |                   | ALL                                 |
| 86255 | Fluorescent noninfectious agent antibody;    | No                  |     |                   | ALL                                 |
| 86256 | Fluorescent noninfectious agent antibody;    | No                  |     |                   | ALL                                 |
| 86258 | Gliadin (deamidated) (DGP) antibody, eac     | No                  |     |                   | ALL                                 |
| 86277 | Growth hormone, human (HGH), antibody        | No                  |     |                   | ALL                                 |
| 86280 | Hemagglutination inhibition test (HAI)       | No                  |     |                   | ALL                                 |
| 86294 | IMMUNOASSAY FOR TUMOR ANTIGEN                | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| 86294 | IMMUNOASSAY FOR TUMOR ANTIGEN                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |
| 86300 | IMMUNOASSAY FOR TUMOR ANTIGEN                | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| 86300 | IMMUNOASSAY FOR TUMOR ANTIGEN                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |
| 86301 | IMMUNOASSAY FOR TUMOR ANTIGEN                | No                  |     |                   | ALL                                 |
| 86304 | IMMUNOASSAY FOR TUMOR ANTIGEN                | No                  |     |                   | ALL                                 |
| 86305 | IMMUNOLOGY: HUMAN EPIDIDYMI S PF             | No                  |     |                   | ALL                                 |
| 86308 | Heterophile antibodies; screening            | No                  |     |                   | ALL                                 |
| 86309 | Heterophile antibodies; titer                | No                  |     |                   | ALL                                 |
| 86310 | Heterophile antibodies; titers after absorpt | No                  |     |                   | ALL                                 |
| 86316 | IMMUNOASSAY FOR TUMOR ANTIGEN                | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| 86316 | IMMUNOASSAY FOR TUMOR ANTIGEN                | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |
| 86317 | Immunoassay for infectious agent antibody    | No                  |     |                   | ALL                                 |
| 86318 | Immunoassay for infectious agent antibody    | No                  |     |                   | ALL                                 |
| 86320 | Immunoelectrophoresis; serum                 | No                  |     |                   | ALL                                 |
| 86325 | Immunoelectrophoresis; other fluids (eg, u   | No                  |     |                   | ALL                                 |
| 86328 | Immunoassay for infectious agent antibody    | No                  |     |                   | ALL                                 |
| 86329 | Immunodiffusion; not elsewhere specified     | No                  |     |                   | ALL                                 |
| 86331 | Immunodiffusion; gel diffusion, qualitative  | No                  |     |                   | ALL                                 |
| 86332 | Immune complex assay                         | No                  |     |                   | ALL                                 |
| 86334 | Immunofixation electrophoresis; serum        | No                  |     |                   | ALL                                 |
| 86335 | Immunofixation electrophoresis; other fluid  | No                  |     |                   | ALL                                 |
| 86336 | Inhibin A                                    | No                  |     |                   | ALL                                 |
| 86337 | Insulin antibodies                           | No                  |     |                   | ALL                                 |
| 86340 | Intrinsic factor antibodies                  | No                  |     |                   | ALL                                 |
| 86341 | Islet cell antibody                          | No                  |     |                   | ALL                                 |
| 86343 | Leukocyte histamine release test (LHR)       | Not Covered         |     |                   | ALL (Except MED/MMP)                |
| 86343 | Leukocyte histamine release test (LHR)       | No                  |     |                   | MED/MMP                             |
| 86344 | Leukocyte phagocytosis                       | No                  |     |                   | ALL (Except CAID)                   |
| 86344 | Leukocyte phagocytosis                       | Not Covered         |     |                   | CAID                                |
| 86352 | CELLULAR FUNCTION ASSAY INVOLVING            | No                  |     |                   | ALL                                 |
| 86353 | Lymphocyte transformation, mitogen (phyt     | No                  |     |                   | ALL                                 |
| 86355 | B cells, total count                         | No                  |     |                   | ALL                                 |
| 86356 | MONONUCLEAR CELL ANTIGEN, QUAN               | No                  |     |                   | ALL                                 |
| 86357 | Nk cells, total count                        | No                  |     |                   | ALL                                 |
| 86359 | T cells; total count                         | No                  |     |                   | ALL                                 |
| 86360 | T cells; absolute CD4 and CD8 count, incl    | No                  |     |                   | ALL                                 |
| 86361 | T cells; absolute CD4 count                  | No                  |     |                   | ALL                                 |
| 86362 | Myelin oligodendrocyte glycoprotein (MOG     | No                  |     |                   | ALL                                 |
| 86363 | Myelin oligodendrocyte glycoprotein (MOG     | No                  |     |                   | ALL                                 |
| 86364 | Tissue transglutaminase, each immunologic    | No                  |     |                   | ALL                                 |
| 86367 | Stem cells, total count                      | No                  |     |                   | ALL                                 |
| 86366 | Muscle-specific kinase (MuSK) antibody       | No                  |     |                   | ALL                                 |
| 86376 | Microsomal antibodies (eg, thyroid or liver- | No                  |     |                   | ALL                                 |
| 86381 | Mitochondrial antibody (eg, M2), each        | No                  |     |                   | ALL                                 |
| 86382 | Neutralization test, viral                   | No                  |     |                   | ALL                                 |
| 86384 | Nitroblue tetrazolium dye test (NTD)         | No                  |     |                   | ALL                                 |
| 86386 | Nuclear Matrix Protein 22 (NMP22), qualita   | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| 86386 | Nuclear Matrix Protein 22 (NMP22), qualita   | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |



**Services that require Prior Authorization List**

| Code  | Description                                           | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-------------------------------------------------------|---------------------|-----|-------------------|---------------|
| 86403 | Particle agglutination; screen, each antibody         | No                  |     |                   | ALL           |
| 86406 | Particle agglutination; titer, each antibody          | No                  |     |                   | ALL           |
| 86408 | Neutralizing antibody, severe acute respiratory       | No                  |     |                   | ALL           |
| 86409 | Neutralizing antibody, severe acute respiratory       | No                  |     |                   | ALL           |
| 86413 | Severe acute respiratory syndrome coronavirus         | No                  |     |                   | ALL           |
| 86430 | Rheumatoid factor; qualitative                        | No                  |     |                   | ALL           |
| 86431 | Rheumatoid factor; quantitative                       | No                  |     |                   | ALL           |
| 86480 | Tuberculosis test, cell mediated immunity             | No                  |     |                   | ALL           |
| 86481 | Tuberculosis test, cell mediated immunity             | No                  |     |                   | ALL           |
| 86485 | Skin test; candida                                    | No                  |     |                   | ALL           |
| 86486 | SKIN TEST; UNLISTED ANTIGEN, EACH                     | No                  |     |                   | ALL           |
| 86510 | Skin test; histoplasmosis                             | No                  |     |                   | ALL           |
| 86580 | Skin test; tuberculosis, intradermal                  | No                  |     |                   | ALL           |
| 86581 | Streptococcus pneumoniae antibody (IgG)               | No                  |     |                   | ALL           |
| 86590 | Streptokinase, antibody                               | No                  |     |                   | ALL           |
| 86592 | Syphilis test; qualitative (eg, VDRL, RPR, etc)       | No                  |     |                   | ALL           |
| 86593 | Syphilis test; quantitative                           | No                  |     |                   | ALL           |
| 86596 | Voltage-gated calcium channel antibody, e             | No                  |     |                   | ALL           |
| 86602 | Antibody; actinomyces                                 | No                  |     |                   | ALL           |
| 86603 | Antibody; adenovirus                                  | No                  |     |                   | ALL           |
| 86606 | Antibody; Aspergillus                                 | No                  |     |                   | ALL           |
| 86609 | Antibody; bacterium, not elsewhere specified          | No                  |     |                   | ALL           |
| 86611 | Antibody; Bartonella                                  | No                  |     |                   | ALL           |
| 86612 | Antibody; Blastomyces                                 | No                  |     |                   | ALL           |
| 86615 | Antibody; Bordetella                                  | No                  |     |                   | ALL           |
| 86617 | Antibody; Borrelia burgdorferi (Lyme disease)         | No                  |     |                   | ALL           |
| 86618 | Antibody; Borrelia burgdorferi (Lyme disease)         | No                  |     |                   | ALL           |
| 86619 | Antibody; Borrelia (relapsing fever)                  | No                  |     |                   | ALL           |
| 86622 | Antibody; Brucella                                    | No                  |     |                   | ALL           |
| 86625 | Antibody; Campylobacter                               | No                  |     |                   | ALL           |
| 86628 | Antibody; Candida                                     | No                  |     |                   | ALL           |
| 86631 | Antibody; Chlamydia                                   | No                  |     |                   | ALL           |
| 86632 | Antibody; Chlamydia, IgM                              | No                  |     |                   | ALL           |
| 86635 | Antibody; Coccidioides                                | No                  |     |                   | ALL           |
| 86638 | Antibody; Coxiella burnetii (Q fever)                 | No                  |     |                   | ALL           |
| 86641 | Antibody; Cryptococcus                                | No                  |     |                   | ALL           |
| 86644 | Antibody; cytomegalovirus (CMV)                       | No                  |     |                   | ALL           |
| 86645 | Antibody; cytomegalovirus (CMV), IgM                  | No                  |     |                   | ALL           |
| 86648 | Antibody; Diphtheria                                  | No                  |     |                   | ALL           |
| 86651 | Antibody; encephalitis, California (La Crosse)        | No                  |     |                   | ALL           |
| 86652 | Antibody; encephalitis, Eastern equine                | No                  |     |                   | ALL           |
| 86653 | Antibody; encephalitis, St. Louis                     | No                  |     |                   | ALL           |
| 86654 | Antibody; encephalitis, Western equine                | No                  |     |                   | ALL           |
| 86658 | Antibody; enterovirus (eg, coxsackievirus, echovirus) | No                  |     |                   | ALL           |
| 86663 | Antibody; Epstein-Barr (EB) virus, early antigen      | No                  |     |                   | ALL           |
| 86664 | Antibody; Epstein-Barr (EB) virus, nuclear antigen    | No                  |     |                   | ALL           |
| 86665 | Antibody; Epstein-Barr (EB) virus, viral capsid       | No                  |     |                   | ALL           |
| 86666 | Antibody; Ehrlichia                                   | No                  |     |                   | ALL           |
| 86668 | Antibody; Francisella tularensis                      | No                  |     |                   | ALL           |
| 86671 | Antibody; fungus, not elsewhere specified             | No                  |     |                   | ALL           |
| 86674 | Antibody; Giardia lamblia                             | No                  |     |                   | ALL           |
| 86677 | Antibody; Helicobacter pylori                         | No                  |     |                   | ALL           |
| 86682 | Antibody; helminth, not elsewhere specified           | No                  |     |                   | ALL           |
| 86684 | Antibody; Haemophilus influenzae                      | No                  |     |                   | ALL           |
| 86687 | Antibody; HTLV-I                                      | No                  |     |                   | ALL           |
| 86688 | Antibody; HTLV-II                                     | No                  |     |                   | ALL           |
| 86689 | Antibody; HTLV or HIV antibody, confirmatory          | No                  |     |                   | ALL           |
| 86692 | Antibody; hepatitis, delta agent                      | No                  |     |                   | ALL           |
| 86694 | Antibody; herpes simplex, non-specific type           | No                  |     |                   | ALL           |
| 86695 | Antibody; herpes simplex, type 1                      | No                  |     |                   | ALL           |
| 86696 | Antibody; herpes simplex, type 2                      | No                  |     |                   | ALL           |
| 86698 | Antibody; histoplasma                                 | No                  |     |                   | ALL           |
| 86701 | Antibody; HIV-1                                       | No                  |     |                   | ALL           |
| 86702 | Antibody; HIV-2                                       | No                  |     |                   | ALL           |
| 86703 | Antibody; HIV-1 and HIV-2, single assay               | No                  |     |                   | ALL           |
| 86704 | Hepatitis B core antibody (HBcAb); total              | No                  |     |                   | ALL           |
| 86705 | Hepatitis B core antibody (HBcAb); IgM antibody       | No                  |     |                   | ALL           |
| 86706 | Hepatitis B surface antibody (HBsAb)                  | No                  |     |                   | ALL           |
| 86707 | Hepatitis Be antibody (HBeAb)                         | No                  |     |                   | ALL           |
| 86708 | Hepatitis A antibody (HAAb); total                    | No                  |     |                   | ALL           |
| 86709 | Hepatitis A antibody (HAAb); IgM antibody             | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|------------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 86710 | Antibody; influenza virus                      | No                  |     |                   | ALL                              |
| 86711 | Antibody; JC (John Cunningham) virus           | No                  |     |                   | ALL                              |
| 86713 | Antibody; Legionella                           | No                  |     |                   | ALL                              |
| 86717 | Antibody; Leishmania                           | No                  |     |                   | ALL                              |
| 86720 | Antibody; Leptospira                           | No                  |     |                   | ALL                              |
| 86723 | Antibody; Listeria monocytogenes               | No                  |     |                   | ALL                              |
| 86727 | Antibody; lymphocytic choriomeningitis         | No                  |     |                   | ALL                              |
| 86732 | Antibody; mucormycosis                         | No                  |     |                   | ALL                              |
| 86735 | Antibody; mumps                                | No                  |     |                   | ALL                              |
| 86738 | Antibody; mycoplasma                           | No                  |     |                   | ALL                              |
| 86741 | Antibody; Neisseria meningitidis               | No                  |     |                   | ALL                              |
| 86744 | Antibody; Nocardia                             | No                  |     |                   | ALL                              |
| 86747 | Antibody; parvovirus                           | No                  |     |                   | ALL                              |
| 86750 | Antibody; Plasmodium (malaria)                 | No                  |     |                   | ALL                              |
| 86753 | Antibody; protozoa, not elsewhere specific     | No                  |     |                   | ALL                              |
| 86756 | Antibody; respiratory syncytial virus          | No                  |     |                   | ALL                              |
| 86757 | Antibody; Rickettsia                           | No                  |     |                   | ALL                              |
| 86759 | Antibody; rotavirus                            | No                  |     |                   | ALL                              |
| 86762 | Antibody; rubella                              | No                  |     |                   | ALL                              |
| 86765 | Antibody; rubeola                              | No                  |     |                   | ALL                              |
| 86768 | Antibody; Salmonella                           | No                  |     |                   | ALL                              |
| 86769 | Antibody; severe acute respiratory syndrom     | No                  |     |                   | ALL                              |
| 86771 | Antibody; Shigella                             | No                  |     |                   | ALL                              |
| 86774 | Antibody; tetanus                              | No                  |     |                   | ALL                              |
| 86777 | Antibody; Toxoplasma                           | No                  |     |                   | ALL                              |
| 86778 | Antibody; Toxoplasma, IgM                      | No                  |     |                   | ALL                              |
| 86780 | IMMUNOASSAY: TREPONEMA PALLIDUM                | No                  |     |                   | ALL                              |
| 86784 | Antibody; Trichinella                          | No                  |     |                   | ALL                              |
| 86787 | Antibody; varicella-zoster                     | No                  |     |                   | ALL                              |
| 86788 | ANTIBODY; WEST NILE VIRUS, IGM                 | No                  |     |                   | ALL                              |
| 86789 | ANTIBODY; WEST NILE VIRUS                      | No                  |     |                   | ALL                              |
| 86790 | Antibody; virus, not elsewhere specified       | No                  |     |                   | ALL                              |
| 86793 | Antibody; Yersinia                             | No                  |     |                   | ALL                              |
| 86794 | Antibody; Zika virus, IgM                      | No                  |     |                   | ALL                              |
| 86800 | Thyroglobulin antibody                         | No                  |     |                   | ALL                              |
| 86803 | Hepatitis C antibody;                          | No                  |     |                   | ALL                              |
| 86804 | Hepatitis C antibody; confirmatory test (eg    | No                  |     |                   | ALL                              |
| 86805 | Lymphocytotoxicity assay, visual crossmat      | No                  |     |                   | ALL                              |
| 86806 | Lymphocytotoxicity assay, visual crossmat      | No                  |     |                   | ALL                              |
| 86807 | Serum screening for cytotoxic percent read     | No                  |     |                   | ALL                              |
| 86808 | Serum screening for cytotoxic percent read     | No                  |     |                   | ALL                              |
| 86812 | HLA typing; A, B, or C (eg, A10, B7, B27),     | No                  |     |                   | ALL                              |
| 86813 | HLA typing; A, B, or C, multiple antigens      | No                  |     |                   | ALL                              |
| 86816 | HLA typing; DR/DQ, single antigen              | No                  |     |                   | ALL                              |
| 86817 | HLA typing; DR/DQ, multiple antigens           | No                  |     |                   | ALL                              |
| 86821 | HLA typing; lymphocyte culture, mixed (ML      | No                  |     |                   | ALL                              |
| 86825 | HUMAN LEUKOCYTE ANTIGEN (HLA) C                | No                  |     |                   | ALL                              |
| 86826 | HUMAN LEUKOCYTE ANTIGEN (HLA) C                | No                  |     |                   | ALL                              |
| 86828 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86829 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86830 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86831 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86832 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86833 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86834 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86835 | Antibody to human leukocyte antigens (HL       | No                  |     |                   | ALL                              |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE                  | Yes                 |     |                   | ALL (Except Medicare Comp, Caid) |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE                  | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid       |
| 86849 | UNLISTED IMMUNOLOGY PROCEDURE                  | No                  |     |                   | PRICHO                           |
| 86850 | Antibody screen, RBC, each serum techni        | No                  |     |                   | ALL                              |
| 86860 | Antibody elution (RBC), each elution           | No                  |     |                   | ALL                              |
| 86860 | Antibody elution (RBC), each elution           | Not Covered         |     |                   | CAID                             |
| 86870 | Antibody identification, RBC antibodies, ea    | No                  |     |                   | ALL                              |
| 86880 | Antihuman globulin test (Coombs test); dir     | No                  |     |                   | ALL                              |
| 86885 | Antihuman globulin test (Coombs test); ind     | No                  |     |                   | ALL                              |
| 86886 | Antihuman globulin test (Coombs test); ind     | No                  |     |                   | ALL                              |
| 86890 | AUTOLOGOUS BLOOD OR COMPONENT                  | No                  |     |                   | ALL                              |
| 86890 | AUTOLOGOUS BLOOD OR COMPONENT, CQ              | Not Covered         |     |                   | CAID                             |
| 86891 | Autologous blood or component, collection      | No                  |     |                   | ALL                              |
| 86891 | Autologous blood or component, collection proc | Not Covered         |     |                   | CAID                             |
| 86900 | Blood typing; ABO                              | No                  |     |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                                | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|------------------------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 86901 | Blood typing; Rh (D)                                       | No                  |     |                   | ALL                              |
| 86902 | Blood typing; antigen testing of donor blood               | No                  |     |                   | ALL                              |
| 86904 | Blood typing; antigen screening for compatibility          | No                  |     |                   | ALL                              |
| 86905 | Blood typing; RBC antigens, other than ABO                 | No                  |     |                   | ALL                              |
| 86906 | Blood typing; Rh phenotyping, complete                     | No                  |     |                   | ALL                              |
| 86910 | BLOOD TYPING, FOR PATERNITY TESTING                        | Not Covered         |     |                   | ALL                              |
| 86911 | BLOOD TYPING, FOR PATERNITY TESTING                        | Not Covered         |     |                   | ALL                              |
| 86920 | Compatibility test each unit; immediate spin               | No                  |     |                   | ALL                              |
| 86921 | Compatibility test each unit; incubation technique         | No                  |     |                   | ALL                              |
| 86922 | Compatibility test each unit; antiglobulin technique       | No                  |     |                   | ALL                              |
| 86923 | Compatibility test, electric                               | No                  |     |                   | ALL                              |
| 86927 | Fresh frozen plasma, thawing, each unit                    | No                  |     |                   | ALL                              |
| 86927 | Fresh frozen plasma, thawing, each unit                    | Not Covered         |     |                   | CAID                             |
| 86930 | Frozen blood, each unit; freezing (includes preparation)   | No                  |     |                   | ALL                              |
| 86930 | Frozen blood, each unit; freezing (includes preparation)   | Not Covered         |     |                   | CAID                             |
| 86931 | Frozen blood, each unit; thawing                           | No                  |     |                   | ALL                              |
| 86931 | Frozen blood, each unit; thawing                           | Not Covered         |     |                   | CAID                             |
| 86932 | Frozen blood, each unit; freezing (includes preparation)   | No                  |     |                   | ALL                              |
| 86932 | Frozen blood, each unit; freezing (includes preparation)   | Not Covered         |     |                   | CAID                             |
| 86940 | Hemolysins and agglutinins; auto, screen, each unit        | No                  |     |                   | ALL                              |
| 86940 | Hemolysins and agglutinins; auto, screen, each unit        | Not Covered         |     |                   | CAID                             |
| 86941 | Hemolysins and agglutinins; incubated                      | No                  |     |                   | ALL                              |
| 86941 | Hemolysins and agglutinins; incubated                      | Not Covered         |     |                   | CAID                             |
| 86945 | Irradiation of blood product, each unit                    | No                  |     |                   | ALL                              |
| 86945 | Irradiation of blood product, each unit                    | Not Covered         |     |                   | CAID                             |
| 86950 | Leukocyte transfusion                                      | No                  |     |                   | ALL                              |
| 86950 | Leukocyte transfusion                                      | Not Covered         |     |                   | CAID                             |
| 86960 | Vol reduction of blood/product                             | No                  |     |                   | ALL                              |
| 86960 | Vol reduction of blood/product                             | Not Covered         |     |                   | CAID                             |
| 86965 | Pooling of platelets or other blood products               | No                  |     |                   | ALL                              |
| 86965 | Pooling of platelets or other blood products               | Not Covered         |     |                   | CAID                             |
| 86970 | Pretreatment of RBCs for use in RBC anti                   | No                  |     |                   | ALL                              |
| 86970 | Pretreatment of RBCs for use in RBC anti                   | Not Covered         |     |                   | CAID                             |
| 86971 | Pretreatment of RBCs for use in RBC anti                   | No                  |     |                   | ALL                              |
| 86971 | Pretreatment of RBCs for use in RBC anti                   | Not Covered         |     |                   | CAID                             |
| 86972 | Pretreatment of RBCs for use in RBC anti                   | No                  |     |                   | ALL                              |
| 86972 | Pretreatment of RBCs for use in RBC antibody c             | Not Covered         |     |                   | CAID                             |
| 86975 | Pretreatment of serum for use in RBC anti                  | No                  |     |                   | ALL                              |
| 86975 | Pretreatment of serum for use in RBC anti                  | Not Covered         |     |                   | CAID                             |
| 86976 | Pretreatment of serum for use in RBC anti                  | No                  |     |                   | ALL                              |
| 86976 | Pretreatment of serum for use in RBC anti                  | Not Covered         |     |                   | CAID                             |
| 86977 | Pretreatment of serum for use in RBC anti                  | No                  |     |                   | ALL                              |
| 86977 | Pretreatment of serum for use in RBC anti                  | Not Covered         |     |                   | CAID                             |
| 86978 | Pretreatment of serum for use in RBC anti                  | No                  |     |                   | ALL                              |
| 86978 | Pretreatment of serum for use in RBC anti                  | Not Covered         |     |                   | CAID                             |
| 86985 | Splitting of blood or blood products, each unit            | No                  |     |                   | ALL                              |
| 86985 | Splitting of blood or blood products, each unit            | Not Covered         |     |                   | CAID                             |
| 86999 | UNLISTED TRANSFUSION MEDICINE P                            | Yes                 |     |                   | ALL (Except Medicare Comp, Caid) |
| 86999 | UNLISTED TRANSFUSION MEDICINE P                            | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid       |
| 86999 | UNLISTED TRANSFUSION MEDICINE P                            | No                  |     |                   | PRICHO                           |
| 87003 | Animal inoculation, small animal; with observation         | No                  |     |                   | ALL (Except CAID)                |
| 87003 | Animal inoculation, small animal; with observation         | Not Covered         |     |                   | CAID                             |
| 87015 | Concentration (any type), for infectious agent             | No                  |     |                   | ALL                              |
| 87040 | Culture, bacterial; blood, aerobic, with isolation         | No                  |     |                   | ALL                              |
| 87045 | Culture, bacterial; stool, aerobic, with isolation         | No                  |     |                   | ALL                              |
| 87046 | Culture, bacterial; stool, aerobic, additional             | No                  |     |                   | ALL                              |
| 87070 | Culture, bacterial; any other source except blood          | No                  | *   |                   | ALL                              |
| 87071 | Culture, bacterial; quantitative, aerobic with isolation   | No                  |     |                   | ALL                              |
| 87073 | Culture, bacterial; quantitative, anaerobic with isolation | No                  |     |                   | ALL                              |
| 87075 | Culture, bacterial; any source, except blood               | No                  |     |                   | ALL                              |
| 87076 | Culture, bacterial; anaerobic isolate, additional          | No                  |     |                   | ALL                              |
| 87077 | Culture, bacterial; aerobic isolate, additional            | No                  |     |                   | ALL                              |
| 87081 | Culture, presumptive, pathogenic organisms                 | No                  |     |                   | ALL                              |
| 87084 | Culture, presumptive, pathogenic organisms                 | No                  |     |                   | ALL                              |
| 87086 | Culture, bacterial; quantitative colony count              | No                  |     |                   | ALL                              |
| 87088 | Culture, bacterial; with isolation and presumptive         | No                  |     |                   | ALL                              |
| 87101 | Culture, fungi (mold or yeast) isolation, with isolation   | No                  |     |                   | ALL                              |
| 87102 | Culture, fungi (mold or yeast) isolation, with isolation   | No                  |     |                   | ALL                              |
| 87103 | Culture, fungi (mold or yeast) isolation, with isolation   | No                  |     |                   | ALL                              |
| 87106 | Culture, fungi, definitive identification, each            | No                  |     |                   | ALL                              |
| 87107 | Culture, fungi, definitive identification, each            | No                  |     |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines     |
|-------|----------------------------------------------------|---------------------|-----|-------------------|-------------------|
| 87109 | Culture, mycoplasma, any source                    | No                  | *   |                   | ALL               |
| 87110 | Culture, chlamydia, any source                     | No                  | *   |                   | ALL               |
| 87116 | Culture, tubercle or other acid-fast bacilli (     | No                  | -   |                   | ALL               |
| 87118 | Culture, mycobacterial, definitive identifica      | No                  |     |                   | ALL               |
| 87140 | Culture, typing; immunofluorescent method          | No                  |     |                   | ALL               |
| 87143 | Culture, typing; gas liquid chromatography         | No                  |     |                   | ALL               |
| 87147 | Culture, typing; immunologic method, othe          | No                  |     |                   | ALL               |
| 87149 | Culture, typing; identification by nucleic ac      | No                  |     |                   | ALL               |
| 87150 | CULTURE, TYPING; IDENTIFICATION BY                 | No                  |     |                   | ALL               |
| 87152 | Culture, typing; identification by pulse field     | No                  |     |                   | ALL               |
| 87153 | CULTURE TYPING: IDENTIFICATION BY                  | No                  |     |                   | ALL               |
| 87154 | Culture, typing; identification of blood path      | No                  |     |                   | ALL               |
| 87158 | Culture, typing; other methods                     | No                  |     |                   | ALL               |
| 87164 | Dark field examination, any source (eg, pe         | No                  |     |                   | ALL               |
| 87166 | Dark field examination, any source (eg, pe         | No                  |     |                   | ALL               |
| 87168 | Macroscopic examination; arthropod                 | No                  |     |                   | ALL               |
| 87169 | Macroscopic examination; parasite                  | No                  |     |                   | ALL               |
| 87172 | Pinworm exam (eg, cellophane tape prep)            | No                  |     |                   | ALL               |
| 87176 | Homogenization, tissue, for culture                | No                  |     |                   | ALL (Except CAID) |
| 87176 | Homogenization, tissue, for culture                | Not Covered         |     |                   | CAID              |
| 87177 | Ova and parasites, direct smears, concentr         | No                  |     |                   | ALL               |
| 87181 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87184 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87185 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87186 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87187 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL (Except CAID) |
| 87187 | Susceptibility studies, antimicrobial agent; micro | Not Covered         |     |                   | CAID              |
| 87188 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87190 | Susceptibility studies, antimicrobial agent;       | No                  |     |                   | ALL               |
| 87197 | Serum bactericidal titer (Schlichter test)         | No                  |     |                   | ALL (Except CAID) |
| 87197 | Serum bactericidal titer (Schlichter test)         | Not Covered         |     |                   | CAID              |
| 87205 | Smear, primary source with interpretation;         | No                  |     |                   | ALL               |
| 87206 | Smear, primary source with interpretation;         | No                  |     |                   | ALL               |
| 87207 | Smear, primary source with interpretation;         | No                  |     |                   | ALL               |
| 87209 | Smear, complex stain                               | No                  |     |                   | ALL               |
| 87210 | Smear, primary source with interpretation;         | No                  |     |                   | ALL               |
| 87220 | Tissue examination by KOH slide of samp            | No                  |     |                   | ALL               |
| 87230 | Toxin or antitoxin assay, tissue culture (eg       | No                  |     |                   | ALL               |
| 87230 | TOXIN OR ANTITOXIN ASSAY, TISSUE C                 | No                  |     |                   | ALL               |
| 87250 | Virus isolation; inoculation of embryonated        | No                  |     |                   | ALL               |
| 87252 | Virus isolation; tissue culture inoculation, c     | No                  |     |                   | ALL               |
| 87253 | Virus isolation; tissue culture, additional st     | No                  |     |                   | ALL               |
| 87254 | Virus isolation; centrifuge enhanced (shell        | No                  |     |                   | ALL               |
| 87255 | Virus isolation; including identification by n     | No                  |     |                   | ALL               |
| 87260 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87265 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87267 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87269 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87270 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87271 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87272 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87273 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87274 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87275 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87276 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87278 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87279 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87280 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87281 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87283 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87285 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87290 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87299 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87300 | Infectious agent antigen detection by immu         | No                  |     |                   | ALL               |
| 87301 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |
| 87305 | INF AGT ANTIGEN; ASPERGILLUS                       | No                  |     |                   | ALL               |
| 87320 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |
| 87324 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |
| 87327 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |
| 87328 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |
| 87329 | Infectious agent antigen detection by enzy         | No                  |     |                   | ALL               |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|--------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 87332 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87335 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87336 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87337 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87338 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87339 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87340 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87341 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87350 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87380 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87385 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87389 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87390 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87391 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87400 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87420 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87425 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87426 | Infectious agent antigen detection by immu | No                  |     |                   | ALL                              |
| 87427 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87428 | Infectious agent antigen detection by immu | No                  |     |                   | ALL                              |
| 87430 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87449 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87450 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87451 | Infectious agent antigen detection by enzy | No                  |     |                   | ALL                              |
| 87467 | Infectious agent antigen detection by immu | No                  |     |                   | ALL                              |
| 87468 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87469 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87471 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87472 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87475 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87476 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87478 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87480 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87481 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87482 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87483 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87484 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87485 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87486 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87487 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87490 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87491 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87492 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87493 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | ALL                              |
| 87495 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87496 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87497 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87498 | INFECTION AGENT DETECTION BY NU            | No                  |     |                   | ALL                              |
| 87500 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | ALL                              |
| 87501 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87502 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87503 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87505 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87506 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87507 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87510 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87511 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87512 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87513 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87516 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87517 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87520 | INFECTIOUS AGENT DETECTION BY N            | Yes                 |     |                   | ALL (Except Medicare Comp, Caid) |
| 87520 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid       |
| 87520 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | PRICHO                           |
| 87521 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | ALL                              |
| 87522 | INFECTIOUS AGENT DETECTION BY N            | No                  |     |                   | ALL                              |
| 87523 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87525 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87526 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87527 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |
| 87528 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|--------------------------------------------|---------------------|-----|-------------------|---------------|
| 87529 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87530 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87531 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87532 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87533 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87534 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87535 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87536 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87537 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87538 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87539 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87540 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87541 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87542 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87550 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87551 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87552 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87555 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87556 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87557 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87560 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87561 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87562 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87563 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87564 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87580 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87581 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87582 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87590 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87591 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87592 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87593 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87594 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87623 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87624 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87625 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87626 | Lab+B55:C57                                | No                  |     |                   | ALL           |
| 87631 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87632 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87633 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87634 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87635 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87636 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87637 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87640 | INFECTION AGENT DETECTION BY NU            | No                  |     |                   | ALL           |
| 87641 | INFECTION AGENT DETECTION BY NU            | No                  |     |                   | ALL           |
| 87650 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87651 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87652 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87653 | DETECT INF AGT STREPTOCOCCUS               | No                  |     |                   | ALL           |
| 87660 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87661 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87662 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87797 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87798 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87799 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87800 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87801 | Infectious agent detection by nucleic acid | No                  |     |                   | ALL           |
| 87802 | Infectious agent antigen detection by immu | No                  |     |                   | ALL           |
| 87803 | Infectious agent antigen detection by immu | No                  |     |                   | ALL           |
| 87804 | Infectious agent antigen detection by immu | No                  |     |                   | ALL           |
| 87806 | Infectious agent antigen detection by immu | No                  |     |                   | ALL           |
| 87807 | Infectious agent antigen detection by immu | No                  |     |                   | ALL           |
| 87808 | INFECTION AGENT DETECTION BY NU            | No                  |     |                   | ALL           |
| 87809 | INFECTION AGENT DETECTION BY IM            | No                  |     |                   | ALL           |
| 87810 | Infectious agent detection by immunoassa   | No                  |     |                   | ALL           |
| 87811 | Infectious agent antigen detection in immu | No                  |     |                   | ALL           |
| 87850 | Infectious agent detection by immunoassa   | No                  |     |                   | ALL           |
| 87880 | Infectious agent detection by immunoassa   | No                  |     |                   | ALL           |
| 87899 | Infectious agent detection by immunoassa   | No                  |     |                   | ALL           |
| 87900 | INFECTION AGENT DRUG SUSCEPTI              | No                  |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                            |
|-------|----------------------------------------------------|---------------------|-----|-------------------|------------------------------------------|
| 87901 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL                                      |
| 87902 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL                                      |
| 87903 | INFECTIOUS AGENT PHENOTYPE ANA                     | No                  |     |                   | ALL                                      |
| 87904 | INFECTIOUS AGENT PHENOTYPE ANA                     | No                  |     |                   | ALL                                      |
| 87905 | Infectious agent enzymatic activity other th       | No                  |     |                   | ALL (Except MMP)                         |
| 87906 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL (Except MMP)                         |
| 87910 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL                                      |
| 87912 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL                                      |
| 87913 | Infectious agent genotype analysis by nucl         | No                  |     |                   | ALL                                      |
| 87999 | UNLISTED MICROBIOLOGY PROCEDUR                     | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)         |
| 87999 | UNLISTED MICROBIOLOGY PROCEDUR                     | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid               |
| 87999 | UNLISTED MICROBIOLOGY PROCEDUR                     | No                  |     |                   | PRICHO                                   |
| 88000 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88005 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88007 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88012 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88014 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88016 | NECROPSY (AUTOPSY), GROSS EXAM                     | Not Covered         |     |                   | ALL                                      |
| 88020 | NECROPSY (AUTOPSY), GROSS AND N                    | Not Covered         |     |                   | ALL                                      |
| 88025 | NECROPSY (AUTOPSY), GROSS AND N                    | Not Covered         |     |                   | ALL                                      |
| 88027 | NECROPSY (AUTOPSY), GROSS AND N                    | Not Covered         |     |                   | ALL                                      |
| 88028 | NECROPSY (AUTOPSY), GROSS AND N                    | Not Covered         |     |                   | ALL                                      |
| 88029 | NECROPSY (AUTOPSY), GROSS AND N                    | Not Covered         |     |                   | ALL                                      |
| 88036 | NECROPSY (AUTOPSY), LIMITED, GRO                   | Not Covered         |     |                   | ALL                                      |
| 88037 | NECROPSY (AUTOPSY), LIMITED, GRO                   | Not Covered         |     |                   | ALL                                      |
| 88040 | NECROPSY (AUTOPSY); FORENSIC EX                    | Not Covered         |     |                   | ALL                                      |
| 88045 | NECROPSY (AUTOPSY); CORONER'S C                    | Not Covered         |     |                   | ALL                                      |
| 88099 | UNLISTED NECROPSY (AUTOPSY) PRG                    | Not Covered         |     |                   | ALL                                      |
| 88104 | CYTOPATHOLOGY, FLUIDS, WASHING                     | No                  |     |                   | ALL                                      |
| 88106 | Cytopathology, fluids, washings or brushin         | No                  |     |                   | ALL                                      |
| 88108 | Cytopathology, concentration technique, st         | No                  |     |                   | ALL                                      |
| 88112 | Cytopathology, selective cellular enhancer         | No                  |     |                   | ALL                                      |
| 88120 | Cytopathology, in situ hybridization (eg, FI       | Yes                 |     |                   | ALL (Except MCWRAP, CAID, PRICHO)        |
| 88120 | Cytopathology, in situ hybridization (eg, FI       | No                  |     |                   | MCWRAP, CAID, PRICHO                     |
| 88121 | Cytopathology, in situ hybridization (eg, FI       | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, PrICHO) |
| 88121 | Cytopathology, in situ hybridization (eg, FI       | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, PRICHO       |
| 88125 | Cytopathology, forensic (eg, sperm)                | No                  |     |                   | ALL                                      |
| 88125 | Cytopathology, forensic (eg, sperm)                | Not Covered         |     |                   | CAID                                     |
| 88130 | Sex chromatin identification; Barr bodies          | No                  |     |                   | ALL                                      |
| 88140 | Sex chromatin identification; peripheral bld       | No                  |     |                   | ALL                                      |
| 88141 | Cytopathology, cervical or vaginal (any rep        | No                  |     |                   | ALL                                      |
| 88142 | Cytopathology, cervical or vaginal (any rep        | No                  |     |                   | ALL                                      |
| 88143 | Cytopathology, cervical or vaginal (any rep        | No                  |     |                   | ALL                                      |
| 88147 | Cytopathology smears, cervical or vaginal;         | No                  |     |                   | ALL                                      |
| 88148 | Cytopathology smears, cervical or vaginal;         | No                  |     |                   | ALL                                      |
| 88150 | Cytopathology, slides, cervical or vaginal;        | No                  |     |                   | ALL (Except CAID)                        |
| 88150 | Cytopathology, slides, cervical or vaginal; manu   | Not Covered         |     |                   | CAID                                     |
| 88152 | Cytopathology, slides, cervical or vaginal;        | No                  |     |                   | ALL (Except CAID)                        |
| 88152 | Cytopathology, slides, cervical or vaginal; with n | Not Covered         |     |                   | CAID                                     |
| 88153 | Cytopathology, slides, cervical or vaginal;        | No                  |     |                   | ALL (Except CAID)                        |
| 88153 | Cytopathology, slides, cervical or vaginal; with n | Not Covered         |     |                   | CAID                                     |
| 88155 | Cytopathology, slides, cervical or vaginal,        | No                  |     |                   | ALL                                      |
| 88160 | Cytopathology, smears, any other source;           | No                  |     |                   | ALL                                      |
| 88161 | Cytopathology, smears, any other source;           | No                  |     |                   | ALL                                      |
| 88162 | Cytopathology, smears, any other source;           | No                  |     |                   | ALL                                      |
| 88164 | Cytopathology, slides, cervical or vaginal (       | No                  |     |                   | ALL                                      |
| 88165 | Cytopathology, slides, cervical or vaginal (       | No                  |     |                   | ALL                                      |
| 88166 | Cytopathology, slides, cervical or vaginal (       | No                  |     |                   | ALL                                      |
| 88167 | Cytopathology, slides, cervical or vaginal (       | No                  |     |                   | ALL                                      |
| 88172 | Cytopathology, evaluation of fine needle as        | No                  |     |                   | ALL                                      |
| 88173 | Cytopathology, evaluation of fine needle as        | No                  |     |                   | ALL                                      |
| 88174 | Cytopathology, cervical or vaginal (any rep        | No                  |     |                   | ALL                                      |
| 88175 | Cytopathology, cervical or vaginal (any rep        | No                  |     |                   | ALL                                      |
| 88177 | Cytopathology, evaluation of fine needle as        | No                  |     |                   | ALL                                      |
| 88182 | FLOW CYTOMETRY; CELL CYCLE OR I                    | No                  |     |                   | ALL                                      |
| 88184 | Flow cytometry, cell surface, cytoplasmic,         | No                  |     |                   | ALL                                      |
| 88185 | Flow cytometry, cell surface, cytoplasmic,         | No                  |     |                   | ALL                                      |
| 88187 | Flow cytometry, interpretation; 2 to 8 mark        | No                  |     |                   | ALL                                      |
| 88188 | Flow cytometry, interpretation; 9 to 15 mar        | No                  |     |                   | ALL                                      |
| 88189 | Flow cytometry, interpretation; 16 or more         | No                  |     |                   | ALL                                      |
| 88199 | UNLISTED CYTOPATHOLOGY PROCED                      | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                                      | Rider Requirement | Product Lines              |
|-------|-----------------------------------------------|---------------------|------------------------------------------|-------------------|----------------------------|
| 88199 | UNLISTED CYTOPATHOLOGY PROCED                 | No                  |                                          |                   | MEDICARE COMP/MCWRAP, Caid |
| 88199 | UNLISTED CYTOPATHOLOGY PROCED                 | No                  |                                          |                   | PRICHO                     |
| 88230 | Tissue culture for non-neoplastic disorders   | No                  |                                          |                   | ALL (Except MCWRAP)        |
| 88230 | Tissue culture for non-neoplastic disorders   | Yes                 |                                          |                   | MCWRAP                     |
| 88233 | Tissue culture for non-neoplastic disorders   | No                  |                                          |                   | ALL (Except MCWRAP)        |
| 88233 | Tissue culture for non-neoplastic disorders   | Yes                 |                                          |                   | MCWRAP                     |
| 88235 | Tissue culture for non-neoplastic disorders   | No                  |                                          |                   | ALL (Except MCWRAP)        |
| 88235 | Tissue culture for non-neoplastic disorders   | Yes                 |                                          |                   | MCWRAP                     |
| 88237 | Tissue culture for neoplastic disorders; bo   | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 88237 | Tissue culture for neoplastic disorders; bo   | No                  |                                          |                   | McWrap/MED                 |
| 88239 | Tissue culture for neoplastic disorders; sol  | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 88239 | Tissue culture for neoplastic disorders; sol  | No                  |                                          |                   | McWrap/MED                 |
| 88240 | CRYOPRESERVATION, FREEZING AND                | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88240 | CRYOPRESERVATION, FREEZING AND                | No                  |                                          |                   | MCWRAP                     |
| 88241 | THAWING AND EXPANSION OF FROZE                | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88241 | THAWING AND EXPANSION OF FROZE                | No                  |                                          |                   | MCWRAP                     |
| 88245 | Chromosome analysis for breakage syndr        | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88245 | Chromosome analysis for breakage syndr        | No                  |                                          |                   | MCWRAP                     |
| 88248 | Chromosome analysis for breakage syndr        | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88248 | Chromosome analysis for breakage syndr        | No                  |                                          |                   | MCWRAP                     |
| 88249 | Chromosome analysis for breakage syndr        | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88249 | Chromosome analysis for breakage syndr        | No                  |                                          |                   | MCWRAP                     |
| 88261 | Chromosome analysis; count 5 cells, 1 kar     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88261 | Chromosome analysis; count 5 cells, 1 kar     | No                  |                                          |                   | MCWRAP                     |
| 88262 | Chromosome analysis; count 15-20 cells, ,     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88262 | Chromosome analysis; count 15-20 cells, ,     | No                  |                                          |                   | MCWRAP                     |
| 88263 | Chromosome analysis; count 45 cells for n     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88263 | Chromosome analysis; count 45 cells for n     | No                  |                                          |                   | MCWRAP                     |
| 88264 | Chromosome analysis; analyze 20-25 cells      | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 88264 | Chromosome analysis; analyze 20-25 cells      | No                  |                                          |                   | McWrap/MED                 |
| 88267 | Chromosome analysis, amniotic fluid or ch     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88267 | Chromosome analysis, amniotic fluid or ch     | No                  |                                          |                   | MCWRAP                     |
| 88269 | Chromosome analysis, in situ for amniotic     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88269 | Chromosome analysis, in situ for amniotic     | No                  |                                          |                   | MCWRAP                     |
| 88271 | MOLECULAR CYTOGENETICS; DNA PR                | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88271 | MOLECULAR CYTOGENETICS; DNA PR                | No                  |                                          |                   | MCWRAP                     |
| 88272 | Molecular cytogenetics; chromosomal in si     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88272 | Molecular cytogenetics; chromosomal in si     | No                  |                                          |                   | MCWRAP                     |
| 88273 | Molecular cytogenetics; chromosomal in si     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88273 | Molecular cytogenetics; chromosomal in si     | No                  |                                          |                   | MCWRAP                     |
| 88274 | MOLECULAR CYTOGENETICS; INTERP                | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88274 | MOLECULAR CYTOGENETICS; INTERP                | No                  |                                          |                   | MCWRAP                     |
| 88275 | Molecular cytogenetics; interphase in situ    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88275 | Molecular cytogenetics; interphase in situ    | No                  |                                          |                   | MCWRAP                     |
| 88280 | Chromosome analysis; additional karyotyp      | No                  | <a href="#">Preferred provider HFCDP</a> |                   | ALL (Except McWrap, MED)   |
| 88280 | Chromosome analysis; additional karyotyp      | No                  |                                          |                   | McWrap/MED                 |
| 88283 | Chromosome analysis; additional specializ     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88283 | Chromosome analysis; additional specializ     | No                  |                                          |                   | MCWRAP                     |
| 88285 | Chromosome analysis; additional cells cou     | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88285 | Chromosome analysis; additional cells cou     | No                  |                                          |                   | MCWRAP                     |
| 88289 | Chromosome analysis; additional high res      | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88289 | Chromosome analysis; additional high res      | No                  |                                          |                   | MCWRAP                     |
| 88291 | CYTOGENETICS AND MOLECULAR CY                 |                     |                                          |                   | ALL                        |
| 88299 | UNLISTED CYTOGENETIC STUDY                    | Yes                 |                                          |                   | ALL (Except MCWRAP)        |
| 88299 | UNLISTED CYTOGENETIC STUDY                    | No                  |                                          |                   | MCWRAP                     |
| 88300 | Level I - Surgical pathology, gross examin    | No                  |                                          |                   | ALL                        |
| 88302 | Level II - Surgical pathology, gross and mi   | No                  |                                          |                   | ALL                        |
| 88304 | Level III - Surgical pathology, gross and m   | No                  |                                          |                   | ALL                        |
| 88305 | LEVEL IV - SURGICAL PATHOLOGY, GF             | No                  |                                          |                   | ALL                        |
| 88307 | Level V - Surgical pathology, gross and mi    | No                  |                                          |                   | ALL                        |
| 88309 | Level VI - Surgical pathology, gross and m    | No                  |                                          |                   | ALL                        |
| 88311 | Decalcification procedure (List separately    | No                  |                                          |                   | ALL                        |
| 88312 | Special stains (List separately in addition t | No                  |                                          |                   | ALL                        |
| 88313 | SPECIAL STAINS (LIST SEPARATELY IN            | No                  |                                          |                   | ALL                        |
| 88314 | Special stains (List separately in addition t | No                  |                                          |                   | ALL                        |
| 88319 | Determinative histochemistry or cytochemi     | No                  |                                          |                   | ALL                        |
| 88321 | Consultation and report on referred slides    | No                  |                                          |                   | ALL                        |
| 88323 | Consultation and report on referred materi    | No                  |                                          |                   | ALL                        |
| 88325 | Consultation, comprehensive, with review      | No                  |                                          |                   | ALL                        |
| 88329 | Pathology consultation during surgery;        | No                  |                                          |                   | ALL                        |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement           | Product Lines                    |
|-------|-----------------------------------------------|---------------------|-----|-----------------------------|----------------------------------|
| 88331 | Pathology consultation during surgery; first  | No                  |     |                             | ALL                              |
| 88332 | Pathology consultation during surgery; each   | No                  |     |                             | ALL                              |
| 88333 | Intraop cyto path consult, 1                  | No                  |     |                             | ALL                              |
| 88334 | Pathology consultation during surgery; cyt    | No                  |     |                             | ALL                              |
| 88341 | Immunohistochemistry or immunocytochem        | No                  |     |                             | ALL                              |
| 88342 | IMMUNOCYTOCHEMISTRY (INCLUDING                | No                  |     |                             | ALL                              |
| 88344 | Immunohistochemistry or immunocytochem        | No                  |     |                             | ALL                              |
| 88346 | Immunofluorescent study, each antibody; c     | No                  |     |                             | ALL                              |
| 88348 | Electron microscopy; diagnostic               | No                  |     |                             | ALL                              |
| 88350 | Immunofluorescence, per specimen; each additi | No                  |     |                             | ALL                              |
| 88355 | Morphometric analysis; skeletal muscle        | No                  |     |                             | ALL                              |
| 88356 | Morphometric analysis; nerve                  | No                  |     |                             | ALL                              |
| 88358 | TUMOR (EG, DNA PLOIDY)                        | Not Covered         |     |                             | ALL                              |
| 88360 | MORPHOMETRIC ANALYSIS, TUMOR IN               | No                  |     |                             | ALL                              |
| 88361 | MORPHOMETRIC ANALYSIS, TUMOR IN               | No                  |     |                             | ALL                              |
| 88362 | Nerve teasing preparations                    | No                  |     |                             | ALL                              |
| 88363 | Examination and selection of retrieved arc    | No                  |     |                             | ALL                              |
| 88364 | In situ hybridization (eg, FISH), per specim  | No                  |     |                             | ALL                              |
| 88365 | TISSUE IN SITU HYBRIDIZATION (EG FI           | No                  |     |                             | ALL                              |
| 88366 | In situ hybridization (eg, FISH), per specim  | No                  |     |                             | ALL                              |
| 88367 | MORPHOMETRIC ANALYSIS, IN SITU H              | No                  |     |                             | ALL                              |
| 88368 | MORPHOMETRIC ANALYSIS, IN SITU H              | No                  |     |                             | ALL                              |
| 88369 | Morphometric analysis, in situ hybridization  | No                  |     |                             | ALL                              |
| 88371 | Protein analysis of tissue by Western Blot,   | No                  |     |                             | ALL                              |
| 88372 | Protein analysis of tissue by Western Blot,   | No                  |     |                             | ALL                              |
| 88373 | Morphometric analysis, in situ hybridization  | No                  |     |                             | ALL                              |
| 88374 | Morphometric analysis, in situ hybridization  | No                  |     |                             | ALL                              |
| 88375 | Optical endomicroscopic image(s), interpre    | No                  |     |                             | ALL                              |
| 88377 | Morphometric analysis, in situ hybridization  | No                  |     |                             | ALL                              |
| 88380 | Microdissection (eg, mechanical, laser cap    | No                  |     |                             | ALL                              |
| 88381 | MICRODISSECTION (IE, SAMPLE PREP              | No                  |     |                             | ALL                              |
| 88387 | MACROSCOPIC EXAM, DISSECTION, &               | No                  |     |                             | ALL                              |
| 88399 | UNLISTED SURGICAL PATHOLOGY PR                | No                  |     |                             | ALL                              |
| 88400 | BILIRUBIN, TOTAL, TRANSCUTANEOUS              | No                  |     |                             | ALL                              |
| 88720 | Bilirubin, total, transcutaneous              | No                  |     |                             | ALL                              |
| 88738 | HEMOGLOBIN (HGB), QUANTITATIVE, T             | No                  |     |                             | ALL                              |
| 88740 | Hemoglobin, quantitative, transcutaneous,     | No                  |     |                             | ALL                              |
| 88741 | Hemoglobin, quantitative, transcutaneous,     | No                  |     |                             | ALL                              |
| 88749 | Unlisted in vivo (eg, transcutaneous) labor   | No                  |     |                             | ALL                              |
| 89049 | Chct for mal hyperthermia                     | No                  |     |                             | ALL                              |
| 89050 | CELL COUNT, MISCELLANEOUS BODY                | No                  |     |                             | ALL                              |
| 89051 | Cell count, miscellaneous body fluids (eg,    | No                  |     |                             | ALL                              |
| 89055 | Leukocyte assessment, fecal, qualitative o    | No                  |     |                             | ALL                              |
| 89060 | Crystal identification by light microscopy w  | No                  |     |                             | ALL                              |
| 89125 | Fat stain, feces, urine, or respiratory secre | No                  |     |                             | ALL                              |
| 89160 | Meat fibers, feces                            | No                  |     |                             | ALL (Except CAID)                |
| 89160 | Meat fibers, feces                            | Not Covered         |     |                             | CAID                             |
| 89190 | Nasal smear for eosinophils                   | No                  |     |                             | ALL                              |
| 89220 | Sputum, obtaining specimen, aerosol indu      | No                  |     |                             | ALL                              |
| 89230 | Sweat collection by iontophoresis             | No                  |     |                             | ALL                              |
| 89240 | UNLISTED MISCELLANEOUS PATHOLO                | Yes                 |     |                             | ALL (Except Medicare Comp, Caid) |
| 89240 | UNLISTED MISCELLANEOUS PATHOLO                | No                  |     |                             | MEDICARE COMP/MCWRAP, Caid       |
| 89240 | UNLISTED MISCELLANEOUS PATHOLO                | No                  |     |                             | PRICHO                           |
| 89250 | CULTURE OF OOCYTE(S)/EMBRYO(S),               | Yes                 | *   | A                           | ALL                              |
| 89251 | CULTURE AND FERTILIZATION OF OOC              | Yes                 | *   | A                           | ALL                              |
| 89253 | ASSISTED EMBRYO HATCHING, MICRC               | Yes                 | *   | A                           | ALL                              |
| 89254 | OOCYTE IDENTIFICATION FROM FOLLI              | Yes                 | *   | A                           | ALL                              |
| 89255 | PREPARATION OF EMBRYO FOR TRAN                | Yes                 | *   | A                           | ALL                              |
| 89257 | SPERM IDENTIFICATION FROM ASPIRA              | No                  |     | A/I                         | ALL                              |
| 89257 | SPERM IDENTIFICATION FROM ASPIRATION          | Not Covered         |     |                             | CAID                             |
| 89258 | CRYOPRESERVATION; EMBRYO                      | Not Covered         |     |                             | ALL                              |
| 89259 | CRYOPRESERVATION, SPERM                       | Yes                 | *   | MED NEC<br>FERT PRE<br>SERV | ALL                              |
| 89260 | SPERM ISOLATION; SIMPLE PREP (EG,             | No                  |     | A/I                         | ALL                              |
| 89260 | SPERM ISOLATION; SIMPLE PREP (EG, SPE         | Not Covered         |     |                             | CAID                             |
| 89261 | SPERM ISOLATION; COMPLEX PREP (E              | No                  |     | A/I                         | ALL                              |
| 89261 | SPERM ISOLATION; COMPLEX PREP (EG, PE         | Not Covered         |     |                             | CAID                             |
| 89264 | SPERM IDENTIFICATION FROM TESTIS              | No                  |     |                             | ALL                              |
| 89264 | SPERM IDENTIFICATION FROM TESTIS TISS         | Not Covered         |     |                             | CAID                             |
| 89268 | INSEMINATION OF OOCYTES                       | Yes                 | *   | A                           | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key       | Rider Requirement           | Product Lines                               |
|-------|-------------------------------------------------|---------------------|-----------|-----------------------------|---------------------------------------------|
| 89272 | EXTENDED CULTURE OF OOCYTE(S)/E                 | Yes                 | *         | A                           | ALL                                         |
| 89280 | ASSISTED OOCYTE FERTILIZATION, MI               | Yes                 | *         | A                           | ALL                                         |
| 89281 | ASSISTED OOCYTE FERTILIZATION, MI               | Yes                 | *         | A                           | ALL                                         |
| 89290 | BIOPSY, OOCYTE POLAR BODY OR EM                 | Not Covered         |           |                             | ALL                                         |
| 89291 | BIOPSY, OOCYTE POLAR BODY OR EM                 | Not Covered         |           |                             | ALL                                         |
| 89300 | Semen analysis; presence and/or motility        | No                  |           |                             | ALL (Except MMP)                            |
| 89310 | Semen analysis; motility and count (not in      | No                  |           |                             | ALL (Except MMP)                            |
| 89320 | Semen analysis; complete (volume, count)        | No                  |           |                             | ALL (Except MMP)                            |
| 89321 | SEMEN ANALYSIS, PRESENCE AND/OF                 | No                  |           |                             | ALL (Except MMP)                            |
| 89322 | SEMEN ANALYSIS; VOLUME, COUNT, N                | No                  |           |                             | ALL (Except MMP)                            |
| 89325 | Sperm antibodies                                | No                  |           |                             | ALL (Except CAID)                           |
| 89325 | Sperm antibodies                                | Not Covered         |           |                             | CAID                                        |
| 89329 | SPERM EVALUATION; HAMSTER PENE                  | No                  |           |                             | ALL (Except CAID)                           |
| 89329 | SPERM EVALUATION; HAMSTER PENETRAT              | Not Covered         |           |                             | CAID                                        |
| 89330 | Sperm evaluation; cervical mucus penetra        | No                  |           |                             | ALL (Except CAID)                           |
| 89330 | Sperm evaluation; cervical mucus penetration te | Not Covered         |           |                             | CAID                                        |
| 89331 | SPERM EVALUATION, FOR RETROGRA                  | Yes                 |           |                             | ALL (Except Medicare Comp, Caid)            |
| 89331 | SPERM EVALUATION, FOR RETROGRA                  | No                  |           |                             | MEDICARE COMP/MCWRAP, Caid                  |
| 89331 | SPERM EVALUATION, FOR RETROGRA                  | No                  |           |                             | PRICHO                                      |
| 89335 | CRYOPRESERVATION, REPRODUCTIV                   | Not Covered         |           |                             | ALL                                         |
| 89337 | Cryopreservation, mature oocyte(s)              | Yes                 | *         | MED NEC<br>FERT PRE<br>SERV | ALL                                         |
| 89342 | STORAGE/YEAR; EMBRYO(S)                         | Not Covered         |           |                             | ALL                                         |
| 89343 | STORAGE, (PER YEAR); SPERM/SEMEI                | Yes                 | *         | MED NEC<br>FERT PRE<br>SERV | ALL                                         |
| 89344 | STORAGE, (PER YEAR); REPRODUCTIV                | Not Covered         |           |                             | ALL                                         |
| 89346 | STORAGE, (PER YEAR); OOCYTE                     | Yes                 | *         | MED NEC<br>FERT PRE<br>SERV | ALL                                         |
| 89352 | THAWING OF CRYOPRESERVED; EMB                   | Not Covered         |           |                             | ALL                                         |
| 89353 | THAWING OF CRYOPRESERVED; SPEI                  | Not Covered         |           |                             | ALL                                         |
| 89354 | THAWING OF CRYOPRESERVED; REPI                  | Not Covered         |           |                             | ALL                                         |
| 89356 | THAWING OF CRYOPRESERVED; OOC                   | Not Covered         |           |                             | ALL                                         |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE                  | Yes                 |           |                             | ALL                                         |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE                  | No                  |           |                             | MEDICARE COMP/MCWRAP                        |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE                  | No                  |           |                             | PRICHO                                      |
| 89398 | UNLISTED REPRODUCTIVE MEDICINE LABO             | Not Covered         |           |                             | CAID                                        |
| 90281 | IMMUNE GLOBULIN (IG), HUMAN, FOR                | Yes                 | SPC/ExGEN |                             | ALL (Except McWrap, MED, MMP, PRICHO)       |
| 90281 | IMMUNE GLOBULIN (IG), HUMAN, FOR                | No                  |           |                             | MCWRAP/MED/MMP/PRICHO                       |
| 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FO               | Yes                 | SPC/ExGEN |                             | ALL (Except McWrap, MED, MMP, PRICHO)       |
| 90283 | IMMUNE GLOBULIN (IGIV), HUMAN, FO               | No                  |           |                             | MCWRAP/MED/MMP/PRICHO                       |
| 90284 | IMMUNE GLOBULIN (SCIg), HUMAN, FO               | No                  |           |                             | ALL (Except Caid)                           |
| 90284 | IMMUNE GLOBULIN (SCIg), HUMAN, FO               | Yes                 |           |                             | Caid                                        |
| 90287 | Botulinum antitoxin, equine, any route          | No                  |           |                             | ALL                                         |
| 90287 | Botulinum antitoxin, equine, any route          | Not Covered         |           |                             | CAID                                        |
| 90288 | Botulism immune globulin, human, for intra      | No                  |           |                             | ALL                                         |
| 90288 | Botulism immune globulin, human, for intraveno  | Not Covered         |           |                             | CAID                                        |
| 90291 | Cytomegalovirus immune globulin (CMV-Ig         | No                  |           |                             | ALL                                         |
| 90291 | Cytomegalovirus immune globulin (CMV-IgIV), h   | Not Covered         |           |                             | CAID                                        |
| 90296 | Diphtheria antitoxin, equine, any route         | No                  |           |                             | ALL (Except Caid)                           |
| 90296 | Diphtheria antitoxin, equine, any route         | Yes                 |           |                             | Caid                                        |
| 90371 | Hepatitis B immune globulin (HBIG), huma        | No                  |           |                             | ALL                                         |
| 90375 | RABIES IMMUNE GLOBULIN (RIG), HUM               | No                  |           |                             | ALL                                         |
| 90376 | RABIES IMMUNE GLOBULIN (RIG-HT), H              | No                  |           |                             | ALL                                         |
| 90377 | Rabies immune globulin, heat- and solven        | No                  |           |                             | ALL                                         |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IMM                 | Yes                 | PCM/ExGEN |                             | ALL (Except McWrap, MED, MMP, PRICHO, CAID) |
| 90378 | RESPIRATORY SYNCYTIAL VIRUS IMM                 | No                  |           |                             | MCWRAP/MED/MMP/PRICHO/CAID                  |
| 90380 | Respiratory syncytial virus, monoclonal         | No                  |           |                             | ALL                                         |
| 90381 | Respiratory syncytial virus, monoclonal         | No                  |           |                             | ALL                                         |
| 90384 | Rho(D) immune globulin (Rhlg), human, fu        | No                  |           |                             | ALL                                         |
| 90385 | Rho(D) immune globulin (Rhlg), human, m         | No                  |           |                             | ALL                                         |
| 90386 | Rho(D) immune globulin (RhlgIV), human,         | No                  |           |                             | ALL                                         |
| 90389 | Tetanus immune globulin (Tlg), human, fo        | No                  |           |                             | ALL                                         |
| 90393 | Vaccinia immune globulin, human, for intra      | No                  |           |                             | ALL                                         |
| 90396 | Varicella-zoster immune globulin, human,        | No                  |           |                             | ALL                                         |
| 90399 | UNLISTED IMMUNE GLOBULIN                        | Yes                 |           |                             | ALL                                         |
| 90399 | UNLISTED IMMUNE GLOBULIN                        | No                  |           |                             | MEDICARE COMP/MCWRAP                        |
| 90460 | Immunization administration through 18 ye       | No                  |           |                             | ALL                                         |
| 90461 | Immunization administration through 18 ye       | No                  |           |                             | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines        |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------|
| 90470 | H1N1 IMMUNIZATION ADMINISTRATION                 | No                  |     |                   | ALL                  |
| 90471 | Immunization administration (includes perc       | No                  |     |                   | ALL                  |
| 90472 | Immunization administration (includes perc       | No                  |     |                   | ALL                  |
| 90473 | Immunization administration by intranasal        | No                  |     |                   | ALL                  |
| 90474 | Immunization administration by intranasal        | No                  |     |                   | ALL                  |
| 90476 | Adenovirus vaccine, type 4, live, for oral us    | No                  |     |                   | ALL                  |
| 90477 | Adenovirus vaccine, type 7, live, for oral us    | No                  |     |                   | ALL                  |
| 90480 | Immunization administration by intramuscu        | No                  |     |                   | ALL                  |
| 90581 | Anthrax vaccine, for subcutaneous use            | No                  |     |                   | ALL                  |
| 90584 | Dengue vaccine, quadrivalent, live, 2 dose       | Not covered         |     |                   | ALL                  |
| 90585 | Bacillus Calmette-Guerin vaccine (BCG) fo        | No                  | *   |                   | ALL                  |
| 90586 | Bacillus Calmette-Guerin vaccine (BCG) fo        | No                  | -   |                   | ALL                  |
| 90587 | Dengue vaccine, quadrivalent, live, 3 dose       | Not Covered         |     |                   | ALL                  |
| 90589 | Chikungunya virus vaccine, live attenuated       | No                  |     |                   | ALL                  |
| 90593 | Chikungunya virus vaccine, recombinant, f        | No                  |     |                   | ALL                  |
| 90611 | Vaccinia (smallpox) virus vaccine, live, lyo     | No                  |     |                   | ALL                  |
| 90619 | Meningococcal conjugate vaccine, serogroups A    | No                  |     |                   | ALL                  |
| 90620 | Meningococcal recombinant protein and outer m    | No                  | *   |                   | ALL                  |
| 90621 | Meningococcal recombinant lipoprotein vaccine,   | No                  | *   |                   | ALL                  |
| 90622 | Smallpox and monkeypox vaccine, attenua          | No                  | -   |                   | ALL                  |
| 90623 | Meningococcal pentavalent vaccine, conju         | No                  |     |                   | ALL                  |
| 90624 | Meningococcal pentavalent vaccine, Men           | No                  |     |                   | ALL                  |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose sche | Yes                 |     |                   | ALL                  |
| 90625 | Cholera vaccine, live, adult dosage, 1 dose sche | No                  |     |                   | MEDICARE COMP/MCWRAP |
| 90626 | Tick-borne encephalitis virus vaccine, inac      | Not covered         |     |                   | ALL                  |
| 90627 | Tick-borne encephalitis virus vaccine, inac      | Not covered         |     |                   | ALL                  |
| 90630 | Influenza virus vaccine, quadrivalent (IIV4)     | No                  |     |                   | ALL                  |
| 90632 | Hepatitis A vaccine, adult dosage, for intra     | No                  | *   |                   | ALL                  |
| 90633 | Hepatitis A vaccine, pediatric/adolescent d      | No                  | *   |                   | ALL                  |
| 90634 | Hepatitis A vaccine, pediatric/adolescent d      | No                  | -   |                   | ALL                  |
| 90636 | Hepatitis A and hepatitis B vaccine (HepA        | No                  | *   |                   | ALL                  |
| 90637 | Influenza virus vaccine, quadrivalent (qIRV      | No                  | -   |                   | ALL                  |
| 90638 | Influenza virus vaccine, quadrivalent (qIRV      | No                  |     |                   | ALL                  |
| 90644 | Meningococcal conjugate vaccine, serogrc         | No                  |     |                   | ALL                  |
| 90647 | Hemophilus influenza b vaccine (Hib), PRI        | No                  |     |                   | ALL                  |
| 90648 | Hemophilus influenza b vaccine (Hib), PRI        | No                  | *   |                   | ALL                  |
| 90649 | HUMAN PAPILLOMA VIRUS (HPV) VACC                 | No                  | *   |                   | ALL                  |
| 90650 | HUMAN PAPILLOMAVIRUS (HPV) VACC                  | No                  | -   |                   | ALL                  |
| 90651 | Human Papillomavirus vaccine types 6, 11         | No                  | *   |                   | ALL                  |
| 90653 | Influenza vaccine, inactivated, subunit, adj     | No                  |     |                   | ALL                  |
| 90655 | Influenza virus vaccine, split virus, preserv    | No                  |     |                   | ALL                  |
| 90656 | Influenza virus vaccine, split virus, preserv    | No                  |     |                   | ALL                  |
| 90657 | Influenza virus vaccine, split virus, for child  | No                  |     |                   | ALL                  |
| 90658 | Influenza virus vaccine, split virus, for use    | No                  |     |                   | ALL                  |
| 90660 | INFLUENZA VIRUS VACCINE, LIVE, FOR               | No                  |     |                   | ALL                  |
| 90661 | INFLUENZA VIRUS VACCINE, DERIVED                 | No                  |     |                   | ALL                  |
| 90662 | INFLUENZA VIRUS VACCINE, SPLIT VIR               | No                  |     |                   | ALL                  |
| 90664 | Influenza virus vaccine, pandemic formula        | Not Covered         |     |                   | ALL                  |
| 90666 | Influenza virus vaccine, pandemic formula        | Not Covered         |     |                   | ALL                  |
| 90667 | Influenza virus vaccine, pandemic formula        | Not Covered         |     |                   | ALL                  |
| 90668 | Influenza virus vaccine, pandemic formula        | Not Covered         |     |                   | ALL                  |
| 90670 | PNEUMOCOCCAL CONJUGATE VACCINE,                  | No                  |     |                   | ALL                  |
| 90671 | Pneumococcal conjugate vaccine, 15 vale          | No                  |     |                   | ALL                  |
| 90672 | Influenza virus vaccine, quadrivalent, live,     | No                  |     |                   | ALL                  |
| 90673 | Influenza virus vaccine, trivalent, derived f    | No                  |     |                   | ALL                  |
| 90674 | Influenza virus vaccine, quadrivalent (ccIV      | No                  |     |                   | ALL                  |
| 90675 | Rabies vaccine, for intramuscular use            | No                  |     |                   | ALL                  |
| 90676 | Rabies vaccine, for intradermal use              | No                  |     |                   | ALL                  |
| 90677 | Pneumococcal conjugate vaccine, 20 vale          | No                  |     |                   | ALL                  |
| 90678 | Respiratory syncytial virus vaccine, preF, s     | No                  |     |                   | ALL                  |
| 90679 | Respiratory syncytial virus vaccine, preF, r     | No                  |     |                   | ALL                  |
| 90680 | Rotavirus vaccine, tetravalent, live, for ora    | No                  | *   |                   | ALL                  |
| 90681 | ROTAVIRUS VACCINE, HUMAN, ATTEN                  | No                  | *   |                   | ALL                  |
| 90682 | Influenza virus vaccine, quadrivalent (RIV4      | No                  |     |                   | ALL                  |
| 90683 | Respiratory syncytial virus vaccine, mRNA        | No                  |     |                   | ALL                  |
| 90684 | Pneumococcal conjugate vaccine, 21               | No                  |     |                   | ALL                  |
| 90685 | Influenza virus vaccine, quadrivalent, split     | No                  |     |                   | ALL                  |
| 90686 | Influenza virus vaccine, quadrivalent, split     | No                  |     |                   | ALL                  |
| 90687 | Influenza virus vaccine, quadrivalent, split     | No                  |     |                   | ALL                  |
| 90688 | Influenza virus vaccine, quadrivalent, split     | No                  |     |                   | ALL                  |
| 90689 | Influenza virus vaccine, quadrivalent (IIV4)     | No                  |     |                   | ALL                  |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key  | Rider Requirement | Product Lines                    |
|-------|-------------------------------------------------|---------------------|------|-------------------|----------------------------------|
| 90690 | TYPHOID VACCINE, LIVE, ORAL                     | Not Covered         |      |                   | ALL                              |
| 90691 | TYPHOID VACCINE, VI CAPSULAR POL                | Not Covered         | *    |                   | ALL (Except Caid, MMP)           |
| 90691 | TYPHOID VACCINE, VI CAPSULAR POL                | No                  | -    |                   | Caid, MMP                        |
| 90694 | Influenza virus vaccine, quadrivalent (allV     | No                  |      |                   | ALL                              |
| 90696 | DIPHTHERIA, TETANUS TOXOIDS, ACE                | No                  | *    |                   | ALL                              |
| 90697 | Diphtheria, tetanus toxoids, acellular pertu    | No                  | *    |                   | ALL                              |
| 90698 | DIPHTHERIA, TETANUS TOXOIDS, ACE                | No                  | *    |                   | ALL                              |
| 90700 | Diphtheria, tetanus toxoids, and acellular p    | No                  | *    |                   | ALL                              |
| 90702 | Diphtheria and tetanus toxoids (DT) adsor       | No                  | *    |                   | ALL                              |
| 90707 | Measles, mumps and rubella virus vaccine        | No                  | *    |                   | ALL                              |
| 90710 | Measles, mumps, rubella, and varicella va       | No                  | *    |                   | ALL                              |
| 90713 | Poliovirus vaccine, inactivated, (IPV), for s   | No                  | *    |                   | ALL                              |
| 90714 | Td vaccine no prsrv >= 7 im                     | No                  | *    |                   | ALL                              |
| 90715 | Tetanus, diphtheria toxoids and acellular p     | No                  | *    |                   | ALL                              |
| 90716 | Varicella virus vaccine, live, for subcutane    | No                  | *    |                   | ALL                              |
| 90717 | YELLOW FEVER VACCINE, LIVE, FOR S               | Not Covered         | *    |                   | ALL (Except Caid)                |
| 90717 | YELLOW FEVER VACCINE, LIVE, FOR S               | No                  | -    |                   | Caid                             |
| 90723 | Diphtheria, tetanus toxoids, acellular pertu    | No                  | *    |                   | ALL                              |
| 90732 | Pneumococcal polysaccharide vaccine, 23         | No                  | -    |                   | ALL                              |
| 90733 | Meningococcal polysaccharide vaccine (ar        | No                  | *    |                   | ALL                              |
| 90733 | Meningococcal polysaccharide vaccine (any gro   | Not Covered         |      |                   | CAID                             |
| 90734 | Meningococcal conjugate vaccine, serogrc        | No                  | *    |                   | ALL                              |
| 90736 | ZOSTER (SHINGLES) VACCINE, LIVE, F              | No                  | *    |                   | ALL                              |
| 90738 | JAPANESE ENCEPHALITIS VIRUS VAC                 | Not Covered         | -    |                   | ALL                              |
| 90739 | Hepatitis B vaccine, adult dosage (2 dose       | No                  |      |                   | ALL                              |
| 90740 | Hepatitis B vaccine, dialysis or immunosup      | No                  |      |                   | ALL                              |
| 90743 | Hepatitis B vaccine, adolescent (2 dose sc      | No                  |      |                   | ALL                              |
| 90743 | Hepatitis B vaccine, adolescent (2 dose schedul | Not Covered         |      |                   | CAID                             |
| 90744 | Hepatitis B vaccine, pediatric/adolescent d     | No                  |      |                   | ALL                              |
| 90746 | Hepatitis B vaccine, adult dosage, for intra    | No                  |      |                   | ALL                              |
| 90747 | Hepatitis B vaccine, dialysis or immunosup      | No                  |      |                   | ALL                              |
| 90748 | Hepatitis B and Hemophilus influenza b va       | No                  |      |                   | ALL                              |
| 90748 | Hepatitis B and Hemophilus influenza b vaccine  | Not Covered         |      |                   | CAID                             |
| 90749 | UNLISTED VACCINE/TOXOID                         | Yes                 |      |                   | ALL                              |
| 90749 | UNLISTED VACCINE/TOXOID                         | No                  |      |                   | MEDICARE COMP/MCWRAP             |
| 90749 | UNLISTED VACCINE/TOXOID                         | No                  |      |                   | PRICHO                           |
| 90750 | Zoster (shingles) vaccine (HZV), recombin       | No                  | *    |                   | ALL                              |
| 90756 | Influenza virus vaccine, quadrivalent (cclIV    | No                  | -    |                   | ALL                              |
| 90758 | Zaire ebolavirus vaccine, live, for intramus    | Yes                 | *    |                   | ALL (Except MCWRAP, PRICHO)      |
| 90758 | Zaire ebolavirus vaccine, live, for intramus    | No                  |      |                   | MCWRAP, PRICHO                   |
| 90759 | Hepatitis B vaccine (HepB), 3-antigen (S, I     | No                  |      |                   | ALL                              |
| 90863 | Pharmacologic management, including pre         | Not Covered         |      |                   | ALL                              |
| 90867 | Therapeutic repetitive transcranial magnet      | Yes                 | CBHM |                   | ALL (Except MMP)                 |
| 90867 | Therapeutic repetitive transcranial magnet      | No                  |      |                   | MMP                              |
| 90868 | Therapeutic repetitive transcranial magnet      | Yes                 | CBHM |                   | ALL (Except MMP)                 |
| 90868 | Therapeutic repetitive transcranial magnet      | No                  |      |                   | MMP                              |
| 90869 | Therapeutic repetitive transcranial magnet      | Yes                 | CBHM |                   | ALL (Except MMP)                 |
| 90869 | Therapeutic repetitive transcranial magnet      | No                  |      |                   | MMP                              |
| 90870 | ELECTROCONVULSIVE THERAPY (INC                  | Yes                 | CBHM |                   | ALL (Except Medicare Comp, MMP)  |
| 90870 | ELECTROCONVULSIVE THERAPY (INC                  | No                  |      |                   | MEDICARE COMP/MCWRAP, MMP        |
| 90887 | Interpretation or explanation of results of p   | Yes                 | *    |                   | ALL                              |
| 90887 | Interpretation or explanation of results of p   | No                  | *    |                   | MEDICARE COMP/MCWRAP             |
| 90887 | Interpretation or explanation of results of p   | No                  | -    |                   | PRICHO                           |
| 90899 | UNLISTED PSYCHIATRIC SERVICE OR                 | Not Covered         |      |                   | ALL (Except Caid)                |
| 90899 | UNLISTED PSYCHIATRIC SERVICE OR                 | Yes                 |      |                   | CAID                             |
| 90901 | BIOFEEDBACK TRAINING BY ANY MOD                 | Yes                 |      |                   | ALL (Except MMP, PRICHO, MCWRAP) |
| 90901 | BIOFEEDBACK TRAINING BY ANY MOD                 | No                  |      |                   | MMP, PRICHO, MCWRAP              |
| 90911 | BIOFEEDBACK TRAINING, PERINEAL M                | No                  |      |                   | MED, QHP                         |
| 90912 | Biofeedback training, perineal muscles, ar      | No                  |      |                   | ALL                              |
| 90913 | Biofeedback training, perineal muscles, ar      | No                  |      |                   | ALL                              |
| 90935 | Hemodialysis procedure with single physio       | No                  |      |                   | ALL                              |
| 90937 | Hemodialysis procedure requiring repeate        | No                  |      |                   | ALL                              |
| 90940 | Hemodialysis access flow study to determi       | No                  |      |                   | ALL                              |
| 90945 | Dialysis procedure other than hemodialysis      | No                  |      |                   | ALL                              |
| 90947 | Dialysis procedure other than hemodialysis      | No                  |      |                   | ALL                              |
| 90951 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |
| 90952 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |
| 90953 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |
| 90954 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |
| 90955 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |
| 90956 | End-stage renal disease (ESRD) related s        | No                  |      |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|--------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| 90957 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90958 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90959 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90960 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90961 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90962 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90963 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90964 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90965 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90966 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90967 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90968 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90969 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90970 | End-stage renal disease (ESRD) related s         | No                  |     |                   | ALL                                   |
| 90989 | Dialysis training, patient, including helper v   | No                  |     |                   | ALL                                   |
| 90993 | Dialysis training, patient, including helper v   | No                  |     |                   | ALL                                   |
| 90997 | Hemoperfusion (eg, with activated charcoa        | No                  |     |                   | ALL                                   |
| 90997 | Hemoperfusion (eg, with activated charcoal or re | Not Covered         |     |                   | CAID                                  |
| 90999 | UNLISTED DIALYSIS PROCEDURE, INP                 | No                  |     |                   | ALL                                   |
| 91010 | Esophageal motility (manometric study of f       | No                  |     |                   | ALL                                   |
| 91013 | Esophageal motility (manometric study of f       | No                  |     |                   | ALL                                   |
| 91020 | Gastric motility (manometric) studies            | No                  |     |                   | ALL                                   |
| 91022 | Duodenal motility study                          | No                  |     |                   | ALL                                   |
| 91030 | Esophagus, acid perfusion (Bernstein) tes        | No                  |     |                   | ALL                                   |
| 91034 | Esophagus, gastroesophageal reflux test;         | No                  |     |                   | ALL                                   |
| 91035 | ESOPHAGUS, GASTROESOPHAGEAL                      | No                  |     |                   | ALL                                   |
| 91037 | Esophageal function test, gastroesophage         | No                  |     |                   | ALL                                   |
| 91038 | Esophageal function test, gastroesophage         | No                  |     |                   | ALL                                   |
| 91040 | Esophageal balloon distension provocatio         | No                  |     |                   | ALL                                   |
| 91065 | Breath hydrogen test (eg, for detection of I     | No                  |     |                   | ALL                                   |
| 91110 | GASTROINTESTINAL TRACT IMAGING,                  | No                  |     |                   | ALL                                   |
| 91111 | GASTROINTESTINAL TRACT IMAGING,                  | No                  |     |                   | ALL                                   |
| 91112 | Gastrointestinal transit and pressure meas       | Yes                 |     |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 91112 | Gastrointestinal transit and pressure meas       | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 91112 | Gastrointestinal transit and pressure meas       | No                  |     |                   | PRICHO                                |
| 91113 | Gastrointestinal tract imaging, intraluminal     | Not Covered         |     |                   | ALL (Except MED, MMP, CAID, PRICHO)   |
| 91113 | Gastrointestinal tract imaging, intraluminal     | No                  |     |                   | MED, MMP, CAID, PRICHO                |
| 91117 | Colon motility (manometric) study, minimu        | No                  |     |                   | ALL                                   |
| 91120 | Rectal sensation, tone, and compliance te        | No                  |     |                   | ALL                                   |
| 91122 | Anorectal manometry                              | No                  |     |                   | ALL                                   |
| 91132 | Electrogastrography, diagnostic, transcuta       | No                  |     |                   | ALL                                   |
| 91132 | Electrogastrography, diagnostic, transcutaneous  | Not Covered         |     |                   | CAID                                  |
| 91133 | Electrogastrography, diagnostic, transcuta       | No                  |     |                   | ALL                                   |
| 91133 | Electrogastrography, diagnostic, transcutaneous  | Not Covered         |     |                   | CAID                                  |
| 91200 | Liver elastography, mechanically induced s       | No                  |     |                   | ALL                                   |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTE                   | Yes                 |     |                   | ALL                                   |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTE                   | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| 91299 | UNLISTED DIAGNOSTIC GASTROENTE                   | No                  |     |                   | PRICHO                                |
| 91304 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 91318 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 91319 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 91320 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 91321 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 91322 | Severe acute respiratory syndrome corona         | No                  |     |                   | ALL                                   |
| 92002 | Ophthalmological services: medical exami         | No                  |     |                   | ALL                                   |
| 92004 | Ophthalmological services: medical exami         | No                  |     |                   | ALL                                   |
| 92012 | Ophthalmological services: medical exami         | No                  |     |                   | ALL                                   |
| 92014 | Ophthalmological services: medical exami         | No                  |     |                   | ALL                                   |
| 92015 | Determination of refractive state                | No                  |     |                   | ALL                                   |
| 92018 | Ophthalmological examination and evalua          | No                  |     |                   | ALL                                   |
| 92019 | Ophthalmological examination and evalua          | No                  |     |                   | ALL                                   |
| 92020 | Gonioscopy (separate procedure)                  | No                  |     |                   | ALL                                   |
| 92025 | COMPUTERIZED CORNEAL TOPOGRA                     | No                  |     |                   | ALL                                   |
| 92060 | Sensorimotor examination with multiple m         | No                  |     |                   | ALL                                   |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAIN                  | Not Covered         |     |                   | ALL (Except Caid, MMP)                |
| 92065 | ORTHOPTIC AND/OR PLEOPTIC TRAIN                  | No                  |     |                   | Caid, MMP                             |
| 92066 | Orthoptic training; under supervision of a p     | Not covered         |     |                   | ALL (Except CAID, MMP)                |
| 92066 | Orthoptic training; under supervision of a p     | No                  |     |                   | CAID, MMP                             |
| 92071 | Fitting of contact lens for treatment of ocul    | No                  | *   |                   | ALL                                   |
| 92072 | Fitting of contact lens for management of k      | No                  | *   |                   | ALL                                   |
| 92081 | Visual field examination, unilateral or bilate   | No                  | -   |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines          |
|-------|---------------------------------------------------|---------------------|-----|-------------------|------------------------|
| 92082 | Visual field examination, unilateral or bilate    | No                  |     |                   | ALL                    |
| 92083 | Visual field examination, unilateral or bilate    | No                  |     |                   | ALL                    |
| 92100 | Serial tonometry (separate procedure) with        | No                  |     |                   | ALL                    |
| 92132 | Scanning computerized ophthalmic diagn            | Not Covered         |     |                   | ALL (Except Caid, MED) |
| 92132 | Scanning computerized ophthalmic diagn            | No                  |     |                   | Caid, MED              |
| 92133 | Scanning computerized ophthalmic diagn            | No                  |     |                   | ALL                    |
| 92134 | Scanning computerized ophthalmic diagn            | No                  |     |                   | ALL                    |
| 92136 | Ophthalmic biometry by partial coherence          | No                  |     |                   | ALL                    |
| 92137 | Computerized ophthalmic diagnostic imag           | No                  |     |                   | ALL                    |
| 92145 | Corneal hysteresis determination, by air in       | Not Covered         |     |                   | ALL (Except Caid, MMP) |
| 92145 | Corneal hysteresis determination, by air in       | No                  |     |                   | Caid, MMP              |
| 92201 | Ophthalmoscopy, extended; with retinal dr         | No                  |     |                   | ALL                    |
| 92202 | Ophthalmoscopy, extended; with drawing o          | No                  |     |                   | ALL                    |
| 92227 | Remote imaging for detection of retinal dis       | No                  |     |                   | ALL                    |
| 92228 | Remote imaging for monitoring and mana            | No                  |     |                   | ALL                    |
| 92229 | Imaging of retina for detection or monitorin      | No                  |     |                   | ALL                    |
| 92230 | Fluorescein angiography with interpretation       | No                  |     |                   | ALL                    |
| 92235 | Fluorescein angiography (includes multitra        | No                  |     |                   | ALL                    |
| 92240 | Indocyanine-green angiography (includes i         | No                  |     |                   | ALL                    |
| 92242 | Fluorescein angiography and indocyanine-          | No                  |     |                   | ALL                    |
| 92250 | Fundus photography with interpretation an         | No                  |     |                   | ALL                    |
| 92260 | Ophthalmodynamometry                              | No                  |     |                   | ALL                    |
| 92265 | Needle oculoelectromyography, one or mo           | No                  |     |                   | ALL                    |
| 92270 | Electro-oculography with interpretation and       | No                  |     |                   | ALL                    |
| 92273 | Electroretinography (ERG), with interpretat       | No                  |     |                   | ALL                    |
| 92274 | Electroretinography (ERG), with interpretat       | No                  |     |                   | ALL                    |
| 92283 | Color vision examination, extended, eg, ar        | No                  |     |                   | ALL                    |
| 92284 | Dark adaptation examination with interpret        | No                  |     |                   | ALL                    |
| 92285 | External ocular photography with interpret        | No                  |     |                   | ALL                    |
| 92286 | SPECIAL ANTERIOR SEGMENT PHOTO                    | No                  |     |                   | ALL                    |
| 92287 | SPECIAL ANTERIOR SEGMENT PHOTO                    | No                  |     |                   | ALL                    |
| 92310 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92311 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92312 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92313 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92314 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92315 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92315 | Prescription of optical and physical characterist | Not Covered         |     |                   | CAID                   |
| 92316 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92316 | Prescription of optical and physical characterist | Not Covered         |     |                   | CAID                   |
| 92317 | Prescription of optical and physical charac       | No                  | *   |                   | ALL                    |
| 92317 | Prescription of optical and physical characterist | Not Covered         |     |                   | CAID                   |
| 92325 | MODIFICATION OF CONTACT LENS (SE                  | No                  |     | √                 | ALL                    |
| 92325 | MODIFICATION OF CONTACT LENS (SEPARA              | Not Covered         |     |                   | CAID                   |
| 92326 | REPLACEMENT OF CONTACT LENS                       | No                  |     | √                 | ALL                    |
| 92340 | Fitting of spectacles, except for aphakia; n      | No                  | *   |                   | ALL                    |
| 92341 | Fitting of spectacles, except for aphakia; b      | No                  | *   |                   | ALL                    |
| 92342 | Fitting of spectacles, except for aphakia; n      | Not Covered         |     |                   | ALL (Except Caid)      |
| 92342 | Fitting of spectacles, except for aphakia; n      | No                  |     |                   | Caid                   |
| 92352 | Fitting of spectacle prosthesis for aphakia;      | Not Covered         |     |                   | ALL (Except Caid)      |
| 92352 | Fitting of spectacle prosthesis for aphakia;      | No                  |     |                   | Caid                   |
| 92353 | Fitting of spectacle prosthesis for aphakia;      | Not Covered         |     |                   | ALL (Except Caid)      |
| 92353 | Fitting of spectacle prosthesis for aphakia;      | No                  |     |                   | Caid                   |
| 92354 | FITTING OF SPECTACLE MOUNTED LO                   | Not Covered         |     |                   | ALL                    |
| 92355 | FITTING OF SPECTACLE MOUNTED LO                   | Not Covered         |     |                   | ALL                    |
| 92358 | PROSTHESIS SERVICE FOR APHAKIA,                   | No                  |     | √                 | ALL                    |
| 92358 | PROSTHESIS SERVICE FOR APHAKIA, TEMP              | Not Covered         |     |                   | CAID                   |
| 92370 | REPAIR AND REFITTING SPECTACLES                   | Not Covered         |     |                   | ALL (Except Caid)      |
| 92370 | REPAIR AND REFITTING SPECTACLES                   | No                  |     |                   | Caid                   |
| 92371 | REPAIR AND REFITTING SPECTACLES                   | Not Covered         |     | √                 | ALL (Except Caid)      |
| 92371 | REPAIR AND REFITTING SPECTACLES                   | No                  |     |                   | Caid                   |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERV                    | Yes                 |     |                   | ALL                    |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERV                    | No                  |     |                   | MEDICARE COMP/MCWRAP   |
| 92499 | UNLISTED OPHTHALMOLOGICAL SERV                    | No                  |     |                   | PRICHO                 |
| 92502 | Otolaryngologic examination under genera          | No                  |     |                   | ALL                    |
| 92504 | Binocular microscopy (separate diagnostic         | No                  |     |                   | ALL                    |
| 92504 | Binocular microscopy (separate diagnostic proc    | Not Covered         |     |                   | CAID                   |
| 92507 | TREATMENT OF SPEECH, LANGUAGE,                    | Yes                 | *   |                   | ALL                    |
| 92507 | TREATMENT OF SPEECH, LANGUAGE,                    | No                  |     |                   | MEDICARE COMP/MCWRAP   |
| 92507 | TREATMENT OF SPEECH, LANGUAGE,                    | No                  |     |                   | PRICHO                 |
| 92508 | TREATMENT OF SPEECH, LANGUAGE,                    | Yes                 |     |                   | ALL                    |

**Services that require Prior Authorization List**

| Code  | Description                                           | Prior Auth Required | Key                            | Rider Requirement | Product Lines                       |
|-------|-------------------------------------------------------|---------------------|--------------------------------|-------------------|-------------------------------------|
| 92508 | TREATMENT OF SPEECH, LANGUAGE,                        | No                  |                                |                   | MEDICARE COMP/MCWRAP                |
| 92508 | TREATMENT OF SPEECH, LANGUAGE,                        | No                  |                                |                   | PRICHO                              |
| 92511 | Nasopharyngoscopy with endoscope (sepa                | No                  |                                |                   | ALL                                 |
| 92512 | Nasal function studies (eg, rhinomanomet              | Not Covered         |                                |                   | ALL (Except MMP)                    |
| 92512 | Nasal function studies (eg, rhinomanomet              | No                  |                                |                   | MMP                                 |
| 92516 | Facial nerve function studies (eg, electr             | No                  |                                |                   | ALL                                 |
| 92516 | Facial nerve function studies (eg, electr             | Not Covered         |                                |                   | CAID                                |
| 92517 | Vestibular evoked myogenic potential (VE              | No                  |                                |                   | ALL                                 |
| 92518 | Vestibular evoked myogenic potential (VE              | No                  |                                |                   | ALL                                 |
| 92519 | Vestibular evoked myogenic potential (VE              | No                  |                                |                   | ALL                                 |
| 92520 | Laryngeal function studies                            | No                  |                                |                   | ALL                                 |
| 92520 | Laryngeal function studies                            | Not Covered         |                                |                   | CAID                                |
| 92521 | Evaluation of speech fluency (eg, stutterin           | No                  |                                |                   | ALL                                 |
| 92522 | Evaluation of speech sound production (eg             | No                  |                                |                   | ALL                                 |
| 92523 | Evaluation of speech sound production (eg             | No                  |                                |                   | ALL                                 |
| 92524 | Behavioral and qualitative analysis of voice          | No                  |                                |                   | ALL                                 |
| 92526 | Treatment of swallowing dysfunction and/c             | No                  |                                |                   | ALL                                 |
| 92531 | Spontaneous nystagmus, including gaze                 | No                  |                                |                   | ALL                                 |
| 92531 | Spontaneous nystagmus, including gaze                 | Not Covered         |                                |                   | CAID                                |
| 92532 | Positional nystagmus test                             | No                  |                                |                   | ALL                                 |
| 92532 | Positional nystagmus test                             | Not Covered         |                                |                   | CAID                                |
| 92533 | Caloric vestibular test, each irrigation (bina        | No                  |                                |                   | ALL                                 |
| 92533 | Caloric vestibular test, each irrigation (binaural, f | Not Covered         |                                |                   | CAID                                |
| 92534 | Optokinetic nystagmus test                            | No                  |                                |                   | ALL                                 |
| 92534 | Optokinetic nystagmus test                            | Not Covered         |                                |                   | CAID                                |
| 92537 | Caloric vestibular test with recording, bilateral; b  | No                  |                                |                   | ALL                                 |
| 92538 | Caloric vestibular test with recording, bilateral; n  | No                  |                                |                   | ALL                                 |
| 92540 | BASIC VESTIBULAR EVAL, INCL SPONT                     | No                  |                                |                   | ALL                                 |
| 92541 | SPONTANEOUS NYSTAGMUS TEST, IN                        | No                  |                                |                   | ALL                                 |
| 92542 | POSITIONAL NYSTAGMUS TEST, MINIM                      | No                  |                                |                   | ALL                                 |
| 92544 | OPTOKINETIC NYSTAGMUS TEST, BID                       | No                  |                                |                   | ALL                                 |
| 92545 | OSCILLATING TRACKING TEST, WITH f                     | No                  |                                |                   | ALL                                 |
| 92546 | SINUSOIDAL VERTICAL AXIS ROTATIO                      | No                  |                                |                   | ALL                                 |
| 92547 | USE OF VERTICAL ELECTRODES (LIST                      | No                  |                                |                   | ALL                                 |
| 92548 | COMPUTERIZED DYNAMIC POSTUROG                         | Not Covered         |                                |                   | ALL (Except MED, CAID, MMP, PRICHO) |
| 92548 | COMPUTERIZED DYNAMIC POSTUROG                         | No                  |                                |                   | MED, Caid, MMP, PRICHO              |
| 92549 | Computerized dynamic posturography sen                | Not Covered         |                                |                   | ALL (Except MED, CAID, MMP, PRICHO) |
| 92549 | Computerized dynamic posturography sen                | No                  |                                |                   | MED, Caid, MMP, PRICHO              |
| 92550 | TYMPANOMETRY AND REFLEX THRES                         | No                  |                                |                   | ALL                                 |
| 92551 | Screening test, pure tone, air only                   | No                  |                                |                   | ALL                                 |
| 92552 | Pure tone audiometry (threshold); air only            | No                  |                                |                   | ALL                                 |
| 92553 | Pure tone audiometry (threshold); air and t           | No                  |                                |                   | ALL                                 |
| 92555 | Speech audiometry threshold;                          | No                  |                                |                   | ALL                                 |
| 92556 | Speech audiometry threshold; with speech              | No                  |                                |                   | ALL                                 |
| 92557 | Comprehensive audiometry threshold eval               | No                  |                                |                   | ALL                                 |
| 92558 | Evoked otoacoustic emissions, screening               | No                  |                                |                   | ALL                                 |
| 92562 | Loudness balance test, alternate binaural             | No                  |                                |                   | ALL                                 |
| 92563 | Tone decay test                                       | No                  |                                |                   | ALL                                 |
| 92565 | Stenger test, pure tone                               | No                  |                                |                   | ALL                                 |
| 92567 | Tympanometry (impedance testing)                      | No                  |                                |                   | ALL                                 |
| 92568 | Acoustic reflex testing                               | No                  |                                |                   | ALL                                 |
| 92570 | ACOUSTIC IMMITTANCE TESTING, INC                      | No                  |                                |                   | ALL                                 |
| 92571 | Filtered speech test                                  | No                  |                                |                   | ALL                                 |
| 92572 | Staggered spondaic word test                          | No                  |                                |                   | ALL                                 |
| 92572 | Staggered spondaic word test                          | Not Covered         |                                |                   | CAID                                |
| 92575 | Sensorineural acuity level test                       | No                  |                                |                   | ALL                                 |
| 92576 | Synthetic sentence identification test                | No                  |                                |                   | ALL                                 |
| 92577 | Stenger test, speech                                  | No                  |                                |                   | ALL                                 |
| 92579 | Visual reinforcement audiometry (VRA)                 | No                  |                                |                   | ALL                                 |
| 92582 | Conditioning play audiometry                          | No                  |                                |                   | ALL                                 |
| 92583 | Select picture audiometry                             | No                  |                                |                   | ALL                                 |
| 92583 | Select picture audiometry                             | Not Covered         |                                |                   | CAID                                |
| 92584 | Electrocochleography                                  | No                  |                                |                   | ALL                                 |
| 92584 | Electrocochleography                                  | Not Covered         |                                |                   | CAID                                |
| 92585 | AUDITORY EVOKED POTENTIALS FOR                        | No                  |                                |                   | ALL                                 |
| 92586 | AUDITOR EVOKE POTENT, LIMIT                           | No                  |                                |                   | ALL                                 |
| 92587 | Evoked otoacoustic emissions; limited (sir            | No                  |                                |                   | ALL                                 |
| 92588 | Evoked otoacoustic emissions; comprehen               | No                  |                                |                   | ALL                                 |
| 92590 | Hearing aid examination and selection; mc             | No                  | <a href="#">NationsHearing</a> | <b>H</b>          | ALL (Except Caid, MMP)              |
| 92590 | Hearing aid examination and selection; mc             | Yes                 | <a href="#">NationsHearing</a> |                   | Caid, MMP                           |
| 92591 | Hearing aid examination and selection; bin            | No                  | <a href="#">NationsHearing</a> | <b>H</b>          | ALL (Except Caid, MMP)              |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                            | Rider Requirement | Product Lines          |
|-------|----------------------------------------------------|---------------------|--------------------------------|-------------------|------------------------|
| 92591 | Hearing aid examination and selection; binaural    | Yes                 | <a href="#">NationsHearing</a> |                   | Caid, MMP              |
| 92592 | Hearing aid check; monaural                        | No                  | <a href="#">NationsHearing</a> | H                 | ALL (Except Caid, MMP) |
| 92592 | Hearing aid check; monaural                        | Not Covered         |                                |                   | CAID, mmp              |
| 92593 | Hearing aid check; binaural                        | No                  | <a href="#">NationsHearing</a> | H                 | ALL (Except Caid, MMP) |
| 92593 | Hearing aid check; binaural                        | Not Covered         |                                |                   | Caid, MMP              |
| 92594 | Electroacoustic evaluation for hearing aid;        | No                  | <a href="#">NationsHearing</a> | H                 | ALL (Except Caid, MMP) |
| 92594 | Electroacoustic evaluation for hearing aid;        | No                  | <a href="#">NationsHearing</a> |                   | Caid, MMP              |
| 92595 | Electroacoustic evaluation for hearing aid;        | No                  | <a href="#">NationsHearing</a> | H                 | ALL (Except Caid, MMP) |
| 92595 | Electroacoustic evaluation for hearing aid;        | No                  | <a href="#">NationsHearing</a> |                   | Caid, MMP              |
| 92596 | Ear protector attenuation measurements             | No                  |                                | H                 | ALL                    |
| 92596 | Ear protector attenuation measurements             | Not Covered         |                                |                   | CAID                   |
| 92597 | Evaluation for use and/or fitting of voice pr      | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92597 | Evaluation for use and/or fitting of voice pr      | Yes                 |                                |                   | Caid, MMP              |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92601 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | Yes                 |                                |                   | Caid, MMP              |
| 92602 | SUBSEQUENT REPROGRAMMING                           | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92602 | SUBSEQUENT REPROGRAMMING                           | Yes                 |                                |                   | Caid, MMP              |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92603 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | Yes                 |                                |                   | Caid, MMP              |
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92604 | DIAGNOSTIC ANALYSIS OF COCHLEAR                    | Yes                 |                                |                   | Caid, MMP              |
| 92605 | EVALUATION FOR PRESCRIPTION OF                     | Not Covered         |                                |                   | ALL                    |
| 92606 | THERAPEUTIC SERVICE(S) FOR THE U                   | Not Covered         |                                |                   | ALL                    |
| 92607 | EVALUATION FOR PRESCRIPTION FOR                    | No                  |                                |                   | ALL                    |
| 92607 | EVALUATION FOR PRESCRIPTION FOR SPE                | Not Covered         |                                |                   | CAID                   |
| 92608 | EACH ADDITIONAL 30 MINUTES (LIST S                 | No                  |                                |                   | ALL                    |
| 92608 | EACH ADDITIONAL 30 MINUTES (LIST SEPAR             | Not Covered         |                                |                   | CAID                   |
| 92609 | THERAPEUTIC SERVICES FOR THE US                    | No                  |                                |                   | ALL                    |
| 92609 | THERAPEUTIC SERVICES FOR THE USE OF                | Not Covered         |                                |                   | CAID                   |
| 92610 | EVALUATION OF ORAL AND PHARYNG                     | No                  |                                |                   | ALL                    |
| 92611 | Motion fluoroscopic evaluation of swallowi         | No                  |                                |                   | ALL                    |
| 92612 | Flexible fiberoptic endoscopic evaluation o        | No                  |                                |                   | ALL                    |
| 92613 | Flexible fiberoptic endoscopic evaluation o        | No                  |                                |                   | ALL                    |
| 92613 | Flexible fiberoptic endoscopic evaluation of swa   | Not Covered         |                                |                   | CAID                   |
| 92614 | Flexible fiberoptic endoscopic evaluation, l       | No                  |                                |                   | ALL                    |
| 92615 | Flexible fiberoptic endoscopic evaluation, l       | No                  |                                |                   | ALL                    |
| 92615 | Flexible fiberoptic endoscopic evaluation, laryng  | Not Covered         |                                |                   | CAID                   |
| 92616 | Flexible fiberoptic endoscopic evaluation o        | No                  |                                |                   | ALL                    |
| 92617 | Flexible fiberoptic endoscopic evaluation o        | No                  |                                |                   | ALL                    |
| 92617 | Flexible fiberoptic endoscopic evaluation of swa   | Not Covered         |                                |                   | CAID                   |
| 92618 | Evaluation for prescription of non-speech-g        | No                  |                                |                   | ALL                    |
| 92618 | Evaluation for prescription of non-speech-genera   | Not Covered         |                                |                   | CAID                   |
| 92620 | Evaluation of central auditory function, with      | No                  |                                |                   | ALL                    |
| 92620 | Evaluation of central auditory function, with repo | Not Covered         |                                |                   | CAID                   |
| 92621 | Evaluation of central auditory function, with      | No                  |                                |                   | ALL                    |
| 92621 | Evaluation of central auditory function, with repo | Not Covered         |                                |                   | CAID                   |
| 92622 | Diagnostic analysis, programming, and ve           | No                  |                                |                   | ALL                    |
| 92623 | Diagnostic analysis, programming, and ve           | No                  |                                |                   | ALL                    |
| 92625 | Assessment of tinnitus (includes pitch, lou        | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92625 | Assessment of tinnitus (includes pitch, lou        | Yes                 |                                |                   | Caid, MMP              |
| 92626 | EVALUATION OF AUDITORY REHABILIT                   | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92626 | EVALUATION OF AUDITORY REHABILIT                   | Yes                 |                                |                   | Caid, MMP              |
| 92627 | EVALUATION OF AUDITORY REHABILIT                   | No                  |                                |                   | ALL (Except Caid, MMP) |
| 92627 | EVALUATION OF AUDITORY REHABILIT                   | Yes                 |                                |                   | Caid, MMP              |
| 92630 | AUDITORY REHABILITATION; PRE-LING                  | No                  | *                              |                   | ALL                    |
| 92633 | AUDITORY REHABILITATION; POST-LIN                  | No                  | *                              |                   | ALL                    |
| 92640 | DIAGNOSTIC ANALYSIS WITH PROGRA                    | No                  |                                |                   | ALL                    |
| 92650 | Auditory evoked potentials; screening of a         | No                  |                                |                   | ALL                    |
| 92651 | Auditory evoked potentials; for hearing sta        | No                  |                                |                   | ALL                    |
| 92652 | Auditory evoked potentials; for threshold e        | No                  |                                |                   | ALL                    |
| 92653 | Auditory evoked potentials; neurodiagnost          | No                  |                                |                   | ALL                    |
| 92700 | UNLISTED OTORHINOLARYNGOLOGIC                      | Yes                 |                                |                   | ALL                    |
| 92700 | UNLISTED OTORHINOLARYNGOLOGIC                      | No                  |                                |                   | MEDICARE COMP/MCWRAP   |
| 92700 | UNLISTED OTORHINOLARYNGOLOGIC                      | No                  |                                |                   | PRICHO                 |
| 92920 | Percutaneous transluminal coronary angio           | Yes                 | <a href="#">TPC-CARDIAC</a>    |                   | ALL (Except MCWRAP)    |
| 92920 | Percutaneous transluminal coronary angio           | No                  |                                |                   | MCWRAP                 |
| 92921 | Percutaneous transluminal coronary angio           | Yes                 | <a href="#">TPC-CARDIAC</a>    |                   | ALL (Except MCWRAP)    |
| 92921 | Percutaneous transluminal coronary angio           | No                  |                                |                   | MCWRAP                 |
| 92924 | Percutaneous transluminal coronary ather           | No                  |                                |                   | ALL                    |
| 92925 | Percutaneous transluminal coronary ather           | Yes                 | <a href="#">TPC-CARDIAC</a>    |                   | ALL (Except MCWRAP)    |
| 92925 | Percutaneous transluminal coronary ather           | No                  |                                |                   | MCWRAP                 |



**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|-------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 92928 | Percutaneous transcatheter placement of         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92928 | Percutaneous transcatheter placement of         | No                  |                             |                   | MCWRAP              |
| 92929 | Percutaneous transcatheter placement of         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92929 | Percutaneous transcatheter placement of         | No                  |                             |                   | MCWRAP              |
| 92933 | Percutaneous transluminal coronary ather        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92933 | Percutaneous transluminal coronary ather        | No                  |                             |                   | MCWRAP              |
| 92934 | Percutaneous transluminal coronary ather        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92934 | Percutaneous transluminal coronary ather        | No                  |                             |                   | MCWRAP              |
| 92937 | Percutaneous transluminal revascularizati       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92937 | Percutaneous transluminal revascularizati       | No                  |                             |                   | MCWRAP              |
| 92938 | Percutaneous transluminal revascularizati       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92938 | Percutaneous transluminal revascularizati       | No                  |                             |                   | MCWRAP              |
| 92941 | Percutaneous transluminal revascularizati       | No                  |                             |                   | ALL                 |
| 92943 | Percutaneous transluminal revascularizati       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92943 | Percutaneous transluminal revascularizati       | No                  |                             |                   | MCWRAP              |
| 92944 | Percutaneous transluminal revascularizati       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 92944 | Percutaneous transluminal revascularizati       | No                  |                             |                   | MCWRAP              |
| 92950 | Cardiopulmonary resuscitation (eg, in card      | No                  |                             |                   | ALL                 |
| 92953 | Temporary transcutaneous pacing                 | No                  |                             |                   | ALL                 |
| 92960 | Cardioversion, elective, electrical conversi    | No                  |                             |                   | ALL                 |
| 92961 | Cardioversion, elective, electrical conversi    | No                  |                             |                   | ALL                 |
| 92970 | Cardioassist-method of circulatory assist; i    | No                  |                             |                   | ALL                 |
| 92971 | CARDIOASSIST-METHOD OF CIRCULA                  | No                  |                             |                   | ALL                 |
| 92972 | Percutaneous transluminal coronary lithotr      | No                  |                             |                   | ALL                 |
| 92973 | Percutaneous transluminal coronary throm        | No                  |                             |                   | ALL                 |
| 92974 | PLACEMENT OF RADIATION DELIVERY                 | No                  |                             |                   | ALL                 |
| 92975 | Thrombolysis, coronary; by intracoronary i      | No                  |                             |                   | ALL                 |
| 92977 | Thrombolysis, coronary; by intravenous inf      | No                  |                             |                   | ALL                 |
| 92978 | Intravascular ultrasound (coronary vessel c     | No                  |                             |                   | ALL                 |
| 92979 | Intravascular ultrasound (coronary vessel c     | No                  |                             |                   | ALL                 |
| 92986 | Percutaneous balloon valvuloplasty; aortic      | No                  |                             |                   | ALL                 |
| 92987 | Percutaneous balloon valvuloplasty; mitral      | No                  |                             |                   | ALL                 |
| 92990 | Percutaneous balloon valvuloplasty; pulmo       | No                  |                             |                   | ALL                 |
| 92992 | Atrial septectomy or septostomy; transven       | No                  |                             |                   | ALL                 |
| 92993 | Atrial septectomy or septostomy; blade me       | No                  |                             |                   | ALL                 |
| 92997 | Percutaneous transluminal pulmonary arte        | No                  |                             |                   | ALL                 |
| 92998 | Percutaneous transluminal pulmonary arte        | No                  |                             |                   | ALL                 |
| 93000 | Electrocardiogram, routine ECG with at lea      | No                  |                             |                   | ALL                 |
| 93005 | Electrocardiogram, routine ECG with at lea      | No                  |                             |                   | ALL                 |
| 93010 | Electrocardiogram, routine ECG with at lea      | No                  |                             |                   | ALL                 |
| 93015 | CARDIOVASCULAR STRESS TEST USIN                 | No                  |                             |                   | ALL                 |
| 93016 | Cardiovascular stress test using maximal c      | No                  |                             |                   | ALL                 |
| 93017 | Cardiovascular stress test using maximal c      | No                  |                             |                   | ALL                 |
| 93018 | Cardiovascular stress test using maximal c      | No                  |                             |                   | ALL                 |
| 93024 | Ergonovine provocation test                     | No                  |                             |                   | ALL                 |
| 93025 | MICROVOLT T-WAVE ASSESSMENT                     | No                  |                             |                   | ALL                 |
| 93040 | Rhythm ECG, one to three leads; with inte       | No                  |                             |                   | ALL                 |
| 93041 | Rhythm ECG, one to three leads; tracing c       | No                  |                             |                   | ALL                 |
| 93042 | Rhythm ECG, one to three leads; interpret       | No                  |                             |                   | ALL                 |
| 93050 | Arterial pressure waveform analysis for assessn | No                  |                             |                   | ALL                 |
| 93150 | Therapy activation of implanted phrenic ne      | Yes                 |                             |                   | ALL (Except Mcwrap) |
| 93150 | Therapy activation of implanted phrenic ne      | No                  |                             |                   | MCWRAP              |
| 93151 | Interrogation and programming (minimum          | Yes                 |                             |                   | ALL (Except Mcwrap) |
| 93151 | Interrogation and programming (minimum          | No                  |                             |                   | MCWRAP              |
| 93152 | Interrogation and programming of implante       | Yes                 |                             |                   | ALL (Except Mcwrap) |
| 93152 | Interrogation and programming of implante       | No                  |                             |                   | MCWRAP              |
| 93153 | Interrogation without programming of impl       | Yes                 |                             |                   | ALL (Except Mcwrap) |
| 93153 | Interrogation without programming of impl       | No                  |                             |                   | MCWRAP              |
| 93224 | External electrocardiographic recording up      | No                  |                             |                   | ALL                 |
| 93225 | External electrocardiographic recording up      | No                  |                             |                   | ALL                 |
| 93226 | External electrocardiographic recording up      | No                  |                             |                   | ALL                 |
| 93227 | External electrocardiographic recording up      | No                  |                             |                   | ALL                 |
| 93228 | External mobile cardiovascular telemetry v      | No                  |                             |                   | ALL                 |
| 93229 | External mobile cardiovascular telemetry v      | No                  |                             |                   | ALL                 |
| 93241 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93242 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93243 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93244 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93245 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93246 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |
| 93247 | External electrocardiographic recording fo      | No                  |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                         | Rider Requirement | Product Lines                       |
|-------|----------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------|
| 93248 | External electrocardiographic recording for  | No                  |                             |                   | ALL                                 |
| 93260 | Programming device evaluation (in person)    | No                  |                             |                   | ALL (Except Caid, MMP)              |
| 93260 | Programming device evaluation (in person)    | Yes                 |                             |                   | Caid, MMP                           |
| 93261 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93264 | Remote monitoring of a wireless pulmonar     | No                  |                             |                   | ALL                                 |
| 93268 | External patient and, when performed, aut    | No                  |                             |                   | ALL                                 |
| 93270 | External patient and, when performed, aut    | No                  |                             |                   | ALL                                 |
| 93271 | External patient and, when performed, aut    | No                  |                             |                   | ALL                                 |
| 93272 | External patient and, when performed, aut    | No                  |                             |                   | ALL                                 |
| 93278 | Signal-averaged electrocardiography (SAE     | Not Covered         |                             |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| 93278 | Signal-averaged electrocardiography (SAE     | No                  |                             |                   | MED, MMP, PRICHO, CAID              |
| 93279 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93280 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93281 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93282 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93283 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93284 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93285 | Programming device evaluation with iterat    | No                  |                             |                   | ALL                                 |
| 93286 | Peri-procedural device evaluation and prog   | No                  |                             |                   | ALL                                 |
| 93287 | Peri-procedural device evaluation and prog   | No                  |                             |                   | ALL                                 |
| 93288 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93289 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93290 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93291 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93292 | Interrogation device evaluation (in person)  | No                  |                             |                   | ALL                                 |
| 93293 | Transtelephonic rhythm strip pacemaker e     | No                  |                             |                   | ALL                                 |
| 93294 | Interrogation device evaluation(s) (remote   | No                  |                             |                   | ALL                                 |
| 93295 | Interrogation device evaluation(s) (remote   | No                  |                             |                   | ALL                                 |
| 93296 | Interrogation device evaluation(s) (remote   | No                  |                             |                   | ALL                                 |
| 93297 | Interrogation device evaluation(s), (remote  | No                  |                             |                   | ALL                                 |
| 93298 | Interrogation device evaluation(s), (remote  | No                  |                             |                   | ALL                                 |
| 93303 | Transthoracic echocardiography for conge     | No                  |                             |                   | ALL                                 |
| 93304 | Transthoracic echocardiography for conge     | No                  |                             |                   | ALL                                 |
| 93306 | Echocardiography, transthoracic, real-time   | No                  |                             |                   | ALL                                 |
| 93307 | Echocardiography, transthoracic, real-time   | No                  |                             |                   | ALL                                 |
| 93308 | Echocardiography, transthoracic, real-time   | No                  |                             |                   | ALL                                 |
| 93312 | Echocardiography, transesophageal, real t    | No                  |                             |                   | ALL                                 |
| 93313 | Echocardiography, transesophageal, real t    | No                  |                             |                   | ALL                                 |
| 93314 | Echocardiography, transesophageal, real t    | No                  |                             |                   | ALL                                 |
| 93315 | Transesophageal echocardiography for co      | No                  |                             |                   | ALL                                 |
| 93316 | Transesophageal echocardiography for co      | No                  |                             |                   | ALL                                 |
| 93317 | Transesophageal echocardiography for co      | No                  |                             |                   | ALL                                 |
| 93318 | Echocardiography, transesophageal (TEE       | No                  |                             |                   | ALL                                 |
| 93319 | 3D echocardiographic imaging and postpr      | No                  |                             |                   | ALL                                 |
| 93320 | Doppler echocardiography, pulsed wave a      | No                  |                             |                   | ALL                                 |
| 93321 | Doppler echocardiography, pulsed wave a      | No                  |                             |                   | ALL                                 |
| 93325 | Doppler echocardiography color flow veloc    | No                  |                             |                   | ALL                                 |
| 93350 | Echocardiography, transthoracic, real-time   | No                  |                             |                   | ALL                                 |
| 93351 | Echocardiography, transthoracic, real-time   | No                  |                             |                   | ALL                                 |
| 93352 | Use of echocardiographic contrast agent d    | No                  |                             |                   | ALL                                 |
| 93355 | Echocardiography, transesophageal (TEE       | No                  |                             |                   | ALL                                 |
| 93356 | Myocardial strain imaging using speckle tr   | No                  |                             |                   | ALL                                 |
| 93451 | Right heart catheterization including meas   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93451 | Right heart catheterization including meas   | No                  |                             |                   | MCWRAP                              |
| 93452 | Left heart catheterization including intrapr | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93452 | Left heart catheterization including intrapr | No                  |                             |                   | MCWRAP                              |
| 93453 | Combined right and left heart catheterizati  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93453 | Combined right and left heart catheterizati  | No                  |                             |                   | MCWRAP                              |
| 93454 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93454 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93455 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93455 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93456 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93456 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93457 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93457 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93458 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93458 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93459 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |
| 93459 | Catheter placement in coronary artery(s) f   | No                  |                             |                   | MCWRAP                              |
| 93460 | Catheter placement in coronary artery(s) f   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                 |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                         | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|-----------------------------|-------------------|---------------------------------------|
| 93460 | Catheter placement in coronary artery(s) fo  | No                  |                             |                   | MCWRAP                                |
| 93461 | Catheter placement in coronary artery(s) fo  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93461 | Catheter placement in coronary artery(s) fo  | No                  |                             |                   | MCWRAP                                |
| 93462 | Left heart catheterization by transseptal pu | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93462 | Left heart catheterization by transseptal pu | No                  |                             |                   | MCWRAP                                |
| 93463 | Pharmacologic agent administration (eg, in   | No                  |                             |                   | ALL                                   |
| 93464 | Physiologic exercise study (eg, bicycle or a | No                  |                             |                   | ALL                                   |
| 93503 | INSERTION AND PLACEMENT OF FLOW              | No                  |                             |                   | ALL                                   |
| 93505 | ENDOMYOCARDIAL BIOPSY                        | No                  |                             |                   | ALL                                   |
| 93530 | RIGHT HEART CATHETERIZATION, FO              | No                  |                             |                   | ALL                                   |
| 93531 | Combined right heart catheterization and r   | No                  |                             |                   | ALL                                   |
| 93532 | COMBINED RIGHT HEART CATHETERIZ              | No                  |                             |                   | ALL                                   |
| 93533 | Combined right heart catheterization and t   | No                  |                             |                   | ALL                                   |
| 93563 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93564 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93565 | Injection procedure during cardiac cathete   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93565 | Injection procedure during cardiac cathete   | No                  |                             |                   | MCWRAP                                |
| 93566 | Injection procedure during cardiac cathete   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93566 | Injection procedure during cardiac cathete   | No                  |                             |                   | MCWRAP                                |
| 93567 | Injection procedure during cardiac cathete   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93567 | Injection procedure during cardiac cathete   | No                  |                             |                   | MCWRAP                                |
| 93568 | Injection procedure during cardiac cathete   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                   |
| 93568 | Injection procedure during cardiac cathete   | No                  |                             |                   | MCWRAP                                |
| 93569 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93571 | Intravascular Doppler velocity and/or press  | No                  |                             |                   | ALL                                   |
| 93572 | Intravascular Doppler velocity and/or press  | No                  |                             |                   | ALL                                   |
| 93573 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93574 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93575 | Injection procedure during cardiac cathete   | No                  |                             |                   | ALL                                   |
| 93580 | PERCUTANEOUS TRANSCATHETER C                 | No                  |                             |                   | ALL                                   |
| 93581 | PERCUTANEOUS TRANSCATHETER C                 | No                  |                             |                   | ALL                                   |
| 93582 | Percutaneous transcatheter closure of pat    | No                  |                             |                   | ALL                                   |
| 93583 | Percutaneous transcatheter septal reducti    | No                  |                             |                   | ALL                                   |
| 93584 | Venography for congenital heart defect(s),   | No                  |                             |                   | ALL                                   |
| 93585 | Venography for congenital heart defect(s),   | No                  |                             |                   | ALL                                   |
| 93586 | Venography for congenital heart defect(s),   | No                  |                             |                   | ALL                                   |
| 93587 | Venography for congenital heart defect(s),   | No                  |                             |                   | ALL                                   |
| 93588 | Venography for congenital heart defect(s),   | No                  |                             |                   | ALL                                   |
| 93590 | Percutaneous transcatheter closure of par    | No                  |                             |                   | ALL                                   |
| 93591 | Percutaneous transcatheter closure of par    | Yes                 |                             |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 93591 | Percutaneous transcatheter closure of par    | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 93591 | Percutaneous transcatheter closure of par    | No                  |                             |                   | PRICHO                                |
| 93592 | Percutaneous transcatheter closure of par    | Yes                 |                             |                   | ALL (Except Medicare Comp, Caid, MMP) |
| 93592 | Percutaneous transcatheter closure of par    | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| 93592 | Percutaneous transcatheter closure of par    | No                  |                             |                   | PRICHO                                |
| 93593 | Right heart catheterization for congenital h | No                  |                             |                   | ALL                                   |
| 93594 | Right heart catheterization for congenital h | No                  |                             |                   | ALL                                   |
| 93595 | Left heart catheterization for congenital he | No                  |                             |                   | ALL                                   |
| 93596 | Right and left heart catheterization for con | No                  |                             |                   | ALL                                   |
| 93597 | Right and left heart catheterization for con | No                  |                             |                   | ALL                                   |
| 93598 | Cardiac output measurement(s), thermodi      | No                  |                             |                   | ALL                                   |
| 93600 | Bundle of His recording                      | No                  |                             |                   | ALL                                   |
| 93602 | Intra-atrial recording                       | No                  |                             |                   | ALL                                   |
| 93603 | Right ventricular recording                  | No                  |                             |                   | ALL                                   |
| 93609 | Intraventricular and/or intra-atrial mapping | No                  |                             |                   | ALL                                   |
| 93610 | Intra-atrial pacing                          | No                  |                             |                   | ALL                                   |
| 93612 | Intraventricular pacing                      | No                  |                             |                   | ALL                                   |
| 93613 | Intracardiac electrophysiologic 3-dimensio   | No                  |                             |                   | ALL                                   |
| 93615 | Esophageal recording of atrial electrogram   | No                  |                             |                   | ALL                                   |
| 93616 | Esophageal recording of atrial electrogram   | No                  |                             |                   | ALL                                   |
| 93618 | Induction of arrhythmia by electrical pacing | No                  |                             |                   | ALL                                   |
| 93619 | Comprehensive electrophysiologic evaluat     | No                  |                             |                   | ALL                                   |
| 93620 | Comprehensive electrophysiologic evaluat     | No                  |                             |                   | ALL                                   |
| 93621 | Comprehensive electrophysiologic evaluat     | No                  |                             |                   | ALL (Except Caid, MMP)                |
| 93621 | Comprehensive electrophysiologic evaluat     | Yes                 |                             |                   | Caid, MMP                             |
| 93622 | Comprehensive electrophysiologic evaluat     | No                  |                             |                   | ALL                                   |
| 93623 | Programmed stimulation and pacing after      | No                  |                             |                   | ALL                                   |
| 93624 | Electrophysiologic follow-up study with pac  | No                  |                             |                   | ALL                                   |
| 93631 | Intra-operative epicardial and endocardial   | No                  |                             |                   | ALL                                   |
| 93640 | Electrophysiologic evaluation of single or c | No                  |                             |                   | ALL                                   |
| 93641 | Electrophysiologic evaluation of single or c | No                  |                             |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key         | Rider Requirement | Product Lines        |
|-------|----------------------------------------------------|---------------------|-------------|-------------------|----------------------|
| 93642 | Electrophysiologic evaluation of single or d       | No                  |             |                   | ALL                  |
| 93644 | Electrophysiologic evaluation of subcutane         | No                  |             |                   | ALL                  |
| 93650 | Intracardiac catheter ablation of atrioventri      | No                  |             |                   | ALL                  |
| 93653 | Comprehensive electrophysiologic evaluat           | No                  |             |                   | ALL                  |
| 93654 | Comprehensive electrophysiologic evaluat           | No                  |             |                   | ALL                  |
| 93655 | Intracardiac catheter ablation of a discrete       | No                  |             |                   | ALL                  |
| 93656 | Comprehensive electrophysiologic evaluat           | No                  |             |                   | ALL                  |
| 93657 | Additional linear or focal intracardiac cathe      | No                  |             |                   | ALL                  |
| 93660 | EVALUATION OF CARDIOVASCULAR F                     | No                  |             |                   | ALL                  |
| 93662 | Intracardiac echocardiography during ther          | No                  |             |                   | ALL                  |
| 93668 | Peripheral arterial disease (PAD) rehabilita       | No                  |             |                   | ALL                  |
| 93701 | Bioimpedance, thoracic, electrical                 | No                  |             |                   | ALL                  |
| 93702 | Bioimpedance spectroscopy (BIS), extrace           | No                  |             |                   | ALL                  |
| 93724 | Electronic analysis of antitachycardia pace        | No                  |             |                   | ALL                  |
| 93740 | Temperature gradient studies                       | Not Covered         |             |                   | ALL                  |
| 93745 | INITIAL SET-UP/PROGRAMMING BY DR                   | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)  |
| 93745 | INITIAL SET-UP/PROGRAMMING BY DR                   | No                  |             |                   | MCWRAP               |
| 93750 | INTERROGATION OF VENTRICULAR AS                    | No                  |             |                   | ALL                  |
| 93770 | Determination of venous pressure                   | No                  |             |                   | ALL                  |
| 93784 | AMBULATORY BLOOD PRESSURE MON                      | No                  |             |                   | ALL                  |
| 93786 | AMBULATORY BLOOD PRESSURE MON                      | No                  |             |                   | ALL                  |
| 93788 | AMBULATORY BLOOD PRESSURE MON                      | No                  |             |                   | ALL                  |
| 93790 | AMBULATORY BLOOD PRESSURE MON                      | No                  |             |                   | ALL                  |
| 93792 | Patient/caregiver training for initiation of hc    | No                  |             |                   | ALL                  |
| 93793 | Anticoagulant management for a patient ta          | No                  |             |                   | ALL                  |
| 93797 | CARDIAC REHABILITATION                             | No                  |             |                   | ALL                  |
| 93798 | PHYSICIAN SERVICES FOR OUTPATIEI                   | No                  |             |                   | ALL                  |
| 93799 | UNLISTED CARDIOVASCULAR SERVIC                     | Yes                 |             |                   | ALL (Except MCWRAP)  |
| 93799 | UNLISTED CARDIOVASCULAR SERVIC                     | No                  |             |                   | MCWRAP               |
| 93880 | Duplex scan of extracranial arteries; comp         | No                  |             |                   | ALL                  |
| 93882 | Duplex scan of extracranial arteries; unilat       | No                  |             |                   | ALL                  |
| 93886 | Transcranial Doppler study of the intracran        | No                  |             |                   | ALL                  |
| 93888 | Transcranial Doppler study of the intracran        | No                  |             |                   | ALL                  |
| 93892 | Transcranial Doppler study of the intracran        | No                  |             |                   | ALL                  |
| 93893 | Transcranial Doppler study of the intracran        | No                  |             |                   | ALL                  |
| 93895 | Quantitative carotid intima media thicknes         | Not Covered         |             |                   | ALL                  |
| 93896 | Vasoreactivity study performed with transc         | No                  |             |                   | ALL                  |
| 93922 | Limited bilateral noninvasive physiologic s        | No                  |             |                   | ALL                  |
| 93923 | Complete bilateral noninvasive physiologic         | No                  |             |                   | ALL                  |
| 93924 | Noninvasive physiologic studies of lower e         | No                  |             |                   | ALL                  |
| 93925 | Duplex scan of lower extremity arteries or         | No                  |             |                   | ALL                  |
| 93926 | Duplex scan of lower extremity arteries or         | No                  |             |                   | ALL                  |
| 93930 | Duplex scan of upper extremity arteries or         | No                  |             |                   | ALL                  |
| 93931 | Duplex scan of upper extremity arteries or         | No                  |             |                   | ALL                  |
| 93970 | Duplex scan of extremity veins including re        | No                  |             |                   | ALL                  |
| 93971 | Duplex scan of extremity veins including re        | No                  |             |                   | ALL                  |
| 93975 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93976 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93978 | Duplex scan of aorta, inferior vena cava, il       | No                  |             |                   | ALL                  |
| 93979 | Duplex scan of aorta, inferior vena cava, il       | No                  |             |                   | ALL                  |
| 93980 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93981 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93985 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93986 | Duplex scan of arterial inflow and venous c        | No                  |             |                   | ALL                  |
| 93990 | Duplex scan of hemodialysis access (inclu          | No                  |             |                   | ALL                  |
| 93998 | Unlisted noninvasive vascular diagnostic s         | Yes                 |             |                   | ALL                  |
| 93998 | Unlisted noninvasive vascular diagnostic s         | No                  |             |                   | MEDICARE COMP/MCWRAP |
| 93998 | Unlisted noninvasive vascular diagnostic s         | No                  |             |                   | PRICHO               |
| 94002 | VENTILATION ASSIST & MGMT, INITIAT                 | No                  |             |                   | ALL                  |
| 94003 | VENTILATION ASSIST & MGMT, INITIAL                 | No                  |             |                   | ALL                  |
| 94004 | VENTILATION ASSIST & MGMT, INITIAT                 | No                  |             |                   | ALL                  |
| 94005 | HOME VENTILATOR MGMT CARE PLAN                     | No                  |             |                   | ALL                  |
| 94005 | HOME VENTILATOR MGMT CARE PLAN OVE                 | Not Covered         |             |                   | CAID                 |
| 94010 | Spirometry, including graphic record, total        | No                  |             |                   | ALL                  |
| 94011 | MEASUREMENT OF SPIROMETRIC FOF                     | No                  |             |                   | ALL                  |
| 94012 | MEASUREMENT OF SPIROMETRIC FOF                     | No                  |             |                   | ALL                  |
| 94013 | MEASUREMENT OF LUNG VOLUMES (I                     | No                  |             |                   | ALL                  |
| 94014 | Patient-initiated spirometric recording per 30-day | Not Covered         |             |                   | ALL                  |
| 94015 | Patient-initiated spirometric recording per 30-day | Not Covered         |             |                   | ALL                  |
| 94016 | Patient-initiated spirometric recording per 30-day | Not Covered         |             |                   | ALL                  |
| 94060 | Bronchodilation responsiveness, spiromet           | No                  |             |                   | ALL                  |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|----------------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 94070 | Bronchospasm provocation evaluation, mu            | No                  |     |                   | ALL                                 |
| 94150 | Vital capacity, total (separate procedure)         | No                  |     |                   | ALL                                 |
| 94200 | Maximum breathing capacity, maximal vol            | No                  |     |                   | ALL                                 |
| 94250 | Expired gas collection, quantitative, single       | No                  |     |                   | ALL                                 |
| 94375 | Respiratory flow volume loop                       | No                  |     |                   | ALL                                 |
| 94400 | Breathing response to CO2 (CO2 respons             | No                  |     |                   | ALL                                 |
| 94450 | Breathing response to hypoxia (hypoxia re          | No                  |     |                   | ALL                                 |
| 94452 | HIGH ALTITUDE SIMULATION TEST (HA                  | No                  |     |                   | ALL                                 |
| 94452 | HIGH ALTITUDE SIMULATION TEST (HAST),              | Not Covered         |     |                   | CAID                                |
| 94453 | HIGH ALTITUDE SIMULATION TEST (HA                  | No                  |     |                   | ALL                                 |
| 94453 | HIGH ALTITUDE SIMULATION TEST (HAST),              | Not Covered         |     |                   | CAID                                |
| 94610 | INTRAPULMONARY SUFACTANT ADMINI                    | No                  |     |                   | ALL                                 |
| 94617 | Exercise test for bronchospasm, including          | No                  |     |                   | ALL                                 |
| 94618 | Pulmonary stress testing (eg, 6-minute wa          | No                  |     |                   | ALL                                 |
| 94619 | Exercise test for bronchospasm, including          | No                  |     |                   | ALL                                 |
| 94621 | Pulmonary stress testing; complex (includi         | No                  |     |                   | ALL                                 |
| 94625 | Physician or other qualified health care pro       | No                  |     |                   | ALL                                 |
| 94626 | Physician or other qualified health care pro       | No                  |     |                   | ALL                                 |
| 94640 | Pressurized or nonpressurized inhalation t         | No                  |     |                   | ALL                                 |
| 94642 | Aerosol inhalation of pentamidine for pneu         | No                  |     |                   | ALL                                 |
| 94644 | CONTINUOUS INHALATION TREATMEN                     | No                  |     |                   | ALL                                 |
| 94645 | CONTINUOUS INHALATION TREATMEN                     | No                  |     |                   | ALL                                 |
| 94660 | Continuous positive airway pressure ventil         | No                  |     |                   | ALL                                 |
| 94662 | Continuous negative pressure ventilation (         | No                  |     |                   | ALL                                 |
| 94664 | DEMONSTRATION &/OR EVAL OF PATI                    | No                  |     |                   | ALL                                 |
| 94667 | MANIPULATION CHEST WALL, INITIAL I                 | No                  |     |                   | ALL                                 |
| 94668 | MANIPULATION CHEST WALL, SUBSEC                    | No                  |     |                   | ALL                                 |
| 94669 | Mechanical chest wall oscillation to facilita      | No                  |     |                   | ALL                                 |
| 94680 | Oxygen uptake, expired gas analysis; rest          | No                  |     |                   | ALL                                 |
| 94681 | Oxygen uptake, expired gas analysis; inclu         | No                  |     |                   | ALL                                 |
| 94690 | Oxygen uptake, expired gas analysis; rest          | No                  |     |                   | ALL                                 |
| 94726 | Plethysmography for determination of lung          | No                  |     |                   | ALL                                 |
| 94727 | Gas dilution or washout for determination          | No                  |     |                   | ALL                                 |
| 94728 | Airway resistance by impulse oscillometry          | No                  |     |                   | ALL                                 |
| 94729 | Diffusing capacity (eg, carbon monoxide, r         | No                  |     |                   | ALL                                 |
| 94750 | Pulmonary compliance study (eg, plethysm           | No                  |     |                   | ALL                                 |
| 94760 | Noninvasive ear or pulse oximetry for oxyg         | No                  |     |                   | ALL                                 |
| 94761 | Noninvasive ear or pulse oximetry for oxyg         | No                  |     |                   | ALL                                 |
| 94762 | Noninvasive ear or pulse oximetry for oxyg         | No                  |     |                   | ALL                                 |
| 94770 | Carbon dioxide, expired gas determination          | No                  |     |                   | ALL                                 |
| 94772 | Circadian respiratory pattern recording (pe        | No                  |     |                   | ALL (Except Caid)                   |
| 94772 | Circadian respiratory pattern recording (pe        | Yes                 |     |                   | Caid                                |
| 94774 | PEDIATRIC HOME APNEA MONITORING                    | No                  |     |                   | ALL                                 |
| 94774 | PEDIATRIC HOME APNEA MONITORING EVE                | Not Covered         |     |                   | CAID                                |
| 94775 | PEDIATRIC HOME APNEA MONITORING                    | No                  |     |                   | ALL                                 |
| 94775 | PEDIATRIC HOME APNEA MONITORING EVE                | Not Covered         |     |                   | CAID                                |
| 94776 | PEDIATRIC HOME APNEA MONITORING                    | No                  |     |                   | ALL                                 |
| 94777 | PEDIATRIC HOME APNEA MONITORING                    | No                  |     |                   | ALL                                 |
| 94780 | Car seat/bed testing for airway integrity, ne      | No                  |     |                   | ALL                                 |
| 94780 | Car seat/bed testing for airway integrity, neonate | Not Covered         |     |                   | CAID                                |
| 94781 | Car seat/bed testing for airway integrity, ne      | No                  |     |                   | ALL                                 |
| 94781 | Car seat/bed testing for airway integrity, neonate | Not Covered         |     |                   | CAID                                |
| 94799 | UNLISTED PULMONARY SERVICE OR F                    | Yes                 |     |                   | ALL                                 |
| 94799 | UNLISTED PULMONARY SERVICE OR F                    | No                  |     |                   | MEDICARE COMP/MCWRAP                |
| 94799 | UNLISTED PULMONARY SERVICE OR F                    | No                  |     |                   | PRICHO                              |
| 95004 | Percutaneous tests (scratch, puncture, pri         | No                  |     |                   | ALL                                 |
| 95012 | NITRIC OXIDE EXPIRED GAS DETERMI                   | No                  |     |                   | ALL                                 |
| 95017 | Allergy testing, any combination of percuta        | No                  |     |                   | ALL                                 |
| 95018 | Allergy testing, any combination of percuta        | No                  |     |                   | ALL                                 |
| 95024 | Intracutaneous (intradermal) tests with alle       | No                  |     |                   | ALL                                 |
| 95027 | Intracutaneous (intradermal) tests, sequen         | No                  |     |                   | ALL                                 |
| 95028 | INTRACUTANEOUS (INTRADERMAL) TE                    | No                  |     |                   | ALL                                 |
| 95044 | Patch or application test(s) (specify numbe        | No                  |     |                   | ALL                                 |
| 95052 | Photo patch test(s) (specify number of test        | No                  |     |                   | ALL                                 |
| 95056 | Photo tests                                        | No                  |     |                   | ALL                                 |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TE                      | Not Covered         |     |                   | ALL (Except Caid, MMP, MED, PRICHO) |
| 95060 | OPHTHALMIC MUCOUS MEMBRANE TE                      | No                  |     |                   | Caid, MMP, MED, PRICHO              |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE T                     | Not Covered         |     |                   | ALL (Except Caid, MMP, MED, PRICHO) |
| 95065 | DIRECT NASAL MUCOUS MEMBRANE T                     | No                  |     |                   | Caid, MMP, MED, PRICHO              |
| 95070 | Inhalation bronchial challenge testing (not        | No                  |     |                   | ALL                                 |
| 95071 | Inhalation bronchial challenge testing (not        | No                  |     |                   | ALL                                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                 | Rider Requirement | Product Lines                          |
|-------|-----------------------------------------------|---------------------|---------------------|-------------------|----------------------------------------|
| 95076 | Ingestion challenge test (sequential and in   | No                  |                     |                   | ALL                                    |
| 95079 | Ingestion challenge test (sequential and in   | No                  |                     |                   | ALL                                    |
| 95115 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95117 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95120 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95125 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95130 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95131 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95132 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95133 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95134 | Professional services for allergen immuno     | No                  |                     |                   | ALL                                    |
| 95144 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95145 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95146 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95147 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95148 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95149 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95165 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95170 | Professional services for the supervision o   | No                  |                     |                   | ALL                                    |
| 95180 | RAPID DESENSITIZATION PROCEDURE               | No                  |                     |                   | ALL                                    |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNO              | Yes                 |                     |                   | ALL                                    |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNO              | No                  |                     |                   | MEDICARE COMP/MCWRAP                   |
| 95199 | UNLISTED ALLERGY/CLINICAL IMMUNO              | No                  |                     |                   | PRICHO                                 |
| 95249 | Ambulatory continuous glucose monitoring      | No                  |                     |                   | ALL                                    |
| 95250 | AMBULATORY CONTINUOUS GLUCOSI                 | No                  |                     |                   | ALL                                    |
| 95251 | AMBULATORY CONTINUOUS GLUCOSI                 | No                  |                     |                   | ALL                                    |
| 95700 | Electroencephalogram (EEG) continuous i       | No                  |                     |                   | ALL                                    |
| 95705 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL                                    |
| 95706 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL                                    |
| 95707 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL                                    |
| 95708 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL (Except CAID)                      |
| 95708 | Electroencephalogram (EEG), without vide      | Not Covered         |                     |                   | CAID                                   |
| 95709 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL                                    |
| 95710 | Electroencephalogram (EEG), without vide      | No                  |                     |                   | ALL                                    |
| 95711 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95712 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95713 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95714 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95715 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95716 | Electroencephalogram with video (VEEG),       | No                  |                     |                   | ALL                                    |
| 95717 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95718 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95719 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95720 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95721 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95722 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95723 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95724 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95725 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95726 | Electroencephalogram (EEG), continuous        | No                  |                     |                   | ALL                                    |
| 95782 | Polysomnography; younger than 6 years, s      | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95782 | Polysomnography; younger than 6 years, s      | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95783 | Polysomnography; younger than 6 years, s      | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95783 | Polysomnography; younger than 6 years, s      | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95800 | Sleep study, unattended, simultaneous rec     | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95800 | Sleep study, unattended, simultaneous rec     | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95801 | Sleep study, unattended, simultaneous rec     | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95801 | Sleep study, unattended, simultaneous rec     | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95803 | Actigraphy testing, recording, analysis, inte | Not Covered         |                     |                   | ALL (Except Caid, MMP)                 |
| 95803 | Actigraphy testing, recording, analysis, inte | No                  |                     |                   | Caid, MMP                              |
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTI              | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95805 | MULTIPLE SLEEP LATENCY OR MAINTI              | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECO                | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95806 | SLEEP STUDY, SIMULTANEOUS RECO                | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECO                | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95807 | SLEEP STUDY, SIMULTANEOUS RECO                | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGIN                 | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95808 | POLYSOMNOGRAPHY; SLEEP STAGIN                 | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGIN                 | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |
| 95810 | POLYSOMNOGRAPHY; SLEEP STAGIN                 | No                  |                     |                   | MCWRAP, CAID, MMP, PRICHO)             |
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGIN                 | Yes                 | <a href="#">MSI</a> |                   | ALL (Except MCWRAP, CAID, MMP, PRICHO) |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key    | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|--------|-------------------|----------------------------|
| 95811 | POLYSOMNOGRAPHY; SLEEP STAGING                 | No                  |        |                   | MCWRAP, CAID, MMP, PRICHO) |
| 95812 | Electroencephalogram (EEG) extended m          | No                  |        |                   | ALL                        |
| 95813 | Electroencephalogram (EEG) extended m          | No                  |        |                   | ALL                        |
| 95816 | Electroencephalogram (EEG); including re       | No                  |        |                   | ALL                        |
| 95819 | Electroencephalogram (EEG); including re       | No                  |        |                   | ALL                        |
| 95822 | Electroencephalogram (EEG); recording ir       | No                  |        |                   | ALL                        |
| 95824 | Electroencephalogram (EEG); cerebral de        | No                  |        |                   | ALL                        |
| 95829 | Electrocorticogram at surgery (separate pr     | No                  |        |                   | ALL                        |
| 95830 | INSERTION BY PHYSICIAN OF SPHENC               | No                  |        |                   | ALL                        |
| 95836 | Electrocorticogram from an implanted brai      | No                  |        |                   | ALL                        |
| 95851 | Range of motion measurements and repor         | No                  |        |                   | ALL (Except Caid, MMP)     |
| 95851 | Range of motion measurements and repor         | Yes                 |        |                   | Caid, MMP                  |
| 95852 | Range of motion measurements and repor         | No                  |        |                   | ALL (Except Caid, MMP)     |
| 95852 | Range of motion measurements and repor         | Yes                 |        |                   | Caid, MMP                  |
| 95857 | Cholinesterase inhibitor challenge test for    | No                  |        |                   | ALL                        |
| 95860 | Needle electromyography; one extremity w       | No                  |        |                   | ALL                        |
| 95861 | Needle electromyography; two extremities       | No                  |        |                   | ALL                        |
| 95863 | Needle electromyography; three extremitie      | No                  |        |                   | ALL                        |
| 95864 | Needle electromyography; four extremities      | No                  |        |                   | ALL                        |
| 95865 | Muscle test, larynx                            | No                  |        |                   | ALL                        |
| 95866 | Muscle test, hemidiaphragm                     | No                  |        |                   | ALL                        |
| 95867 | Needle electromyography; cranial nerve su      | No                  |        |                   | ALL                        |
| 95868 | NEEDLE ELECTROMYOGRAPHY, CRAN                  | No                  | *<br>— |                   | ALL                        |
| 95869 | Needle electromyography; thoracic parasp       | No                  |        |                   | ALL                        |
| 95870 | Needle electromyography; limited study of      | No                  |        |                   | ALL                        |
| 95872 | Needle electromyography using single fibe      | No                  |        |                   | ALL                        |
| 95873 | ELECTRICAL STIMULATION FOR GUIDA               | No                  |        |                   | ALL                        |
| 95874 | NEEDLE ELECTROMYOGRAPHY FOR C                  | No                  |        |                   | ALL                        |
| 95875 | Ischemic limb exercise test with serial spe    | No                  |        |                   | ALL                        |
| 95885 | Needle electromyography, each extremity,       | No                  |        |                   | ALL                        |
| 95886 | Needle electromyography, each extremity,       | No                  |        |                   | ALL                        |
| 95887 | Needle electromyography, non-extremity (       | No                  |        |                   | ALL                        |
| 95905 | MOTOR &/OR SENSORY NERVE COND                  | No                  |        |                   | ALL                        |
| 95907 | Nerve conduction studies; 1-2 studies          | No                  |        |                   | ALL                        |
| 95908 | Nerve conduction studies; 3-4 studies          | No                  |        |                   | ALL                        |
| 95909 | Nerve conduction studies; 5-6 studies          | No                  |        |                   | ALL                        |
| 95910 | Nerve conduction studies; 7-8 studies          | No                  |        |                   | ALL                        |
| 95911 | Nerve conduction studies; 9-10 studies         | No                  |        |                   | ALL                        |
| 95912 | Nerve conduction studies; 11-12 studies        | No                  |        |                   | ALL                        |
| 95913 | Nerve conduction studies; 13 or more stud      | No                  |        |                   | ALL                        |
| 95919 | Quantitative pupillometry with physician or    | Not Covered         |        |                   | ALL (Except CAID, MMP)     |
| 95919 | Quantitative pupillometry with physician or    | No                  |        |                   | CAID, MMP                  |
| 95921 | Testing of autonomic nervous system func       | No                  |        |                   | ALL                        |
| 95922 | Testing of autonomic nervous system func       | No                  |        |                   | ALL                        |
| 95923 | Testing of autonomic nervous system func       | No                  |        |                   | ALL                        |
| 95924 | Testing of autonomic nervous system func       | No                  |        |                   | ALL                        |
| 95925 | Short-latency somatosensory evoked pote        | No                  |        |                   | ALL                        |
| 95926 | Short-latency somatosensory evoked pote        | No                  |        |                   | ALL                        |
| 95927 | SHORT-LATENCY SOMATOSENSORY E                  | No                  |        |                   | ALL                        |
| 95928 | Central motor evoked potential study (tran     | No                  |        |                   | ALL                        |
| 95929 | Central motor evoked potential study (tran     | No                  |        |                   | ALL                        |
| 95930 | VISUAL EVOKED POTENTIAL (VEP) TES              | No                  |        |                   | ALL                        |
| 95933 | Orbicularis oculi (blink) reflex, by electrodi | No                  |        |                   | ALL                        |
| 95936 | H-reflex, amplitude and latency study; recd    | No                  |        |                   | ALL                        |
| 95937 | Neuromuscular junction testing (repetitive     | No                  |        |                   | ALL                        |
| 95938 | Short-latency somatosensory evoked pote        | No                  |        |                   | ALL                        |
| 95939 | Central motor evoked potential study (tran     | No                  |        |                   | ALL                        |
| 95940 | Continuous intraoperative neurophysiology      | No                  |        |                   | ALL                        |
| 95941 | Continuous intraoperative neurophysiology      | No                  |        |                   | ALL                        |
| 95941 | Continuous intraoperative neurophysiology moni | Not Covered         |        |                   | CAID                       |
| 95954 | Pharmacological or physical activation req     | No                  |        |                   | ALL                        |
| 95955 | Electroencephalogram (EEG) during nonir        | No                  |        |                   | ALL                        |
| 95957 | Digital analysis of electroencephalogram (     | No                  |        |                   | ALL                        |
| 95958 | WADA ACTIVATION TEST FOR HEMISP                | No                  |        |                   | ALL                        |
| 95961 | FUNCTIONAL CORTICAL OR SUBCORT                 | No                  |        |                   | ALL                        |
| 95962 | FUNCTIONAL CORTICAL MAPPING BY                 | No                  |        |                   | ALL                        |
| 95965 | MAGNETOENCEPHALOGRAPHY                         | No                  |        |                   | ALL                        |
| 95966 | MAGNETOENCEPHALOGRAPHY                         | No                  |        |                   | ALL                        |
| 95967 | MAGNETOENCEPHALOGRAPHY                         | No                  | *<br>— |                   | ALL                        |
| 95970 | ELECTRONIC ANALYSIS OF IMPLANTE                | No                  |        |                   | ALL                        |
| 95971 | SIMPLE BRIAN, SPINAL CORD, OR PER              | No                  |        |                   | ALL                        |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key        | Rider Requirement | Product Lines        |
|-------|----------------------------------------------------|---------------------|------------|-------------------|----------------------|
| 95972 | COMPLEX SPINAL CORD, OR PERPHE                     | No                  |            |                   | ALL                  |
| 95976 | Electronic analysis of implanted neurostim         | No                  |            |                   | ALL                  |
| 95977 | Electronic analysis of implanted neurostim         | No                  |            |                   | ALL                  |
| 95980 | ELECTRONIC ANALYSIS OF IMPLANTE                    | No                  |            |                   | ALL                  |
| 95981 | ELECTRONIC ANALYSIS OF IMPLANTE                    | No                  |            |                   | ALL                  |
| 95982 | ELECTRONIC ANALYSIS OF IMPLANTE                    | No                  |            |                   | ALL                  |
| 95983 | Electronic analysis of implanted neurostim         | No                  |            |                   | ALL                  |
| 95984 | Electronic analysis of implanted neurostim         | No                  |            |                   | ALL                  |
| 95990 | REFILLING AND MAINTENANCE OF IMP                   | No                  |            |                   | ALL                  |
| 95991 | REFILLING & MAINTANCE OF IMPLANT                   | No                  |            |                   | ALL                  |
| 95992 | Canalith repositioning procedure(s) (eg, E         | No                  |            |                   | ALL                  |
| 95999 | UNLISTED NEUROLOGICAL OR NEURC                     | Yes                 | *          |                   | ALL                  |
| 95999 | UNLISTED NEUROLOGICAL OR NEURC                     | No                  | *          |                   | MEDICARE COMP/MCWRAP |
| 96000 | MOTION ANALYSIS                                    | No                  |            |                   | ALL                  |
| 96001 | MOTION ANALYSIS                                    | No                  |            |                   | ALL                  |
| 96002 | MOTION ANALYSIS                                    | No                  |            |                   | ALL                  |
| 96004 | MOTION ANALYSIS                                    | No                  |            |                   | ALL                  |
| 96020 | NEUROFUNCTIONAL TESTING SELECT                     | No                  |            |                   | ALL                  |
| 96041 | Medical genetics and genetic counseling s          | No                  |            |                   | ALL                  |
| 96105 | ASSESSMENT OF APHASIA (INCLUDES                    | No                  |            |                   | ALL                  |
| 96110 | DEVELOPMENTAL TESTING; LIMITED (                   | No                  |            |                   | ALL                  |
| 96112 | Developmental test administration (includi         | No                  |            |                   | ALL                  |
| 96113 | Developmental test administration (includi         | No                  |            |                   | ALL                  |
| 96116 | NEUROBEHAVIORAL STATUS EXAM (C                     | No                  | CBHM       |                   | ALL                  |
| 96125 | STANDARDIZED COGNITIVE PERFORM                     | Yes                 |            |                   | ALL                  |
| 96125 | STANDARDIZED COGNITIVE PERFORM                     | No                  |            |                   | MEDICARE COMP/MCWRAP |
| 96127 | Brief emotional/behavioral assessment (eg          | No                  |            |                   | ALL                  |
| 96156 | Health behavior assessment, or re-assess           | No                  |            |                   | ALL                  |
| 96158 | Health behavior intervention, individual, fa       | No                  |            |                   | ALL                  |
| 96159 | Health behavior intervention, individual, fa       | No                  |            |                   | ALL                  |
| 96160 | Administration of patient-focused health ris       | No                  |            |                   | ALL                  |
| 96161 | Administration of caregiver-focused health         | No                  |            |                   | ALL                  |
| 96164 | Health behavior intervention, group (2 or n        | No                  |            |                   | ALL                  |
| 96165 | Health behavior intervention, group (2 or n        | No                  |            |                   | ALL                  |
| 96167 | Health behavior intervention, family (with t       | No                  |            |                   | ALL                  |
| 96168 | Health behavior intervention, family (with t       | No                  |            |                   | ALL                  |
| 96170 | Health behavior intervention, family (witho        | No                  |            |                   | ALL (Except CAID)    |
| 96170 | Health behavior intervention, family (witho        | Not Covered         |            |                   | CAID                 |
| 96171 | Health behavior intervention, family (witho        | No                  |            |                   | ALL (Except CAID)    |
| 96171 | Health behavior intervention, family (witho        | Not Covered         |            |                   | CAID                 |
| 96202 | Multiple-family group behavior manageme            | No                  |            |                   | ALL                  |
| 96203 | Multiple-family group behavior manageme            | No                  |            |                   | ALL                  |
| 96360 | Intravenous infusion, hydration; initial, 31 r     | No                  |            |                   | ALL                  |
| 96361 | Intravenous infusion, hydration; each addit        | No                  |            |                   | ALL                  |
| 96365 | Intravenous infusion, for therapy, prophyla        | No                  |            |                   | ALL                  |
| 96366 | Intravenous infusion, for therapy, prophyla        | No                  |            |                   | ALL                  |
| 96367 | Intravenous infusion, for therapy, prophyla        | No                  |            |                   | ALL                  |
| 96368 | Intravenous infusion, hydration; concurrent        | No                  |            |                   | ALL                  |
| 96369 | Subcutaneous infusion for therapy or prop          | No                  |            |                   | ALL                  |
| 96370 | Subcutaneous infusion for therapy or prop          | No                  |            |                   | ALL                  |
| 96371 | Subcutaneous infusion for therapy or prop          | No                  |            |                   | ALL                  |
| 96372 | Therapeutic, prophylactic, or diagnostic inj       | No                  |            |                   | ALL                  |
| 96373 | Therapeutic, prophylactic, or diagnostic inj       | No                  |            |                   | ALL                  |
| 96374 | Therapeutic, prophylactic, or diagnostic inj       | No                  |            |                   | ALL                  |
| 96375 | Therapeutic, prophylactic, or diagnostic inj       | No                  |            |                   | ALL                  |
| 96376 | Therapeutic, prophylactic, or diagnostic inj       | No                  |            |                   | ALL                  |
| 96376 | Therapeutic, prophylactic, or diagnostic injection | Not Covered         |            |                   | CAID                 |
| 96377 | Application of on-body injector (includes ca       | No                  |            |                   | ALL                  |
| 96379 | Unlisted therapeutic, prophylactic, or diagn       | Yes                 |            |                   | ALL                  |
| 96379 | Unlisted therapeutic, prophylactic, or diagn       | No                  |            |                   | MEDICARE COMP/MCWRAP |
| 96379 | Unlisted therapeutic, prophylactic, or diagn       | No                  |            |                   | PRICHO               |
| 96380 | Administration of respiratory syncytial virus      | No                  |            |                   | ALL                  |
| 96381 | Administration of respiratory syncytial virus      | No                  |            |                   | ALL                  |
| 96401 | Chemo, anti-neopl, sq/im                           | No                  |            |                   | ALL                  |
| 96402 | Chemo hormon antineopl sq/im                       | No                  |            |                   | ALL                  |
| 96405 | Chemotherapy administration, intralesiona          | No                  |            |                   | ALL                  |
| 96406 | Chemotherapy administration, intralesiona          | No                  |            |                   | ALL                  |
| 96409 | Chemo, iv push, sngl drug                          | No                  | NTM POLICY |                   | ALL                  |
| 96411 | Chemo, iv push, addl drug                          | No                  | NTM POLICY |                   | ALL                  |
| 96413 | Chemo, iv infusion, 1 hr                           | No                  |            |                   | ALL                  |
| 96415 | Chemo, iv infusion, addl hr                        | No                  |            |                   | ALL                  |



**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines        |
|-------|---------------------------------------------|---------------------|-----|-------------------|----------------------|
| 96416 | Chemo prolong infuse w/pump                 | No                  |     |                   | ALL                  |
| 96417 | Chemo iv infus each addl seq                | No                  |     |                   | ALL                  |
| 96420 | Chemotherapy administration, intra-arteria  | No                  |     |                   | ALL                  |
| 96422 | Chemotherapy administration, intra-arteria  | No                  |     |                   | ALL                  |
| 96423 | Chemotherapy administration, intra-arteria  | No                  |     |                   | ALL                  |
| 96425 | Chemotherapy administration, intra-arteria  | No                  |     |                   | ALL                  |
| 96440 | Chemotherapy administration into pleural    | No                  |     |                   | ALL                  |
| 96446 | Chemotherapy administration into the perit  | No                  |     |                   | ALL                  |
| 96450 | Chemotherapy administration, into CNS (e    | No                  |     |                   | ALL                  |
| 96521 | Refill/maint, portable pump                 | No                  |     |                   | ALL                  |
| 96522 | Refill/maint pump/resvr syst                | No                  |     |                   | ALL                  |
| 96523 | Irrig drug delivery device                  | No                  |     |                   | ALL                  |
| 96542 | Chemotherapy injection, subarachnoid or i   | No                  |     |                   | ALL                  |
| 96547 | Intraoperative hyperthermic intraperitoneal | No                  |     |                   | ALL                  |
| 96548 | Intraoperative hyperthermic intraperitoneal | No                  |     |                   | ALL                  |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDU               | Yes                 |     |                   | ALL                  |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDU               | No                  |     |                   | MEDICARE COMP/MCWRAP |
| 96549 | UNLISTED CHEMOTHERAPY PROCEDU               | No                  |     |                   | PRICHO               |
| 96567 | PHOTODYNAMIC THERAPY OF SKIN                | No                  |     |                   | ALL (Except MMP)     |
| 96567 | PHOTODYNAMIC THERAPY OF SKIN                | Yes                 |     |                   | MMP                  |
| 96567 | PHOTODYNAMIC THERAPY OF SKIN                | Not Covered         |     |                   | CAID                 |
| 96570 | Photodynamic therapy by endoscopic appl     | No                  |     |                   | ALL                  |
| 96571 | Photodynamic therapy by endoscopic appl     | No                  |     |                   | ALL                  |
| 96573 | Photodynamic therapy by external applicat   | No                  |     |                   | ALL                  |
| 96574 | Debridement of premalignant hyperkeratot    | No                  |     |                   | ALL                  |
| 96900 | ACTINOTHERAPY (ULTRAVIOLET LIGH             | No                  |     |                   | ALL                  |
| 96902 | Microscopic examination of hairs plucked    | No                  |     |                   | ALL                  |
| 96904 | WHOLE BODY INTEGUMENTARY PHOT               | No                  |     |                   | ALL                  |
| 96910 | PHOTOCHEMOTHERAPY; TAR AND UL               | No                  |     |                   | ALL                  |
| 96912 | PHOTOCHEMOTHERAPY; PSORALENS                | No                  |     |                   | ALL                  |
| 96913 | PHOTOCHEMOTHERAPY (GOECKERM                 | No                  |     |                   | ALL                  |
| 96920 | LASER TREATMENT FOR INFLAMMATC              | No                  |     |                   | ALL                  |
| 96921 | LASER TREATMENT FOR INFLAMMATC              | No                  |     |                   | ALL                  |
| 96922 | LASER TREATMENT FOR INFLAMMATC              | No                  |     |                   | ALL                  |
| 96931 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96931 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96932 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96932 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96933 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96933 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96934 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96934 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96935 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96935 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96936 | Reflectance confocal microscopy (RCM) fd    | Not Covered         |     |                   | ALL (Except Caid)    |
| 96936 | Reflectance confocal microscopy (RCM) fd    | No                  |     |                   | CAID                 |
| 96999 | UNLISTED SPECIAL DERMATOLOGICA              | Yes                 |     |                   | ALL                  |
| 96999 | UNLISTED SPECIAL DERMATOLOGICA              | No                  |     |                   | MEDICARE COMP/MCWRAP |
| 96999 | UNLISTED SPECIAL DERMATOLOGICA              | No                  |     |                   | PRICHO               |
| 97010 | APPLICATION OF A MODALITY TO ONE            | Not Covered         |     |                   | ALL                  |
| 97012 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97014 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97016 | APPLICATION OF A MODALITY TO ONE            | No                  | -   |                   | ALL                  |
| 97018 | APPLICATION OF A MODALITY TO ONE            | No                  |     |                   | ALL                  |
| 97022 | APPLICATION OF A MODALITY TO ONE            | No                  |     |                   | ALL                  |
| 97024 | APPLICATION OF A MODALITY TO ONE            | No                  |     |                   | ALL                  |
| 97026 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97028 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97032 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97033 | APPLICATION OF A MODALITY TO ONE            | No                  | -   |                   | ALL                  |
| 97034 | APPLICATION OF A MODALITY TO ONE            | No                  |     |                   | ALL                  |
| 97035 | APPLICATION OF A MODALITY TO ONE            | No                  | *   |                   | ALL                  |
| 97036 | APPLICATION OF A MODALITY TO ONE            | No                  | -   |                   | ALL                  |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE /           | Yes                 |     |                   | ALL                  |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE /           | No                  |     |                   | MEDICARE COMP/MCWRAP |
| 97039 | UNLISTED MODALITY (SPECIFY TYPE /           | No                  |     |                   | PRICHO               |
| 97110 | THERAPEUTIC PROCEDURE, ONE OR               | No                  | *   |                   | ALL                  |
| 97112 | THERAPEUTIC PROCEDURE, ONE OR               | No                  | -   |                   | ALL                  |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR               | No                  |     |                   | ALL (Except CAID)    |
| 97113 | THERAPEUTIC PROCEDURE, ONE OR               | Not Covered         |     |                   | CAID                 |
| 97116 | THERAPEUTIC PROCEDURE, ONE OR               | No                  |     |                   | ALL                  |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key    | Rider Requirement | Product Lines                                      |
|-------|-------------------------------------------------|---------------------|--------|-------------------|----------------------------------------------------|
| 97124 | THERAPEUTIC PROCEDURE, ONE OR                   | No                  |        |                   | ALL                                                |
| 97129 | Therapeutic interventions that focus on co      | Yes                 | *<br>— |                   | ALL (Except MMP, MED, PRICHO, CAID)                |
| 97129 | Therapeutic interventions that focus on co      | No                  |        |                   | MMP, MED, PRICHO, CAID                             |
| 97130 | Therapeutic interventions that focus on co      | Yes                 | *<br>— |                   | ALL (Except MMP, MED, PRICHO, CAID)                |
| 97130 | Therapeutic interventions that focus on co      | No                  |        |                   | MMP, MED, PRICHO, CAID                             |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR                   | Yes                 |        |                   | ALL                                                |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR                   | No                  |        |                   | MEDICARE COMP/MCWRAP                               |
| 97139 | THERAPEUTIC PROCEDURE, ONE OR                   | No                  |        |                   | PRICHO                                             |
| 97140 | MANUAL THERAPY TECHNIQUES (EG,                  | No                  | *<br>— |                   | ALL                                                |
| 97150 | THERAPEUTIC PROCEDURE(S), GROU                  | No                  |        |                   | ALL (Except CAID)                                  |
| 97150 | THERAPEUTIC PROCEDURE(S), GROU                  | Not Covered         |        |                   | CAID                                               |
| 97151 | Behavior identification assessment, admin       | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97152 | Behavior identification-supporting assessn      | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97153 | Adaptive behavior treatment by protocol, a      | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97154 | Group adaptive behavior treatment by prot       | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97155 | Adaptive behavior treatment with protocol       | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97156 | Family adaptive behavior treatment guidar       | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97157 | Multiple-family group adaptive behavior tre     | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97158 | Group adaptive behavior treatment with pr       | Not Covered         |        |                   | CAID, MMP (Other product lines refer to CBHM list) |
| 97161 | Physical therapy evaluation: low complexit      | No                  |        |                   | ALL                                                |
| 97162 | Physical therapy evaluation: moderate con       | No                  |        |                   | ALL                                                |
| 97163 | Physical therapy evaluation: high complex       | No                  |        |                   | ALL                                                |
| 97164 | Re-evaluation of physical therapy establish     | No                  |        |                   | ALL                                                |
| 97165 | Occupational therapy evaluation, low comp       | No                  |        |                   | ALL                                                |
| 97166 | Occupational therapy evaluation, moderate       | No                  |        |                   | ALL                                                |
| 97167 | Occupational therapy evaluation, high com       | No                  |        |                   | ALL                                                |
| 97168 | Re-evaluation of occupational therapy esta      | No                  |        |                   | ALL                                                |
| 97169 | Athletic training evaluation, low complexity    | Not Covered         |        |                   | ALL                                                |
| 97170 | Athletic training evaluation, moderate com      | Not Covered         |        |                   | ALL                                                |
| 97171 | Athletic training evaluation, high complexi     | Not Covered         |        |                   | ALL                                                |
| 97172 | Re-evaluation of athletic training establish    | Not Covered         |        |                   | ALL                                                |
| 97530 | THERAPEUTIC ACTIVITIES, DIRECT (O               | No                  | *      |                   | ALL                                                |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES                  | Not Covered         |        |                   | ALL (Except MED, CAID, MMP)                        |
| 97533 | SENSORY INTEGRATIVE TECHNIQUES                  | No                  |        |                   | MED, CAID, MMP                                     |
| 97535 | SELF CARE/HOME MANAGEMENT TRA                   | No                  |        |                   | ALL                                                |
| 97537 | COMMUNITY/WORK REINTEGRATION                    | Not Covered         |        |                   | ALL (Except MED, MMP)                              |
| 97537 | COMMUNITY/WORK REINTEGRATION                    | No                  |        |                   | MED, MMP                                           |
| 97542 | WHEELCHAIR MANAGEMENT (EG. ASS                  | No                  |        |                   | ALL                                                |
| 97545 | WORK HARDENING/CONDITIONING; IN                 | Not Covered         |        |                   | ALL                                                |
| 97546 | WORK HARDENING/CONDITIONING; EA                 | Not Covered         |        |                   | ALL                                                |
| 97550 | Caregiver training in strategies and techn      | Not Covered         |        |                   | ALL (Except MA)                                    |
| 97550 | Caregiver training in strategies and techn      | No                  |        |                   | MA                                                 |
| 97551 | Caregiver training in strategies and techn      | Not Covered         |        |                   | ALL (Except MA)                                    |
| 97551 | Caregiver training in strategies and techn      | No                  |        |                   | MA                                                 |
| 97552 | Group caregiver training in strategies and      | Not Covered         |        |                   | ALL (Except MA)                                    |
| 97552 | Group caregiver training in strategies and      | No                  |        |                   | MA                                                 |
| 97597 | Debridement (eg, high pressure waterjet w       | No                  |        |                   | ALL                                                |
| 97598 | Debridement (eg, high pressure waterjet w       | No                  |        |                   | ALL                                                |
| 97602 | Removal of devitalized tissue from wound        | No                  |        |                   | ALL                                                |
| 97602 | Removal of devitalized tissue from wound(s), no | Not Covered         |        |                   | CAID                                               |
| 97605 | NEGATIVE PRESSURE WOUND THERA                   | No                  |        |                   | ALL                                                |
| 97606 | NEGATIVE PRESSURE WOUND THERA                   | No                  |        |                   | ALL                                                |
| 97607 | Negative pressure wound therapy, (eg, vac       | Yes                 |        |                   | CAID, MMP                                          |
| 97607 | Negative pressure wound therapy, (eg, vac       | Not Covered         |        |                   | ALL (Except, MED, MMP, UAW, PRICHO)                |
| 97607 | Negative pressure wound therapy, (eg, vac       | No                  |        |                   | MED, PRICHO, UAW                                   |
| 97608 | Negative pressure wound therapy, (eg, vac       | Yes                 |        |                   | CAid, MMP                                          |
| 97608 | Negative pressure wound therapy, (eg, vac       | Not Covered         |        |                   | ALL (Except, MED, MMP, UAW, PRICHO)                |
| 97608 | Negative pressure wound therapy, (eg, vac       | No                  |        |                   | MED, PRICHO, UAW                                   |
| 97610 | Low frequency, non-contact, non-thermal t       | No                  |        |                   | ALL                                                |
| 97610 | Low frequency, non-contact, non-ther            | Not Covered         |        |                   | CAID                                               |
| 97750 | PHYSICAL PERFORMANCE TEST O                     | No                  |        |                   | ALL (Except MMP)                                   |
| 97750 | PHYSICAL PERFORMANCE TEST O                     | Yes                 |        |                   | MMP                                                |
| 97750 | PHYSICAL PERFORMANCE TEST O                     | Not Covered         |        |                   | CAID                                               |
| 97755 | ASSISTIVE TECHNOLOGY ASSESS                     | No                  |        |                   | ALL (Except MMP)                                   |
| 97755 | ASSISTIVE TECHNOLOGY ASSESS                     | Yes                 |        |                   | MMP                                                |
| 97755 | ASSISTIVE TECHNOLOGY ASSESS                     | Not Covered         |        |                   | CAID                                               |
| 97760 | ORTHOTIC(S) MGMT & TRAINING (I                  | No                  |        |                   | ALL                                                |
| 97761 | PROSTHETIC TRAINING, UPPER AND/C                | No                  |        |                   | ALL                                                |
| 97763 | Orthotic(s)/prosthetic(s) management and        | No                  |        |                   | ALL                                                |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB                | Yes                 |        |                   | ALL                                                |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key  | Rider Requirement | Product Lines                       |
|-------|----------------------------------------------------|---------------------|------|-------------------|-------------------------------------|
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB                   | No                  |      |                   | MEDICARE COMP/MCWRAP                |
| 97799 | UNLISTED PHYSICAL MEDICINE/REHAB                   | No                  |      |                   | PRICHO                              |
| 97802 | Medical nutrition therapy; initial assessme        | No                  |      |                   | ALL                                 |
| 97803 | MEDICAL NUTRITION THERAPY, RE-AS                   | No                  |      |                   | ALL                                 |
| 97804 | MEDICAL NUTRITION THERAPY, GROU                    | No                  |      |                   | ALL                                 |
| 97810 | ACUPUNCTURE, ONE OR MORE NEED                      | Yes                 | *    | ACU               | ALL (Except MED, PRICHO, MMP, CAID) |
| 97810 | ACUPUNCTURE, ONE OR MORE NEED                      | No                  | *    |                   | MED, PRICHO, MMP, CAID              |
| 97811 | ACUPUNCTURE, 1OR MORE NEEDLES                      | Yes                 | *    | ACU               | ALL (Except MED, PRICHO, MMP, CAID) |
| 97811 | ACUPUNCTURE, 1OR MORE NEEDLES                      | No                  | *    |                   | MED, PRICHO, MMP, CAID              |
| 97813 | ACUPUNCTURE, ONE OR MORE NEED                      | Yes                 | *    | ACU               | ALL (Except MED, PRICHO, MMP, CAID) |
| 97813 | ACUPUNCTURE, ONE OR MORE NEED                      | No                  | *    |                   | MED, PRICHO, MMP, CAID              |
| 97814 | ACUPUNCTURE, 1OR MORE NEEDLES                      | Yes                 | *    | ACU               | ALL (Except MED, PRICHO, MMP, CAID) |
| 97814 | ACUPUNCTURE, 1OR MORE NEEDLES                      | No                  | *    |                   | MED, PRICHO, MMP, CAID              |
| 98008 | Synchronous audio-only visit for the evalu         | No                  |      |                   | ALL                                 |
| 98978 | Remote therapeutic monitoring (eg, therap          | No                  |      |                   | ALL                                 |
| 98925 | Osteopathic manipulative treatment (OMT            | No                  |      |                   | ALL                                 |
| 98926 | Osteopathic manipulative treatment (OMT            | No                  |      |                   | ALL                                 |
| 98927 | Osteopathic manipulative treatment (OMT            | No                  |      |                   | ALL                                 |
| 98928 | Osteopathic manipulative treatment (OMT            | No                  |      |                   | ALL                                 |
| 98929 | Osteopathic manipulative treatment (OMT            | No                  |      |                   | ALL                                 |
| 98940 | CHIROPRACTIC MANIPULATIVE TREAT                    | No                  | *    | C                 | ALL (Except FED)                    |
| 98940 | CHIROPRACTIC MANIPULATIVE TREAT                    | Not Covered         |      |                   | FED                                 |
| 98941 | CHIROPRACTIC MANIPULATIVE TREAT                    | No                  | *    | C                 | ALL (Except FED)                    |
| 98941 | CHIROPRACTIC MANIPULATIVE TREAT                    | Not Covered         |      |                   | FED                                 |
| 98942 | CHIROPRACTIC MANIPULATIVE TREAT                    | No                  | *    | C                 | ALL (Except FED)                    |
| 98942 | CHIROPRACTIC MANIPULATIVE TREAT                    | Not Covered         |      |                   | FED                                 |
| 98943 | CHIROPRACTIC MANIPULATIVE TREAT                    | No                  | *    |                   | ALL (except MA, QHP)                |
| 98943 | CHIROPRACTIC MANIPULATIVE TREAT                    | No                  |      | Expand Chiro      | MA (covered only with Rider)        |
| 98943 | CHIROPRACTIC MANIPULATIVE TREAT                    | Not Covered         | *    |                   | QHP                                 |
| 98960 | EDUCATION AND TRAINING FOR PATIE                   | No                  |      |                   | ALL                                 |
| 98960 | EDUCATION AND TRAINING FOR PATIENT S               | Not Covered         |      |                   | CAID                                |
| 98961 | EDUCATION AND TRAINING FOR PATIE                   | No                  |      |                   | ALL                                 |
| 98962 | EDUCATION AND TRAINING FOR PATIE                   | No                  |      |                   | ALL                                 |
| 98966 | TELEPHONE ASSESSMENT AND MANA                      | No                  |      |                   | ALL                                 |
| 98967 | TELEPHONE ASSESSMENT AND MANA                      | No                  |      |                   | ALL                                 |
| 98968 | TELEPHONE ASSESSMENT AND MANA                      | No                  |      |                   | ALL                                 |
| 98970 | Qualified nonphysician health care profess         | No                  |      |                   | ALL                                 |
| 98971 | Qualified nonphysician health care profess         | No                  |      |                   | ALL                                 |
| 98972 | Qualified nonphysician health care profess         | No                  |      |                   | ALL                                 |
| 98975 | Remote therapeutic monitoring (eg, respir          | Not Covered         |      |                   | ALL (Except MED)                    |
| 98975 | Remote therapeutic monitoring (eg, respir          | No                  |      |                   | MED                                 |
| 98976 | Remote therapeutic monitoring (eg, respir          | Not Covered         |      |                   | ALL (Except MED)                    |
| 98976 | Remote therapeutic monitoring (eg, respir          | No                  |      |                   | MED                                 |
| 98977 | Remote therapeutic monitoring (eg, respir          | Not Covered         |      |                   | ALL (Except MED)                    |
| 98977 | Remote therapeutic monitoring (eg, respir          | No                  |      |                   | MED                                 |
| 98980 | Remote therapeutic monitoring treatment i          | Not Covered         |      |                   | ALL (Except MED)                    |
| 98980 | Remote therapeutic monitoring treatment i          | No                  |      |                   | MED                                 |
| 98981 | Remote therapeutic monitoring treatment i          | Not Covered         |      |                   | ALL (Except MED)                    |
| 98981 | Remote therapeutic monitoring treatment i          | No                  |      |                   | MED                                 |
| 99000 | HANDLING AND/OR CONVEYANCE OF                      | Not Covered         |      |                   | ALL                                 |
| 99001 | HANDLING AND/OR CONVEYANCE OF                      | Not Covered         |      |                   | ALL                                 |
| 99002 | HANDLING, CONVEYANCE, AND/OR AN                    | Not Covered         |      |                   | ALL                                 |
| 99024 | Postoperative follow-up visit, normally incl       | No                  |      |                   | ALL                                 |
| 99024 | Postoperative follow-up visit, normally included i | Not Covered         |      |                   | CAID                                |
| 99026 | HOSPITAL MANDATED ON CALL SERV                     | Not Covered         |      |                   | ALL                                 |
| 99027 | OUT-OF-HOSPITAL, EACH HOUR                         | Not Covered         |      |                   | ALL                                 |
| 99050 | Services requested after posted office hou         | Not Covered         |      |                   | ALL                                 |
| 99051 | Med serv, eve/wkend/holiday                        | No                  |      |                   | ALL                                 |
| 99051 | SERVICE(S) PROVIDED IN THE OFFICE DUR              | Not Covered         |      |                   | CAID                                |
| 99053 | SERVICES(S) PROVIDED BETWEEN 10                    | Not Covered         |      |                   | ALL                                 |
| 99056 | SERVICES PROVIDED AT REQUEST OF                    | Not Covered         |      |                   | ALL                                 |
| 99058 | Office services provided on an emergency           | No                  |      |                   | ALL                                 |
| 99058 | Office services provided on an emergency basis     | Not Covered         |      |                   | CAID                                |
| 99060 | Out of office emerg med serv                       | No                  |      |                   | ALL                                 |
| 99060 | Out of office emerg med serv                       | Not Covered         |      |                   | CAID                                |
| 99070 | SUPPLIES AND MATERIALS (EXCEPT S                   | Not Covered         |      |                   | ALL                                 |
| 99071 | EDUCATIONAL SUPPLIES, SUCH AS BO                   | Not Covered         |      |                   | ALL                                 |
| 99072 | Additional supplies, materials, and clinical       | Not Covered         | INFO |                   | ALL                                 |
| 99075 | MEDICAL TESTIMONY                                  | Not Covered         |      |                   | ALL                                 |
| 99078 | Physician educational services rendered to         | No                  |      |                   | ALL                                 |
| 99078 | Physician educational services rendered to patie   | Not Covered         |      |                   | CAID                                |

**Services that require Prior Authorization List**

| Code  | Description                                          | Prior Auth Required | Key    | Rider Requirement | Product Lines                   |
|-------|------------------------------------------------------|---------------------|--------|-------------------|---------------------------------|
| 99080 | Special reports such as insurance forms, r           | Not Covered         |        |                   | ALL (Except MED, PRICHO)        |
| 99080 | Special reports such as insurance forms, r           | No                  |        |                   | MED, PRICHO                     |
| 99080 | Special reports such as insurance forms, more t      | Not Covered         |        |                   | CAID                            |
| 99082 | UNUSUAL TRAVEL (EG, TRANSPORTA                       | Not Covered         |        |                   | ALL                             |
| 99091 | Collection and interpretation of physiologic         | No                  |        |                   | ALL                             |
| 99091 | Collection and interpretation of physiologic data    | Not Covered         |        |                   | CAID                            |
| 99100 | Anesthesia for patient of extreme age, und           | No                  |        |                   | ALL                             |
| 99100 | Anesthesia for patient of extreme age, under 1 y     | Not Covered         |        |                   | CAID                            |
| 99116 | Anesthesia complicated by utilization of to          | No                  |        |                   | ALL                             |
| 99116 | Anesthesia complicated by utilization of total bod   | Not Covered         |        |                   | CAID                            |
| 99135 | Anesthesia complicated by utilization of co          | No                  |        |                   | ALL                             |
| 99135 | Anesthesia complicated by utilization of controlle   | Not Covered         |        |                   | CAID                            |
| 99140 | Anesthesia complicated by emergency cor              | No                  |        |                   | ALL                             |
| 99140 | Anesthesia complicated by emergency condition        | Not Covered         |        |                   | CAID                            |
| 99151 | Moderate sedation services provided by th            | No                  |        |                   | ALL                             |
| 99152 | Moderate sedation services provided by th            | No                  |        |                   | ALL                             |
| 99153 | Moderate sedation services provided by th            | No                  |        |                   | ALL                             |
| 99155 | Moderate sedation services provided by a             | No                  |        |                   | ALL                             |
| 99156 | Moderate sedation services provided by a             | No                  |        |                   | ALL                             |
| 99157 | Moderate sedation services provided by a             | No                  |        |                   | ALL                             |
| 99170 | Anogenital examination with colposcopic r            | No                  |        |                   | ALL                             |
| 99172 | Visual function screening, automated or se           | No                  |        |                   | ALL                             |
| 99172 | Visual function screening, automated or semi-au      | Not Covered         |        |                   | CAID                            |
| 99173 | Screening test of visual acuity, quantitative        | No                  |        |                   | ALL                             |
| 99173 | Screening test of visual acuity, quantitative, bilat | Not Covered         |        |                   | CAID                            |
| 99174 | OCULAR PHOTSCREENING WITH INTE                       | No                  |        |                   | ALL                             |
| 99175 | Ipecac or similar administration for individu        | No                  |        |                   | ALL                             |
| 99175 | Ipecac or similar administration for individu        | Not Covered         |        |                   | CAID                            |
| 99177 | Instrument-based ocular screening (e.g., p           | Not Covered         |        |                   | ALL (Except Caid, MMP)          |
| 99177 | Instrument-based ocular screening (e.g., p           | No                  |        |                   | CAID, MMP                       |
| 99183 | PHYSICIAN ATTENDANCE AND SUPER                       |                     | *      |                   | ALL (Except Caid, MMP)          |
| 99183 | PHYSICIAN ATTENDANCE AND SUPER                       | Yes                 | -      |                   | Caid, MMP                       |
| 99184 | Initiation of selective head or total body hy        | No                  |        |                   | ALL                             |
| 99184 | Initiation of selective head or total body hypother  | Not Covered         |        |                   | CAID                            |
| 99188 | Application of topical fluoride varnish by a         | No                  |        |                   | ALL                             |
| 99190 | Assembly and operation of pump with oxyg             | No                  |        |                   | ALL                             |
| 99190 | Assembly and operation of pump with oxygenate        | Not Covered         |        |                   | CAID                            |
| 99191 | Assembly and operation of pump with oxyg             | No                  |        |                   | ALL                             |
| 99191 | Assembly and operation of pump with oxygenate        | Not Covered         |        |                   | CAID                            |
| 99192 | Assembly and operation of pump with oxyg             | No                  |        |                   | ALL                             |
| 99192 | Assembly and operation of pump with oxygenate        | Not Covered         |        |                   | CAID                            |
| 99195 | Phlebotomy, therapeutic (separate proced             | No                  |        |                   | ALL                             |
| 99199 | UNLISTED SPECIAL SERVICE OR REPC                     | Yes                 |        |                   | ALL (Except Reward your Health) |
| 99199 | UNLISTED SPECIAL SERVICE OR REPC                     | Yes                 |        |                   | Caid                            |
| 99199 | UNLISTED SPECIAL SERVICE OR REPC                     | No                  |        |                   | MEDICARE COMP/MCWRAP            |
| 99199 | UNLISTED SPECIAL SERVICE OR REPC                     | No                  |        |                   | Reward your Health              |
| 99201 | Office or other outpatient visit for the evalu       | No                  |        |                   | ALL                             |
| 99202 | Office or other outpatient visit for the evalu       | No                  | *      |                   | ALL                             |
| 99203 | Office or other outpatient visit for the evalu       | No                  | *<br>- |                   | ALL                             |
| 99204 | Office or other outpatient visit for the evalu       | No                  |        |                   | ALL                             |
| 99205 | Office or other outpatient visit for the evalu       | No                  |        |                   | ALL                             |
| 99211 | Office or other outpatient visit for the evalu       | No                  |        |                   | ALL                             |
| 99212 | Office or other outpatient visit for the evalu       | No                  | *      |                   | ALL                             |
| 99213 | Office or other outpatient visit for the evalu       | No                  | *<br>- |                   | ALL                             |
| 99214 | Office or other outpatient visit for the evalu       | No                  | *<br>- |                   | ALL                             |
| 99215 | Office or other outpatient visit for the evalu       | No                  |        |                   | ALL                             |
| 99221 | Initial hospital care, per day, for the evalua       | No                  |        |                   | ALL                             |
| 99222 | Initial hospital care, per day, for the evalua       | No                  |        |                   | ALL                             |
| 99223 | Initial hospital care, per day, for the evalua       | No                  |        |                   | ALL                             |
| 99231 | Subsequent hospital care, per day, for the           | No                  |        |                   | ALL                             |
| 99232 | Subsequent hospital care, per day, for the           | No                  |        |                   | ALL                             |
| 99233 | Subsequent hospital care, per day, for the           | No                  |        |                   | ALL                             |
| 99234 | Observation or inpatient hospital care, for          | No                  |        |                   | ALL                             |
| 99235 | Observation or inpatient hospital care, for          | No                  |        |                   | ALL                             |
| 99236 | Observation or inpatient hospital care, for          | No                  |        |                   | ALL                             |
| 99238 | Hospital discharge day management; 30 n              | No                  |        |                   | ALL                             |
| 99239 | Hospital discharge day management; more              | No                  |        |                   | ALL                             |
| 99242 | Office consultation for a new or establishe          | Not Covered         |        |                   | ALL (Except Caid)               |
| 99242 | Office consultation for a new or establishe          | No                  |        |                   | Caid                            |
| 99243 | Office consultation for a new or establishe          | Not Covered         |        |                   | ALL (Except Caid)               |
| 99243 | Office consultation for a new or establishe          | No                  |        |                   | Caid                            |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key | Rider Requirement | Product Lines     |
|-------|-----------------------------------------------------|---------------------|-----|-------------------|-------------------|
| 99244 | Office consultation for a new or establishe         | Not Covered         |     |                   | ALL (Except Caid) |
| 99244 | Office consultation for a new or establishe         | No                  |     |                   | Caid              |
| 99245 | Office consultation for a new or establishe         | Not Covered         |     |                   | ALL (Except Caid) |
| 99245 | Office consultation for a new or establishe         | Yes                 |     |                   | Caid              |
| 99252 | Initial inpatient consultation for a new or es      | Not Covered         |     |                   | ALL (Except Caid) |
| 99252 | Initial inpatient consultation for a new or es      | No                  |     |                   | Caid              |
| 99253 | Initial inpatient consultation for a new or es      | Not Covered         |     |                   | ALL (Except Caid) |
| 99253 | Initial inpatient consultation for a new or es      | No                  |     |                   | Caid              |
| 99254 | Initial inpatient consultation for a new or es      | Not Covered         |     |                   | ALL (Except Caid) |
| 99254 | Initial inpatient consultation for a new or es      | No                  |     |                   | Caid              |
| 99255 | Initial inpatient consultation for a new or es      | Not Covered         |     |                   | ALL (Except Caid) |
| 99255 | Initial inpatient consultation for a new or es      | No                  |     |                   | Caid              |
| 99281 | Emergency department visit for the evalua           | No                  |     |                   | ALL               |
| 99282 | Emergency department visit for the evalua           | No                  |     |                   | ALL               |
| 99283 | Emergency department visit for the evalua           | No                  |     |                   | ALL               |
| 99284 | Emergency department visit for the evalua           | No                  |     |                   | ALL               |
| 99285 | Emergency department visit for the evalua           | No                  |     |                   | ALL               |
| 99288 | Physician direction of emergency medical            | No                  |     |                   | ALL               |
| 99288 | Physician direction of emergency medical syste      | Not Covered         |     |                   | CAID              |
| 99291 | Critical care, evaluation and management            | No                  |     |                   | ALL               |
| 99292 | Critical care, evaluation and management            | No                  |     |                   | ALL               |
| 99304 | Nursing facility care, init                         | No                  |     | SNF               | ALL               |
| 99305 | Nursing facility care, init                         | No                  |     | SNF               | ALL               |
| 99306 | Nursing facility care, init                         | No                  |     | SNF               | ALL               |
| 99307 | Nursing fac care, subseq                            | No                  |     | SNF               | ALL               |
| 99308 | Nursing fac care, subseq                            | No                  |     | SNF               | ALL               |
| 99309 | Nursing fac care, subseq                            | No                  |     | SNF               | ALL               |
| 99310 | Nursing fac care, subseq                            | No                  |     | SNF               | ALL               |
| 99315 | Nursing facility discharge day managemen            | No                  |     |                   | ALL               |
| 99316 | Nursing facility discharge day managemen            | No                  |     |                   | ALL               |
| 99341 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99342 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99344 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99345 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99347 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99348 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99349 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99350 | HOME VISIT FOR THE EVALUATION AN                    | No                  |     |                   | ALL               |
| 99358 | Prolonged evaluation and management se              | No                  |     |                   | ALL               |
| 99358 | Prolonged evaluation and management service         | Not Covered         |     |                   | CAID              |
| 99359 | Prolonged evaluation and management se              | No                  |     |                   | ALL               |
| 99359 | Prolonged evaluation and management service         | Not Covered         |     |                   | CAID              |
| 99360 | Physician standby service, requiring prolor         | No                  |     |                   | ALL               |
| 99360 | Physician standby service, requiring prolonged p    | Not Covered         |     |                   | CAID              |
| 99366 | MEDICAL TEAM CONFERENCE WITH IN                     | No                  |     |                   | ALL               |
| 99366 | MEDICAL TEAM CONFERENCE WITH INTERI                 | Not Covered         |     |                   | CAID              |
| 99367 | MEDICAL TEAM CONFERENCE WITH IN                     | No                  |     |                   | ALL               |
| 99367 | MEDICAL TEAM CONFERENCE WITH INTERI                 | Not Covered         |     |                   | CAID              |
| 99368 | MEDICAL TEAM CONFERENCE WITH IN                     | No                  |     |                   | ALL               |
| 99368 | MEDICAL TEAM CONFERENCE WITH INTERI                 | Not Covered         |     |                   | CAID              |
| 99374 | Physician supervision of a patient under ca         | No                  |     |                   | ALL               |
| 99374 | Physician supervision of a patient under care of    | Not Covered         |     |                   | CAID              |
| 99375 | Physician supervision of a patient under ca         | No                  |     |                   | ALL               |
| 99375 | Physician supervision of a patient under care of    | Not Covered         |     |                   | CAID              |
| 99377 | Physician supervision of a hospice patient          | No                  |     |                   | ALL               |
| 99377 | Physician supervision of a hospice patient (patie   | Not Covered         |     |                   | CAID              |
| 99378 | Physician supervision of a hospice patient          | No                  |     |                   | ALL               |
| 99378 | Physician supervision of a hospice patient (patie   | Not Covered         |     |                   | CAID              |
| 99379 | Physician supervision of a nursing facility p       | No                  |     |                   | ALL               |
| 99379 | Physician supervision of a nursing facility patient | Not Covered         |     |                   | CAID              |
| 99380 | Physician supervision of a nursing facility p       | No                  |     |                   | ALL               |
| 99380 | Physician supervision of a nursing facility patient | Not Covered         |     |                   | CAID              |
| 99381 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99382 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99383 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99384 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99385 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99386 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99387 | Initial comprehensive preventive medicine           | No                  |     |                   | ALL               |
| 99391 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL               |
| 99392 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL               |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key | Rider Requirement | Product Lines        |
|-------|-----------------------------------------------------|---------------------|-----|-------------------|----------------------|
| 99393 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL                  |
| 99394 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL                  |
| 99395 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL                  |
| 99396 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL                  |
| 99397 | Periodic comprehensive preventive medic             | No                  |     |                   | ALL                  |
| 99401 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99401 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99402 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99402 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99403 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99403 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99404 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99404 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99406 | SMOKING AND TOBACCO USE CESSA                       | No                  |     |                   | ALL                  |
| 99407 | SMOKING AND TOBACCO USE CESSA                       | No                  |     |                   | ALL                  |
| 99408 | ALCOHOL AND/OR SUBSTANCE (OTHE                      | No                  |     |                   | ALL                  |
| 99409 | ALCOHOL AND/OR SUBSTANCE (OTHE                      | No                  |     |                   | ALL                  |
| 99411 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99411 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99411 | Preventive medicine counseling and/or risk fact     | Not Covered         |     |                   | CAID                 |
| 99412 | Preventive medicine counseling and/or ris           | No                  |     |                   | ALL (Except MED)     |
| 99412 | Preventive medicine counseling and/or ris           | Not Covered         |     |                   | MED                  |
| 99412 | Preventive medicine counseling and/or risk fact     | Not Covered         |     |                   | CAID                 |
| 99415 | Prolonged clinical staff service (the service bey   | No                  |     |                   | ALL                  |
| 99416 | Prolonged clinical staff service (the service bey   | No                  |     |                   | ALL                  |
| 99417 | Prolonged office or other outpatient evalua         | No                  |     |                   | ALL                  |
| 99418 | Prolonged inpatient or observation evaluat          | No                  |     |                   | ALL                  |
| 99421 | Online digital evaluation and management            | No                  |     |                   | ALL (Except CAID)    |
| 99421 | Online digital evaluation and management            | Not Covered         |     |                   | CAID                 |
| 99422 | Online digital evaluation and management            | No                  |     |                   | ALL (Except CAID)    |
| 99422 | Online digital evaluation and management            | Not Covered         |     |                   | CAID                 |
| 99423 | Online digital evaluation and management            | No                  |     |                   | ALL (Except CAID)    |
| 99423 | Online digital evaluation and management            | Not Covered         |     |                   | CAID                 |
| 99424 | Principal care management services, for a           | No                  |     |                   | ALL                  |
| 99425 | Principal care management services, for a           | No                  |     |                   | ALL                  |
| 99426 | Principal care management services, for a           | No                  |     |                   | ALL                  |
| 99427 | Principal care management services, for a           | No                  |     |                   | ALL                  |
| 99429 | UNLISTED PREVENTIVE MEDICINE SEF                    | Yes                 |     |                   | ALL                  |
| 99429 | UNLISTED PREVENTIVE MEDICINE SEF                    | No                  |     |                   | MEDICARE COMP/MCWRAP |
| 99429 | UNLISTED PREVENTIVE MEDICINE SEF                    | No                  |     |                   | PRICHO               |
| 99429 | UNLISTED PREVENTIVE MEDICINE SERVICE                | Not Covered         |     |                   | CAID                 |
| 99437 | Chronic care management services with th            | No                  |     |                   | ALL                  |
| 99439 | Chronic care management services with th            | No                  |     |                   | ALL                  |
| 99446 | Interprofessional telephone/Internet asses          | No                  |     |                   | ALL                  |
| 99446 | Interprofessional telephone/Internet assessment     | Not Covered         |     |                   | CAID                 |
| 99447 | Interprofessional telephone/Internet asses          | No                  |     |                   | ALL                  |
| 99447 | Interprofessional telephone/Internet assessment     | Not Covered         |     |                   | CAID                 |
| 99448 | Interprofessional telephone/Internet asses          | No                  |     |                   | ALL                  |
| 99448 | Interprofessional telephone/Internet assessment     | Not Covered         |     |                   | CAID                 |
| 99449 | Interprofessional telephone/Internet asses          | No                  |     |                   | ALL                  |
| 99449 | Interprofessional telephone/Internet assessment     | Not Covered         |     |                   | CAID                 |
| 99450 | Basic life and/or disability examination tha        | No                  |     |                   | ALL                  |
| 99450 | Basic life and/or disability examination that inclu | Not Covered         |     |                   | CAID                 |
| 99451 | Interprofessional telephone/Internet/electr         | No                  |     |                   | ALL                  |
| 99452 | Interprofessional telephone/Internet/electr         | No                  |     |                   | ALL                  |
| 99453 | Remote monitoring of physiologic paramet            | No                  |     |                   | ALL                  |
| 99454 | Remote monitoring of physiologic paramet            | No                  |     |                   | ALL                  |
| 99455 | Work related or medical disability examina          | No                  |     |                   | ALL                  |
| 99455 | Work related or medical disability examination b    | Not Covered         |     |                   | CAID                 |
| 99456 | Work related or medical disability examina          | No                  |     |                   | ALL                  |
| 99456 | Work related or medical disability examination b    | Not Covered         |     |                   | CAID                 |
| 99457 | Remote physiologic monitoring treatment t           | No                  |     |                   | ALL                  |
| 99458 | Remote physiologic monitoring treatment t           | No                  |     |                   | ALL                  |
| 99459 | Pelvic examination (List separately in addi         | No                  |     |                   | ALL                  |
| 99460 | Initial hospital or birthing center care, per d     | No                  |     |                   | ALL                  |
| 99461 | Initial care, per day, for evaluation and ma        | No                  |     |                   | ALL                  |
| 99462 | Subsequent hospital care, per day, for eva          | No                  |     |                   | ALL                  |
| 99463 | Initial hospital or birthing center care, per d     | No                  |     |                   | ALL                  |
| 99464 | Attendance at delivery (when requested by           | No                  |     |                   | ALL                  |
| 99465 | Delivery/birthing room resuscitation, provis        | No                  |     |                   | ALL                  |
| 99466 | Critical care services delivered by a physid        | No                  |     |                   | ALL                  |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key  | Rider Requirement | Product Lines        |
|-------|----------------------------------------------------|---------------------|------|-------------------|----------------------|
| 99466 | Critical care services delivered by a physician, f | Not Covered         |      |                   | CAID                 |
| 99467 | Critical care services delivered by a physici      | No                  |      |                   | ALL                  |
| 99467 | Critical care services delivered by a physician, f | Not Covered         |      |                   | CAID                 |
| 99468 | Initial inpatient neonatal critical care, per d    | No                  |      |                   | ALL                  |
| 99469 | Subsequent inpatient neonatal critical care        | No                  |      |                   | ALL                  |
| 99471 | Initial inpatient pediatric critical care, per d   | No                  |      |                   | ALL                  |
| 99472 | Subsequent inpatient pediatric critical care       | No                  |      |                   | ALL                  |
| 99473 | Self-measured blood pressure using a dev           | No                  |      |                   | ALL                  |
| 99474 | Self-measured blood pressure using a dev           | No                  |      |                   | ALL                  |
| 99475 | Initial inpatient pediatric critical care, per d   | No                  |      |                   | ALL                  |
| 99476 | Subsequent inpatient pediatric critical care       | No                  |      |                   | ALL                  |
| 99477 | INITIAL HOSPITAL CARE, PER DAY, FO                 |                     |      |                   | ALL                  |
| 99478 | Subsequent intensive care, per day, for the        | No                  |      |                   | ALL                  |
| 99479 | Subsequent intensive care, per day, for the        | No                  |      |                   | ALL                  |
| 99480 | Subsequent intensive care, per day, for the        | No                  |      |                   | ALL                  |
| 99483 | Assessment of and care planning for a pat          | No                  |      |                   | ALL                  |
| 99484 | Care management services for behavioral            | No                  |      |                   | ALL                  |
| 99485 | Supervision by a control physician of interf       | No                  |      |                   | ALL                  |
| 99485 | Supervision by a control physician of interf       | Not Covered         |      |                   | CAID                 |
| 99486 | Supervision by a control physician of interf       | No                  |      |                   | ALL                  |
| 99486 | Supervision by a control physician of interf       | Not Covered         |      |                   | CAID                 |
| 99487 | Complex chronic care coordination service          | No                  |      |                   | ALL                  |
| 99489 | Complex chronic care coordination service          | No                  |      |                   | ALL                  |
| 99489 | Complex chronic care coordination services; ea     | Not Covered         |      |                   | CAID                 |
| 99490 | Chronic care management services, at lea           | No                  |      |                   | ALL                  |
| 99491 | Chronic care management services, provi            | No                  |      |                   | ALL                  |
| 99492 | Initial psychiatric collaborative care manag       | No                  |      |                   | ALL                  |
| 99493 | Subsequent psychiatric collaborative care          | No                  |      |                   | ALL                  |
| 99494 | Initial or subsequent psychiatric collaborati      | No                  |      |                   | ALL                  |
| 99495 | Transitional Care Management Services w            | No                  |      |                   | ALL                  |
| 99496 | Transitional Care Management Services w            | No                  |      |                   | ALL                  |
| 99497 | Advance care planning including the expla          | No                  |      |                   | ALL                  |
| 99498 | Advance care planning including the expla          | No                  |      |                   | ALL                  |
| 99499 | UNLISTED EVALUATION AND MANAGE                     | Yes                 |      |                   | ALL                  |
| 99499 | UNLISTED EVALUATION AND MANAGE                     | No                  |      |                   | MEDICARE COMP/MCWRAP |
| 99499 | UNLISTED EVALUATION AND MANAGE                     | No                  |      |                   | PRICHO               |
| 99500 | HOME VISIT FOR PRENATAL ASSESSM                    | Not Covered         |      |                   | ALL                  |
| 99501 | Home visit for postnatal assessment and f          | No                  |      |                   | ALL                  |
| 99501 | Home visit for postnatal assessment and f          | Not Covered         |      |                   | CAID                 |
| 99502 | Home visit for newborn care and assessm            | No                  |      |                   | ALL                  |
| 99502 | Home visit for newborn care and assessm            | Not Covered         |      |                   | CAID                 |
| 99503 | Home visit for respiratory therapy care (eg        | No                  |      |                   | ALL                  |
| 99503 | Home visit for respiratory therapy care (eg        | Not Covered         |      |                   | CAID                 |
| 99504 | Home visit for mechanical ventilation care         | No                  |      |                   | ALL                  |
| 99504 | Home visit for mechanical ventilation care         | Not Covered         |      |                   | CAID                 |
| 99505 | HOME VISIT FOR STOMA CARE                          | No                  |      |                   | ALL                  |
| 99505 | HOME VISIT FOR STOMA CARE                          | Not Covered         |      |                   | CAID                 |
| 99506 | Home visit for intramuscular injections            | No                  |      |                   | ALL                  |
| 99506 | Home visit for intramuscular injections            | Not Covered         |      |                   | CAID                 |
| 99507 | Home visit for care and maintenance of ca          | No                  |      |                   | ALL                  |
| 99507 | Home visit for care and maintenance of ca          | Not Covered         |      |                   | CAID                 |
| 99509 | HOME VISIT FOR ASSISTANCE WITH A                   | Not Covered         |      |                   | ALL                  |
| 99510 | HOME VISIT FOR INDIVIDUAL, FAMILY C                | Not Covered         |      |                   | ALL                  |
| 99511 | HOME VISIT FOR FECAL IMPACTION                     | No                  |      |                   | ALL                  |
| 99511 | HOME VISIT FOR FECAL IMPACTION                     | Not Covered         |      |                   | CAID                 |
| 99512 | Home visit for hemodialysis                        | No                  |      |                   | ALL                  |
| 99512 | Home visit for hemodialysis                        | Not Covered         |      |                   | CAID                 |
| 99600 | UNLISTED HOME VISIT SERVICE OR PI                  | Yes                 |      |                   | ALL                  |
| 99600 | UNLISTED HOME VISIT SERVICE OR PI                  | No                  |      |                   | MEDICARE COMP/MCWRAP |
| 99600 | UNLISTED HOME VISIT SERVICE OR PI                  | No                  |      |                   | PRICHO               |
| 99600 | UNLISTED HOME VISIT SERVICE OR PI                  | Not Covered         |      |                   | CAID                 |
| 99601 | HOME INFUSION/SPECIALTY DRUG AD                    | No                  |      |                   | ALL                  |
| 99602 | HOME INFUSION/SPECIALTY DRUG AD                    | No                  |      |                   | ALL                  |
| 99605 | MEDICATION THERAPY MANAGEMENT                      | No                  |      |                   | ALL                  |
| 99605 | MEDICATION THERAPY MANAGEMENT                      | Not Covered         |      |                   | CAID                 |
| 99606 | MEDICATION THERAPY MANAGEMENT                      | No                  |      |                   | ALL                  |
| 99606 | MEDICATION THERAPY MANAGEMENT                      | Not Covered         |      |                   | CAID                 |
| 99607 | MEDICATION THERAPY MANAGEMENT                      | No                  |      |                   | ALL                  |
| 99607 | MEDICATION THERAPY MANAGEMENT                      | Not Covered         |      |                   | CAID                 |
| 0001F | HEART FAILURE ASSESSED: (INCL AS                   | Not Covered         | INFO |                   | ALL                  |
| 0001M | Infectious disease, HCV, 6 biochemical as          | No                  |      |                   | ALL                  |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines                       |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|-------------------------------------|
| 0001M | Infectious disease, HCV, 6 biochemical as     | Not Covered         |                      |                   | CAID                                |
| 0001U | Red blood cell antigen typing, DNA, huma      | Yes                 |                      |                   | ALL (Except McWrap, PRICHO, PRIQHO) |
| 0001U | Red blood cell antigen typing, DNA, huma      | No                  |                      |                   | MEDICARE COMP/MCWRAP                |
| 0001U | Red blood cell antigen typing, DNA, huma      | No                  |                      |                   | PRICHO                              |
| 0002M | Liver disease, 10 biochemical assays, pro     | Yes                 |                      |                   | ALL (Except MCWRAP, MMP, PRICHO)    |
| 0002M | Liver disease, 10 biochemical assays, pro     | No                  |                      |                   | MCWRAP, MMP, PRICHO                 |
| 0002U | oncology (colorectal), quantitative assessr   | Not Covered         |                      |                   | ALL                                 |
| 0003M | Liver disease, 10 biochemical assays, pro     | Yes                 |                      |                   | ALL (Except MCWRAP, MMP, PRICHO)    |
| 0003M | Liver disease, 10 biochemical assays, pro     | No                  |                      |                   | MCWRAP, MMP, PRICHO                 |
| 0003U | oncology (ovarian) biochemical assays of f    | Yes                 |                      |                   | ALL (Except MCWRAP, MMP, PRICHO)    |
| 0003U | oncology (ovarian) biochemical assays of f    | No                  |                      |                   | MCWRAP, MMP, PRICHO                 |
| 0004M | Scoliosis, DNG analysis of 53 single nucle    | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0004M | Scoliosis, DNG analysis of 53 single nucle    | No                  |                      |                   | MCWRAP                              |
| 0005F | OSTEOARTHRITIS ASSESSED-INCLS C               | Not Covered         | <a href="#">INFO</a> |                   | ALL                                 |
| 0005U | Oncology (prostate) gene expression profil    | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0005U | Oncology (prostate) gene expression profil    | No                  |                      |                   | MCWRAP                              |
| 0006M | Oncology (hepatic), mRNA expression lev       | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0006M | Oncology (hepatic), mRNA expression lev       | No                  |                      |                   | MCWRAP                              |
| 0007M | Oncology (gastrointestinal neuroendocrin      | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0007M | Oncology (gastrointestinal neuroendocrin      | No                  |                      |                   | MCWRAP                              |
| 0007U | Drug test(s), presumptive, withdefinitive co  | Not Covered         |                      |                   | ALL                                 |
| 0008M | Oncology (breast), mRNA analysis of 58 g      | Yes                 |                      |                   | ALL                                 |
| 0008M | Oncology (breast), mRNA analysis of 58 g      | No                  |                      |                   | MEDICARE COMP/MCWRAP                |
| 0008U | Helicobacter pylori detection andantibiotic   | Not Covered         |                      |                   | ALL                                 |
| 0009M | Fetal aneuploidy (trisomy 21, and 18) DNA     | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0009M | Fetal aneuploidy (trisomy 21, and 18) DNA     | No                  |                      |                   | MCWRAP                              |
| 0009U | Oncology (breast cancer), ERBB2(HER2)         | Not Covered         |                      |                   | ALL                                 |
| 0010M | Oncology (High-Grade Prostate Cancer), b      | Not Covered         |                      |                   | ALL                                 |
| 0010U | Infectious disease (bacterial), strainotyping | Not Covered         |                      |                   | ALL                                 |
| 0011M | Oncology, prostate cancer, mRNA express       | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0011M | Oncology, prostate cancer, mRNA express       | No                  |                      |                   | MCWRAP                              |
| 0011U | Prescription drug monitoring,evaluation of    | Not Covered         |                      |                   | ALL                                 |
| 0012F | COMMUNITY-ACQUIRED BACTERIAL P                | Not Covered         | <a href="#">INFO</a> |                   | ALL                                 |
| 0012M | Oncology (urothelial), mRNA, gene expres      | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0012M | Oncology (urothelial), mRNA, gene expres      | No                  |                      |                   | MCWRAP                              |
| 0013M | Oncology (urothelial), mRNA, gene expres      | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0013M | Oncology (urothelial), mRNA, gene expres      | No                  |                      |                   | MCWRAP                              |
| 0014F | Comprehensive preoperative assessment         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                 |
| 0014M | Liver disease, analysis of 3 biomarkers (hy   | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0014M | Liver disease, analysis of 3 biomarkers (hy   | No                  |                      |                   | MCWRAP                              |
| 0015M | Adrenal cortical tumor, biochemical assay     | No                  |                      |                   | ALL                                 |
| 0016M | Oncology (bladder), mRNA, microarray ge       | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0016M | Oncology (bladder), mRNA, microarray ge       | No                  |                      |                   | MCWRAP                              |
| 0017M | Oncology (diffuse large B-cell lymphoma [f    | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0017M | Oncology (diffuse large B-cell lymphoma [f    | No                  |                      |                   | MCWRAP                              |
| 0018M | Transplantation medicine (allograft rejecti   | Yes                 |                      |                   | ALL (Except McWRAP, PRICHO)         |
| 0018M | Transplantation medicine (allograft rejecti   | No                  |                      |                   | MCWRAP, PRICHO                      |
| 0019M | Cardiovascular disease, plasma, analysis      | Yes                 |                      |                   | ALL (Except MCWRAP, PRICHO)         |
| 0019M | Cardiovascular disease, plasma, analysis      | No                  |                      |                   | MCWRAP, PRICHO                      |
| 0015F | Melanoma follow up completed (includes a      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                 |
| 0016U | Oncology (hematolymphoidneoplasia), RN        | Not Covered         |                      |                   | ALL                                 |
| 0017U | Oncology (hematolymphoidneoplasia), JAF       | Not Covered         |                      |                   | ALL                                 |
| 0018U | Oncology (thyroid), microRNA profiling by     | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0018U | Oncology (thyroid), microRNA profiling by     | No                  |                      |                   | MCWRAP                              |
| 0019U | Oncology, RNA, gene expression by whole       | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0019U | Oncology, RNA, gene expression by whole       | No                  |                      |                   | MCWRAP                              |
| 0021U | Oncology (prostate), detection of 8 autoan    | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0021U | Oncology (prostate), detection of 8 autoan    | No                  |                      |                   | MCWRAP                              |
| 0022U | Targeted genomic sequence analysis pan        | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0022U | Targeted genomic sequence analysis pan        | No                  |                      |                   | MCWRAP                              |
| 0023U | Oncology (acute myelogenous leukemia),        | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0023U | Oncology (acute myelogenous leukemia),        | No                  |                      |                   | MCWRAP                              |
| 0024U | Glycosylated acute phase proteins (GlycA)     | Not Covered         |                      |                   | ALL                                 |
| 0025U | Tenofovir, by liquid chromatography with t    | Yes                 |                      |                   | ALL (Except Medicare Comp)          |
| 0025U | Tenofovir, by liquid chromatography with t    | Not Covered         |                      |                   | MCWRAP                              |
| 0025U | Tenofovir, by liquid chromatography with t    | No                  |                      |                   | PRICHO                              |
| 0025U | Tenofovir, by liquid chromatography with t    | Not Covered         |                      |                   | CAID                                |
| 0026U | Oncology (thyroid), DNA and mRNA of 112       | Yes                 |                      |                   | ALL (Except MCWRAP)                 |
| 0026U | Oncology (thyroid), DNA and mRNA of 112       | No                  |                      |                   | MCWRAP                              |
| 0027U | JAK2 (Janus kinase 2) (eg, myeloproliferat    | Yes                 |                      |                   | ALL (Except MCWRAP)                 |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key     | Rider Requirement | Product Lines                |
|-------|----------------------------------------------|---------------------|---------|-------------------|------------------------------|
| 0027U | JAK2 (Janus kinase 2) (eg, myeloproliferat   | No                  |         |                   | MCWRAP                       |
| 0028U | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0028U | CYP2D6 (cytochrome P450, family 2, subf      | No                  |         |                   | MCWRAP                       |
| 0029U | Drug metabolism (adverse drug reactions      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0029U | Drug metabolism (adverse drug reactions      | No                  |         |                   | MCWRAP                       |
| 0030U | Drug metabolism (warfarin drug response)     | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0030U | Drug metabolism (warfarin drug response)     | No                  |         |                   | MCWRAP                       |
| 0031U | CYP1A2 (cytochrome P450 family 1, subf       | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0031U | CYP1A2 (cytochrome P450 family 1, subf       | No                  |         |                   | MCWRAP                       |
| 0032U | COMT (catechol-O-methyltransferase)(dru      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0032U | COMT (catechol-O-methyltransferase)(dru      | No                  |         |                   | MCWRAP                       |
| 0033U | HTR2A (5-hydroxytryptamine receptor 2A)      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0033U | HTR2A (5-hydroxytryptamine receptor 2A)      | No                  |         |                   | MCWRAP                       |
| 0034U | TPMT (thiopurine S-methyltransferase), N     | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0034U | TPMT (thiopurine S-methyltransferase), N     | No                  |         |                   | MCWRAP                       |
| 0035U | Neurology (prion disease), cerebrospinal fl  | No                  |         |                   | ALL                          |
| 0036U | Exome (ie, somatic mutations), paired form   | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0036U | Exome (ie, somatic mutations), paired form   | No                  |         |                   | MCWRAP                       |
| 0037U | Targeted genomic sequence analysis, soli     | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0037U | Targeted genomic sequence analysis, soli     | No                  |         |                   | MCWRAP                       |
| 0038U | Vitamin D, 25 hydroxy D2 and D3, by LCM      | No                  |         |                   | ALL                          |
| 0038U | Vitamin D, 25 hydroxy D2 and D3, by LCM      | Not Covered         |         |                   | CAID                         |
| 0039U | Deoxyribonucleic acid (DNA) antibody, dot    | No                  |         |                   | ALL                          |
| 0039U | Deoxyribonucleic acid (DNA) antibody, dot    | Not Covered         |         |                   | CAID                         |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogen     | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0040U | BCR/ABL1 (t(9;22)) (eg, chronic myelogen     | No                  |         |                   | MCWRAP                       |
| 0041U | Borrelia burgdorferi, antibody detection of  | No                  |         |                   | ALL                          |
| 0041U | Borrelia burgdorferi, antibody detection of  | Not Covered         |         |                   | CAID                         |
| 0042T | CEREBRAL PERFUSION ANALYSIS USI              | No                  |         |                   | ALL                          |
| 0042T | CEREBRAL PERFUSION ANALYSIS USI              | Not Covered         |         |                   | CAID                         |
| 0042U | Borrelia burgdorferi, antibody detection of  | No                  |         |                   | ALL                          |
| 0042U | Borrelia burgdorferi, antibody detection of  | Not Covered         |         |                   | CAID                         |
| 0043U | Tick-borne relapsing fever Borrelia group,   | No                  |         |                   | ALL                          |
| 0043U | Tick-borne relapsing fever Borrelia group,   | Not Covered         |         |                   | CAID                         |
| 0044U | Tick-borne relapsing fever Borrelia group,   | No                  |         |                   | ALL                          |
| 0044U | Tick-borne relapsing fever Borrelia group,   | Not Covered         |         |                   | CAID                         |
| 0045U | Oncology (breast ductal carcinoma in situ)   | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0045U | Oncology (breast ductal carcinoma in situ)   | No                  |         |                   | MCWRAP                       |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, a  | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0046U | FLT3 (fms-related tyrosine kinase 3) (eg, a  | No                  |         |                   | MCWRAP                       |
| 0047U | Oncology (prostate), mRNA, gene express      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0047U | Oncology (prostate), mRNA, gene express      | No                  |         |                   | MCWRAP                       |
| 0048T | IMPLANTATION OF VENTRICULAR ASS              | Yes                 |         |                   | ALL                          |
| 0048T | IMPLANTATION OF VENTRICULAR ASS              | No                  |         |                   | MEDICARE COMP/MCWRAP         |
| 0048U | Oncology (solid organ neoplasia), DNA, ta    | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0048U | Oncology (solid organ neoplasia), DNA, ta    | No                  |         |                   | MCWRAP                       |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloid      | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0049U | NPM1 (nucleophosmin) (eg, acute myeloid      | No                  |         |                   | MCWRAP                       |
| 0050U | Targeted genomic sequence analysis pan       | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0050U | Targeted genomic sequence analysis pan       | No                  |         |                   | MCWRAP                       |
| 0051U | Prescription drug monitoring, evaluation of  | No                  |         |                   | ALL (Except MED, MMP, PRICHO |
| 0051U | Prescription drug monitoring, evaluation of  | Not Covered         |         |                   | MED, MMP, PRICHO             |
| 0052U | Lipoprotein, blood, high resolution fraction | No                  |         |                   | ALL                          |
| 0052U | Lipoprotein, blood, high resolution fraction | Not Covered         |         |                   | CAID                         |
| 0054T | Computer-assisted musculoskeletal surgic     | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)          |
| 0054T | Computer-assisted musculoskeletal surgic     | No                  |         |                   | MCWRAP                       |
| 0054U | Prescription drug monitoring, 14 or more c   | No                  |         |                   | ALL                          |
| 0055T | Computer-assisted musculoskeletal surgic     | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)          |
| 0055T | Computer-assisted musculoskeletal surgic     | No                  |         |                   | MCWRAP                       |
| 0055U | Cardiology (heart transplant), cell-free DN  | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0055U | Cardiology (heart transplant), cell-free DN  | No                  |         |                   | MCWRAP                       |
| 0057U | Oncology (solid organ neoplasia), mRNA,      | No                  |         |                   | PRICHO                       |
| 0057U | Oncology (solid organ neoplasia), mRNA,      | Not Covered         |         |                   | CAID                         |
| 0058T | Cryopreservation; Reproductive Tissue, O     | Not Covered         |         |                   | ALL                          |
| 0058U | Oncology (Merkel cell carcinoma), detectic   | No                  |         |                   | ALL                          |
| 0058U | Oncology (Merkel cell carcinoma), detectic   | Not Covered         |         |                   | CAID                         |
| 0059U | Oncology (Merkel cell carcinoma), detectic   | No                  |         |                   | ALL                          |
| 0059U | Oncology (Merkel cell carcinoma), detectic   | Not Covered         |         |                   | CAID                         |
| 0060U | Twin zygosity, genomic targeted sequence     | Yes                 |         |                   | ALL (Except MCWRAP)          |
| 0060U | Twin zygosity, genomic targeted sequence     | No                  |         |                   | MCWRAP                       |

| Services that require Prior Authorization List |                                              |                     |                             |                   |                            |
|------------------------------------------------|----------------------------------------------|---------------------|-----------------------------|-------------------|----------------------------|
| Code                                           | Description                                  | Prior Auth Required | Key                         | Rider Requirement | Product Lines              |
| 0061U                                          | Transcutaneous measurement of five bion      | Yes                 |                             |                   | ALL                        |
| 0061U                                          | Transcutaneous measurement of five bion      | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0061U                                          | Transcutaneous measurement of five bion      | No                  |                             |                   | PRICHO                     |
| 0061U                                          | Transcutaneous measurement of five bion      | Not Covered         |                             |                   | CAID                       |
| 0062U                                          | Autoimmune (systemic lupus erythematos       | Yes                 |                             |                   | ALL                        |
| 0062U                                          | Autoimmune (systemic lupus erythematos       | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0062U                                          | Autoimmune (systemic lupus erythematos       | No                  |                             |                   | PRICHO                     |
| 0062U                                          | Autoimmune (systemic lupus erythematos       | Not Covered         |                             |                   | CAID                       |
| 0063U                                          | Neurology (autism), 32 amines by LCMS/N      | Yes                 |                             |                   | ALL                        |
| 0063U                                          | Neurology (autism), 32 amines by LCMS/N      | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0063U                                          | Neurology (autism), 32 amines by LCMS/N      | No                  |                             |                   | PRICHO                     |
| 0063U                                          | Neurology (autism), 32 amines by LCMS/N      | Not Covered         |                             |                   | CAID                       |
| 0064U                                          | Antibody, Treponema pallidum, total and r    | No                  |                             |                   | ALL                        |
| 0064U                                          | Antibody, Treponema pallidum, total and r    | Not Covered         |                             |                   | CAID                       |
| 0065U                                          | Syphilis test, non-treponemal antibody, im   | No                  |                             |                   | ALL                        |
| 0065U                                          | Syphilis test, non-treponemal antibody, im   | Not Covered         |                             |                   | CAID                       |
| 0066U                                          | Placental alpha-micro globulin-1 (PAM        | Yes                 |                             |                   | ALL                        |
| 0066U                                          | Placental alpha-micro globulin-1 (PAM        | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0066U                                          | Placental alpha-micro globulin-1 (PAMG1)     | No                  |                             |                   | PRICHO                     |
| 0066U                                          | Placental alpha-micro globulin-1 (PAMG1)     | Not Covered         |                             |                   | CAID                       |
| 0067U                                          | Oncology (breast), immunohistochemistry,     | Yes                 |                             |                   | ALL                        |
| 0067U                                          | Oncology (breast), immunohistochemistry,     | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0067U                                          | Oncology (breast), immunohistochemistry,     | No                  |                             |                   | PRICHO                     |
| 0067U                                          | Oncology (breast), immunohistochemistry,     | Not Covered         |                             |                   | CAID                       |
| 0068U                                          | Candida species panel (C. albicans, C. gla   | No                  |                             |                   | ALL                        |
| 0068U                                          | Candida species panel (C. albicans, C. gla   | Not Covered         |                             |                   | CAID                       |
| 0069U                                          | Oncology (colorectal), microRNA, RT-PCF      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0069U                                          | Oncology (colorectal), microRNA, RT-PCF      | No                  |                             |                   | MCWRAP                     |
| 0070U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0070U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0071T                                          | FOCUSED ULTRASOUND ABLATION OF               | Not Covered         |                             |                   | ALL                        |
| 0071U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0071U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0072T                                          | FOCUSED ULTRASOUND ABLATION OF               | Not Covered         |                             |                   | ALL                        |
| 0072U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0072U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0073U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0073U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0074U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0074U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0075T                                          | TRANSCATHETER PLACMNT OF EXTR                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0075T                                          | TRANSCATHETER PLACMNT OF EXTR                | No                  |                             |                   | MCWRAP                     |
| 0075U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0075U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0076T                                          | TRANSCATHETER PLACMNT OF EXTR                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0076T                                          | TRANSCATHETER PLACMNT OF EXTR                | No                  |                             |                   | MCWRAP                     |
| 0076U                                          | CYP2D6 (cytochrome P450, family 2, subf      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0076U                                          | CYP2D6 (cytochrome P450, family 2, subf      | No                  |                             |                   | MCWRAP                     |
| 0077U                                          | Immunoglobulin paraprotein (M-protein), q    | Yes                 |                             |                   | ALL                        |
| 0077U                                          | Immunoglobulin paraprotein (M-protein), q    | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0077U                                          | Immunoglobulin paraprotein (M-protein), q    | No                  |                             |                   | PRICHO                     |
| 0077U                                          | Immunoglobulin paraprotein (M-protein), q    | Not Covered         |                             |                   | CAID                       |
| 0079U                                          | Comparative DNA analysis using multiple      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0079U                                          | Comparative DNA analysis using multiple      | No                  |                             |                   | MCWRAP                     |
| 0080U                                          | Oncology (lung), mass spectrometric anal     | Yes                 |                             |                   | ALL (Except MED, McWrap,)  |
| 0080U                                          | Oncology (lung), mass spectrometric anal     | No                  |                             |                   | MED/MCWRAP                 |
| 0081U                                          | Oncology (uveal melanoma), mRNA, gene        | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0081U                                          | Oncology (uveal melanoma), mRNA, gene        | No                  |                             |                   | MCWRAP                     |
| 0082U                                          | Drug test(s), definitive, 90 or more drugs o | Not Covered         |                             |                   | ALL                        |
| 0083U                                          | Oncology, response to chemotherapy drug      | Not Covered         |                             |                   | ALL                        |
| 0084U                                          | Red blood cell antigen typing, DNA, genot    | Yes                 |                             |                   | ALL (Except McWRAP/PRICHO) |
| 0084U                                          | Red blood cell antigen typing, DNA, genot    | No                  |                             |                   | McWRAP, PRICHO             |
| 0085T                                          | BREATH TEST FOR HEART TRANSPLA               | Not Covered         |                             |                   | ALL                        |
| 0086U                                          | Infectious disease (bacterial and fungal),ot | No                  |                             |                   | ALL                        |
| 0086U                                          | Infectious disease (bacterial and fungal),ot | Not Covered         |                             |                   | CAID                       |
| 0087U                                          | Cardiology (heart transplant), mRNA gene     | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0087U                                          | Cardiology (heart transplant), mRNA gene     | No                  |                             |                   | MCWRAP                     |
| 0088U                                          | Transplantation medicine (kidney allograft   | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0088U                                          | Transplantation medicine (kidney allograft   | No                  |                             |                   | MCWRAP                     |
| 0089U                                          | Oncology (melanoma), gene expression pi      | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0089U                                          | Oncology (melanoma), gene expression pi      | No                  |                             |                   | MCWRAP                     |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key     | Rider Requirement | Product Lines                       |
|-------|------------------------------------------------|---------------------|---------|-------------------|-------------------------------------|
| 0090U | Oncology (cutaneous melanoma), mRNA            | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0090U | Oncology (cutaneous melanoma), mRNA            | No                  |         |                   | MCWRAP                              |
| 0091U | Oncology (colorectal) screening, cell enumer   | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0091U | Oncology (colorectal) screening, cell enumer   | No                  |         |                   | MCWRAP                              |
| 0092U | Oncology (lung), three protein biomarkers,     | Not Covered         |         |                   | ALL                                 |
| 0093U | Prescription drug monitoring, evaluation of    | Not Covered         |         |                   | ALL                                 |
| 0094U | Genome (eg, unexplained constitutional of      | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0094U | Genome (eg, unexplained constitutional of      | No                  |         |                   | MCWRAP                              |
| 0095T | REMOVAL OF TOTAL DISK ARTHROPL                 | No                  |         |                   | ALL                                 |
| 0095T | REMOVAL OF TOTAL DISK ARTHROPL                 | Not Covered         |         |                   | CAID                                |
| 0095U | Inflammation (eosinophilic esophagitis), El    | No                  |         |                   | ALL (Except CAID)                   |
| 0095U | Inflammation (eosinophilic esophagitis), El    | Not Covered         |         |                   | CAID                                |
| 0096U | Human papillomavirus (HPV), high-risk typ      | No                  |         |                   | ALL (Except CAID)                   |
| 0096U | Human papillomavirus (HPV), high-risk typ      | Not Covered         |         |                   | CAID                                |
| 0098T | REVISION OF TOTAL DISC ARTHROPL                | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)                 |
| 0098T | REVISION OF TOTAL DISC ARTHROPL                | No                  |         |                   | MCWRAP                              |
| 0100T | PLACE A SUBCONJUNCTIVAL RETINAL                | Not Covered         |         |                   | ALL                                 |
| 0101T | EXTRACORPOREAL SHOCK WAVE INV                  | Not Covered         |         |                   | ALL                                 |
| 0101U | Hereditary colon cancer disorders (eg, Lym     | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0101U | Hereditary colon cancer disorders (eg, Lym     | No                  |         |                   | MCWRAP                              |
| 0102T | EXTRACORPOREAL SHOCK WAVE, HI                  | Not Covered         |         |                   | ALL                                 |
| 0102U | Hereditary breast cancer-related disorders     | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0102U | Hereditary breast cancer-related disorders     | No                  |         |                   | MCWRAP                              |
| 0103U | Hereditary ovarian cancer (eg, hereditary c    | Yes                 |         |                   | ALL (Except McWrap/PRICHO/CAID/AHL) |
| 0103U | Hereditary ovarian cancer (eg, hereditary c    | No                  |         |                   | McWRAP, PRICHO                      |
| 0103U | Hereditary ovarian cancer (eg, hereditary c    | Not Covered         |         |                   | CAID, AHL                           |
| 0104U | Hereditary pan cancer (eg, hereditary brea     | Yes                 |         |                   | ALL (Except McWrap/PRICHO/CAID/AHL) |
| 0104U | Hereditary pan cancer (eg, hereditary brea     | No                  |         |                   | McWRAP, PRICHO                      |
| 0104U | Hereditary pan cancer (eg, hereditary brea     | Not Covered         |         |                   | CAID, AHL                           |
| 0105U | Nephrology (chronic kidney disease), mult      | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0105U | Nephrology (chronic kidney disease), mult      | No                  |         |                   | MCWRAP                              |
| 0106T | QUANTITATIVE SENSORY TESTING (Q                | Not Covered         |         |                   | ALL                                 |
| 0106U | Gastric emptying, serial collection of 7 tim   | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0106U | Gastric emptying, serial collection of 7 tim   | No                  |         |                   | McWRAP, PRICHO                      |
| 0106U | Gastric emptying, serial collection of 7 tim   | Not Covered         |         |                   | CAID                                |
| 0107T | QUANTITATIVE SENSORY TESTING (Q                | Not Covered         |         |                   | ALL                                 |
| 0107U | Clostridium difficile toxin(s) antigen detecti | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0107U | Clostridium difficile toxin(s) antigen detecti | No                  |         |                   | McWRAP, PRICHO                      |
| 0107U | Clostridium difficile toxin(s) antigen detecti | Not Covered         |         |                   | CAID                                |
| 0108T | QUANTITATIVE SENSORY TESTING (Q                | Not Covered         |         |                   | ALL                                 |
| 0108U | Gastroenterology (Barrett?s esophagus), v      | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0108U | Gastroenterology (Barrett?s esophagus), v      | No                  |         |                   | McWRAP, PRICHO                      |
| 0108U | Gastroenterology (Barrett?s esophagus), v      | Not Covered         |         |                   | CAID                                |
| 0109T | QUANTITATIVE SENSORY TESTING (Q                | Not Covered         |         |                   | ALL                                 |
| 0109U | Infectious disease (Aspergillus species), re   | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0109U | Infectious disease (Aspergillus species), re   | No                  |         |                   | McWRAP, PRICHO                      |
| 0109U | Infectious disease (Aspergillus species), re   | Not Covered         |         |                   | CAID                                |
| 0110T | QUANTITATIVE SENSORY TESTING (Q                | Not Covered         |         |                   | ALL                                 |
| 0110U | Prescription drug monitoring, one or more      | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0110U | Prescription drug monitoring, one or more      | No                  |         |                   | McWRAP, PRICHO                      |
| 0110U | Prescription drug monitoring, one or more      | Not Covered         |         |                   | CAID                                |
| 0111T | LONG-CHAIN (C20-22) OMEGA-3 FATTY              | No                  |         |                   | ALL                                 |
| 0111T | LONG-CHAIN (C20-22) OMEGA-3 FATTY              | Not Covered         |         |                   | CAID                                |
| 0111U | Oncology (colon cancer), targeted KRAS (       | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0111U | Oncology (colon cancer), targeted KRAS (       | No                  |         |                   | MCWRAP                              |
| 0112U | Infectious agent detection and identificatio   | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0112U | Infectious agent detection and identificatio   | No                  |         |                   | McWRAP, PRICHO                      |
| 0112U | Infectious agent detection and identificatio   | Not Covered         |         |                   | CAID                                |
| 0113U | Oncology (prostate), measurement of PCA        | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0113U | Oncology (prostate), measurement of PCA        | No                  |         |                   | MCWRAP                              |
| 0114U | Gastroenterology (Barrett?s esophagus), \      | Yes                 |         |                   | ALL (Except MCWRAP)                 |
| 0114U | Gastroenterology (Barrett?s esophagus), \      | No                  |         |                   | MCWRAP                              |
| 0115U | Respiratory infectious agent detection by r    | No                  |         |                   | ALL                                 |
| 0116U | Prescription drug monitoring, enzyme imm       | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0116U | Prescription drug monitoring, enzyme imm       | No                  |         |                   | McWRAP, PRICHO                      |
| 0116U | Prescription drug monitoring, enzyme imm       | Not Covered         |         |                   | CAID                                |
| 0117U | Pain management, analysis of 11 endogel        | Yes                 |         |                   | ALL (Except McWRAP, PRICHO, CAID)   |
| 0117U | Pain management, analysis of 11 endogel        | No                  |         |                   | McWRAP, PRICHO                      |
| 0117U | Pain management, analysis of 11 endogel        | Not Covered         |         |                   | CAID                                |
| 0118U | Transplantation medicine, quantification of    | Yes                 |         |                   | ALL (Except MCWRAP)                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                     |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-----------------------------------|
| 0118U | Transplantation medicine, quantification of   | No                  |     |                   | MCWRAP                            |
| 0119U | Cardiology, ceramides by liquid chromatog     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)       |
| 0119U | Cardiology, ceramides by liquid chromatog     | No                  |     |                   | McWRAP, PRICHO                    |
| 0120U | Oncology (B-cell lymphoma classification),    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0120U | Oncology (B-cell lymphoma classification),    | No                  |     |                   | MCWRAP                            |
| 0121U | Sickle cell disease, microfluidic flow adhes  | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, CAID) |
| 0121U | Sickle cell disease, microfluidic flow adhes  | No                  |     |                   | McWRAP, PRICHO                    |
| 0121U | Sickle cell disease, microfluidic flow adhes  | Not Covered         |     |                   | CAID                              |
| 0122U | Sickle cell disease, microfluidic flow adhes  | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, CAID) |
| 0122U | Sickle cell disease, microfluidic flow adhes  | No                  |     |                   | McWRAP, PRICHO                    |
| 0122U | Sickle cell disease, microfluidic flow adhes  | Not Covered         |     |                   | CAID                              |
| 0123U | Mechanical fragility, RBC, shear stress an    | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, CAID) |
| 0123U | Mechanical fragility, RBC, shear stress an    | No                  |     |                   | McWRAP, PRICHO                    |
| 0123U | Mechanical fragility, RBC, shear stress an    | Not Covered         |     |                   | CAID                              |
| 0126T | COMMON CAROTID INTIMA-MEDIA THICKENING        | Not Covered         |     |                   | ALL                               |
| 0129U | Hereditary breast cancer?related disorders    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0129U | Hereditary breast cancer?related disorders    | No                  |     |                   | MCWRAP                            |
| 0130U | Hereditary colon cancer disorders (eg, Lyn    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0130U | Hereditary colon cancer disorders (eg, Lyn    | No                  |     |                   | MCWRAP                            |
| 0131U | Hereditary breast cancer?related disorders    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0131U | Hereditary breast cancer?related disorders    | No                  |     |                   | MCWRAP                            |
| 0132U | Hereditary ovarian cancer?related disorder    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0132U | Hereditary ovarian cancer?related disorder    | No                  |     |                   | MCWRAP                            |
| 0133U | Hereditary prostate cancer?related disorder   | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0133U | Hereditary prostate cancer?related disorder   | No                  |     |                   | MCWRAP                            |
| 0134U | Hereditary pan cancer (eg, hereditary brea    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0134U | Hereditary pan cancer (eg, hereditary brea    | No                  |     |                   | MCWRAP                            |
| 0135U | Hereditary gynecological cancer (eg, hered    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0135U | Hereditary gynecological cancer (eg, hered    | No                  |     |                   | MCWRAP                            |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, a    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0136U | ATM (ataxia telangiectasia mutated) (eg, a    | No                  |     |                   | MCWRAP                            |
| 0137U | PALB2 (partner and localizer of BRCA2) (e     | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0137U | PALB2 (partner and localizer of BRCA2) (e     | No                  |     |                   | MCWRAP                            |
| 0138U | BRCA1 (BRCA1, DNA repair associated),         | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0138U | BRCA1 (BRCA1, DNA repair associated),         | No                  |     |                   | MCWRAP                            |
| 0139U | Neurology (autism spectrum disorder [ASD]     | Not Covered         |     |                   | ALL                               |
| 0140T | EXHALED BREATH CONDENSATE PH                  | No                  |     |                   | ALL                               |
| 0140U | Infectious disease (fungi), fungal pathogen   | No                  |     |                   | ALL (Except CAID)                 |
| 0140U | Infectious disease (fungi), fungal pathogen   | Not Covered         |     |                   | CAID                              |
| 0141T | PANCREATIC ISLET CELL TRANSPLANTATION         | Not Covered         |     |                   | ALL                               |
| 0141U | Infectious disease (bacteria and fungi), gra  | No                  |     |                   | ALL (Except CAID)                 |
| 0141U | Infectious disease (bacteria and fungi), gra  | Not Covered         |     |                   | CAID                              |
| 0142T | PANCREATIC ISLET CELL TRANSPLANTATION         | Not Covered         |     |                   | ALL                               |
| 0142U | Infectious disease (bacteria and fungi), gra  | No                  |     |                   | ALL (Except CAID)                 |
| 0142U | Infectious disease (bacteria and fungi), gra  | Not Covered         |     |                   | CAID                              |
| 0152U | Infectious disease (bacteria, fungi, parasite | Not Covered         |     |                   | ALL                               |
| 0153U | Oncology (breast), mRNA, gene expressio       | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0153U | Oncology (breast), mRNA, gene expressio       | No                  |     |                   | MCWRAP                            |
| 0154U | FGFR3 (fibroblast growth factor receptor 3    | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0154U | FGFR3 (fibroblast growth factor receptor 3    | No                  |     |                   | MCWRAP                            |
| 0155U | PIK3CA (phosphatidylinositol-4,5- bisphos     | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0155U | PIK3CA (phosphatidylinositol-4,5- bisphos     | No                  |     |                   | MCWRAP                            |
| 0156U | Copy number (eg, intellectual disability, dy  | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0156U | Copy number (eg, intellectual disability, dy  | No                  |     |                   | MCWRAP                            |
| 0157U | APC (APC regulator of WNT signaling pat       | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0157U | APC (APC regulator of WNT signaling pat       | No                  |     |                   | MCWRAP                            |
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary nd      | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0158U | MLH1 (mutL homolog 1) (eg, hereditary nd      | No                  |     |                   | MCWRAP                            |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary co      | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0159U | MSH2 (mutS homolog 2) (eg, hereditary co      | No                  |     |                   | MCWRAP                            |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary co      | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0160U | MSH6 (mutS homolog 6) (eg, hereditary co      | No                  |     |                   | MCWRAP                            |
| 0161U | PMS2 (PMS1 homolog 2, mismatch repair         | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0161U | PMS2 (PMS1 homolog 2, mismatch repair         | No                  |     |                   | MCWRAP                            |
| 0162U | Hereditary colon cancer (Lynch syndrome)      | Yes                 |     |                   | ALL (Except MCWRAP)               |
| 0162U | Hereditary colon cancer (Lynch syndrome)      | No                  |     |                   | MCWRAP                            |
| 0163U | Oncology (colorectal) screening, biochemi     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)       |
| 0163U | Oncology (colorectal) screening, biochemi     | No                  |     |                   | MCWRAP, PRICHO                    |
| 0164U | Gastroenterology (irritable bowel syndrom     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)       |
| 0164U | Gastroenterology (irritable bowel syndrom     | No                  |     |                   | MCWRAP, PRICHO                    |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 0165U | Peanut allergen-specific IgE and quantitati   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)         |
| 0165U | Peanut allergen-specific IgE and quantitati   | No                  |     |                   | MCWRAP, PRICHO                      |
| 0166U | Liver disease, 10 biochemical assays (?2-     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)         |
| 0166U | Liver disease, 10 biochemical assays (?2-     | No                  |     |                   | MCWRAP, PRICHO                      |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT (        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0169U | NUDT15 (nudix hydrolase 15) and TPMT (        | No                  |     |                   | MCWRAP                              |
| 0170U | Neurology (autism spectrum disorder [ASD      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0170U | Neurology (autism spectrum disorder [ASD      | No                  |     |                   | MCWRAP                              |
| 0171U | Targeted genomic sequence analysis pane       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0171U | Targeted genomic sequence analysis pane       | No                  |     |                   | MCWRAP                              |
| 0172U | Oncology (solid tumor as indicated by the     | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0172U | Oncology (solid tumor as indicated by the     | No                  |     |                   | MCWRAP                              |
| 0173U | Psychiatry (ie, depression, anxiety), genon   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0173U | Psychiatry (ie, depression, anxiety), genon   | No                  |     |                   | MCWRAP                              |
| 0174U | Oncology (solid tumor), mass spectrometri     | Not Covered         |     |                   | ALL                                 |
| 0175U | Psychiatry (eg, depression, anxiety), genon   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0175U | Psychiatry (eg, depression, anxiety), genon   | No                  |     |                   | MCWRAP                              |
| 0176U | Cytolethal distending toxin B (CdtB) and vi   | Not Covered         |     |                   | ALL                                 |
| 0177U | Cytolethal distending toxin B (CdtB) and vi   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0177U | Cytolethal distending toxin B (CdtB) and vi   | No                  |     |                   | MCWRAP                              |
| 0178U | Peanut allergen-specific quantitative asses   | Not Covered         |     |                   | ALL                                 |
| 0179U | Oncology (non-small cell lung cancer), cell   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0179U | Oncology (non-small cell lung cancer), cell   | No                  |     |                   | MCWRAP                              |
| 0180U | Red cell antigen (ABO blood group) genot      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0180U | Red cell antigen (ABO blood group) genot      | No                  |     |                   | MCWRAP                              |
| 0181U | Red cell antigen (Colton blood group) gen     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0181U | Red cell antigen (Colton blood group) gen     | No                  |     |                   | MCWRAP                              |
| 0182U | Red cell antigen (Cromer blood group) ger     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0182U | Red cell antigen (Cromer blood group) ger     | No                  |     |                   | MCWRAP                              |
| 0183U | Red cell antigen (Diego blood group) genc     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0183U | Red cell antigen (Diego blood group) genc     | No                  |     |                   | MCWRAP                              |
| 0184U | Red cell antigen (Dombrock blood group) s     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0184U | Red cell antigen (Dombrock blood group) s     | No                  |     |                   | MCWRAP                              |
| 0185U | Red cell antigen (H blood group) genotypir    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0185U | Red cell antigen (H blood group) genotypir    | No                  |     |                   | MCWRAP                              |
| 0186U | Red cell antigen (H blood group) genotypir    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0186U | Red cell antigen (H blood group) genotypir    | No                  |     |                   | MCWRAP                              |
| 0187U | Red cell antigen (Duffy blood group) genot    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0187U | Red cell antigen (Duffy blood group) genot    | No                  |     |                   | MCWRAP                              |
| 0188U | Red cell antigen (Gerbich blood group) ge     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0188U | Red cell antigen (Gerbich blood group) ge     | No                  |     |                   | MCWRAP                              |
| 0189U | Red cell antigen (MNS blood group) genot      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0189U | Red cell antigen (MNS blood group) genot      | No                  |     |                   | MCWRAP                              |
| 0190U | Red cell antigen (MNS blood group) genot      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0190U | Red cell antigen (MNS blood group) genot      | No                  |     |                   | MCWRAP                              |
| 0191U | Red cell antigen (JR blood group) genotyp     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0191U | Red cell antigen (JR blood group) genotyp     | No                  |     |                   | MCWRAP                              |
| 0192U | Red cell antigen (Kidd blood group) genoty    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0192U | Red cell antigen (Kidd blood group) genoty    | No                  |     |                   | MCWRAP                              |
| 0193U | Red cell antigen (JR blood group) genotyp     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0193U | Red cell antigen (JR blood group) genotyp     | No                  |     |                   | MCWRAP                              |
| 0194U | Red cell antigen (Kell blood group) genoty    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0194U | Red cell antigen (Kell blood group) genoty    | No                  |     |                   | MCWRAP                              |
| 0195U | KLF1 (Kruppel-like factor 1), targeted sequ   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0195U | KLF1 (Kruppel-like factor 1), targeted sequ   | No                  |     |                   | MCWRAP                              |
| 0196U | Red cell antigen (Lutheran blood group) ge    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0196U | Red cell antigen (Lutheran blood group) ge    | No                  |     |                   | MCWRAP                              |
| 0197U | Red cell antigen (Landsteiner-Wiener bloo     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0197U | Red cell antigen (Landsteiner-Wiener bloo     | No                  |     |                   | MCWRAP                              |
| 0198U | Red cell antigen (RH blood group) genotyp     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0198U | Red cell antigen (RH blood group) genotyp     | No                  |     |                   | MCWRAP                              |
| 0199U | Red cell antigen (Scianna blood group) ge     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0199U | Red cell antigen (Scianna blood group) ge     | No                  |     |                   | MCWRAP                              |
| 0200U | Red cell antigen (Kx blood group) genotyp     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0200U | Red cell antigen (Kx blood group) genotyp     | No                  |     |                   | MCWRAP                              |
| 0201U | Red cell antigen (Yt blood group) genotypi    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| 0201U | Red cell antigen (Yt blood group) genotypi    | No                  |     |                   | MCWRAP                              |
| 0202U | Infectious disease (bacterial or viral respir | No                  |     |                   | ALL                                 |
| 0203U | Autoimmune (inflammatory bowel disease        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0203U | Autoimmune (inflammatory bowel disease        | No                  |     |                   | MCWRAP                              |
| 0205U | Ophthalmology (age-related macular dege       | Yes                 |     |                   | ALL (Except MCWRAP)                 |

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| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|------------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| 0205U | Ophthalmology (age-related macular dege        | No                  |     |                   | MCWRAP                              |
| 0206U | Neurology (Alzheimer disease); cell aggrega    | Yes                 |     |                   | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0206U | Neurology (Alzheimer disease); cell aggrega    | No                  |     |                   | MCWRAP                              |
| 0207U | 'Neurology (Alzheimer disease); quantitativ    | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0207U | 'Neurology (Alzheimer disease); quantitativ    | No                  |     |                   | MCWRAP                              |
| 0209U | 'Cytogenomic constitutional (genome-wide       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0209U | 'Cytogenomic constitutional (genome-wide       | No                  |     |                   | MCWRAP                              |
| 0210U | Syphilis test, non-treponemal antibody, im     | No                  |     |                   | ALL                                 |
| 0211U | 'Oncology (pan-tumor), DNA and RNA by          | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0211U | 'Oncology (pan-tumor), DNA and RNA by          | No                  |     |                   | MCWRAP                              |
| 0212U | Rare diseases (constitutional/heritable dis    | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0212U | Rare diseases (constitutional/heritable dis    | No                  |     |                   | MCWRAP                              |
| 0213U | Rare diseases (constitutional/heritable dis    | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0213U | Rare diseases (constitutional/heritable dis    | No                  |     |                   | MCWRAP                              |
| 0214U | Rare diseases (constitutional/heritable dis    | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0214U | Rare diseases (constitutional/heritable dis    | No                  |     |                   | MCWRAP                              |
| 0215U | 'Rare diseases (constitutional/heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0215U | 'Rare diseases (constitutional/heritable dis   | No                  |     |                   | MCWRAP                              |
| 0216U | Neurology (inherited ataxias), genomic DN      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0216U | Neurology (inherited ataxias), genomic DN      | No                  |     |                   | MCWRAP                              |
| 0217U | Neurology (inherited ataxias), genomic DN      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0217U | Neurology (inherited ataxias), genomic DN      | No                  |     |                   | MCWRAP                              |
| 0218U | 'Neurology (muscular dystrophy), DMD gen       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0218U | 'Neurology (muscular dystrophy), DMD gen       | No                  |     |                   | MCWRAP                              |
| 0219U | Cytogenomic constitutional (genome-wide        | Yes                 |     |                   | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0219U | Cytogenomic constitutional (genome-wide        | No                  |     |                   | MCWRAP                              |
| 0220U | Oncology (breast cancer), image analysis       | Yes                 |     |                   | ALL (Except McWRAP. PRICHO, PRIQHP) |
| 0220U | Oncology (breast cancer), image analysis       | No                  |     |                   | MCWRAP                              |
| 0221U | 'Red cell antigen (ABO blood group) genot      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0221U | 'Red cell antigen (ABO blood group) genot      | No                  |     |                   | MCWRAP                              |
| 0222U | Red cell antigen (RH blood group) genotyp      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0222U | Red cell antigen (RH blood group) genotyp      | No                  |     |                   | MCWRAP                              |
| 0223U | Infectious disease (bacterial or viral respira | No                  |     |                   | ALL                                 |
| 0224U | Antibody, severe acute respiratory syndrom     | No                  |     |                   | ALL                                 |
| 0225U | Infectious disease (bacterial or viral respira | No                  |     |                   | ALL                                 |
| 0226U | Surrogate viral neutralization test (sVNT),    | No                  |     |                   | ALL                                 |
| 0227U | Drug assay, presumptive, 30 or more drug       | Not Covered         |     |                   | ALL                                 |
| 0228U | Oncology (prostate), multianalyte molecul      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)         |
| 0228U | Oncology (prostate), multianalyte molecul      | No                  |     |                   | MCWRAP, PRICHO                      |
| 0229U | BCAT1 (Branched chain amino acid transa        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0229U | BCAT1 (Branched chain amino acid transa        | No                  |     |                   | MCWRAP                              |
| 0230U | AR (androgen receptor) (eg, spinal and bu      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0230U | AR (androgen receptor) (eg, spinal and bu      | No                  |     |                   | MCWRAP                              |
| 0231U | CACNA1A (calcium voltage-gated channe          | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0231U | CACNA1A (calcium voltage-gated channe          | No                  |     |                   | MCWRAP                              |
| 0232U | CSTB (cystatin B) (eg, progressive myoclo      | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0232U | CSTB (cystatin B) (eg, progressive myoclo      | No                  |     |                   | MCWRAP                              |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene   | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0233U | FXN (frataxin) (eg, Friedreich ataxia), gene   | No                  |     |                   | MCWRAP                              |
| 0234U | MECP2 (methyl CpG binding protein 2) (eg       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0234U | MECP2 (methyl CpG binding protein 2) (eg       | No                  |     |                   | MCWRAP                              |
| 0235U | PTEN (phosphatase and tensin homolog)          | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0235U | PTEN (phosphatase and tensin homolog)          | No                  |     |                   | MCWRAP                              |
| 0236U | SMN1 (survival of motor neuron 1, telome       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0236U | SMN1 (survival of motor neuron 1, telome       | No                  |     |                   | MCWRAP                              |
| 0237U | Cardiac ion channelopathies (eg, Brugada       | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0237U | Cardiac ion channelopathies (eg, Brugada       | No                  |     |                   | MCWRAP                              |
| 0238U | Oncology (Lynch syndrome), genomic DN          | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0238U | Oncology (Lynch syndrome), genomic DN          | No                  |     |                   | MCWRAP                              |
| 0239U | Targeted genomic sequence analysis pane        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0239U | Targeted genomic sequence analysis pane        | No                  |     |                   | MCWRAP                              |
| 0240U | Infectious disease (viral respiratory tract in | No                  |     |                   | ALL                                 |
| 0241U | Infectious disease (viral respiratory tract in | No                  |     |                   | ALL                                 |
| 0242U | Targeted genomic sequence analysis pane        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0242U | Targeted genomic sequence analysis pane        | No                  |     |                   | MCWRAP                              |
| 0243U | Obstetrics (preeclampsia), biochemical as      | Yes                 |     |                   | ALL (Except MCWRAP/PRICHO)          |
| 0243U | Obstetrics (preeclampsia), biochemical as      | No                  |     |                   | MCWRAP/PRICHO                       |
| 0244U | Oncology (solid organ), DNA, comprehens        | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0244U | Oncology (solid organ), DNA, comprehens        | No                  |     |                   | MCWRAP                              |
| 0245U | Oncology (thyroid), mutation analysis of 10    | Yes                 |     |                   | ALL (Except MCWRAP)                 |
| 0245U | Oncology (thyroid), mutation analysis of 10    | No                  |     |                   | MCWRAP                              |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 0246U | Red blood cell antigen typing, DNA, genot     | Yes                 |     |                   | ALL (Except MCWRAP/PRICHO)  |
| 0246U | Red blood cell antigen typing, DNA, genot     | No                  |     |                   | MCWRAP/PRICHO               |
| 0247U | Obstetrics (preterm birth), insulin-like grow | Yes                 |     |                   | ALL (Except MCWRAP/PRICHO)  |
| 0247U | Obstetrics (preterm birth), insulin-like grow | No                  |     |                   | MCWRAP/PRICHO               |
| 0248U | Oncology (brain), spheroid cell culture in a  | Yes                 |     |                   | ALL (except MCWRAP, PRICHO) |
| 0248U | Oncology (brain), spheroid cell culture in a  | No                  |     |                   | MWRAP, PRICHO               |
| 0249U | Oncology (breast), semiquantitative analys    | Yes                 |     |                   | ALL (except MCWRAP, PRICHO) |
| 0249U | Oncology (breast), semiquantitative analys    | No                  |     |                   | MWRAP, PRICHO               |
| 0250U | Oncology (solid organ neoplasm), targeted     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0250U | Oncology (solid organ neoplasm), targeted     | No                  |     |                   | MCWRAP                      |
| 0251U | Hepcidin-25, enzyme-linked immunosorbe        | Yes                 |     |                   | ALL (except MCWRAP, PRICHO) |
| 0251U | Hepcidin-25, enzyme-linked immunosorbe        | No                  |     |                   | MWRAP, PRICHO               |
| 0252U | Fetal aneuploidy short tandem-repeat con      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0252U | Fetal aneuploidy short tandem-repeat con      | No                  |     |                   | MCWRAP                      |
| 0253U | Reproductive medicine (endometrial recep      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0253U | Reproductive medicine (endometrial recep      | No                  |     |                   | MCWRAP                      |
| 0254U | Reproductive medicine (preimplantation ge     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0254U | Reproductive medicine (preimplantation ge     | No                  |     |                   | MCWRAP                      |
| 0255U | Andrology (infertility), sperm-capacitation a | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0255U | Andrology (infertility), sperm-capacitation a | No                  |     |                   | MCWRAP, PRICHO              |
| 0256U | Trimethylamine/trimethylamine N-oxide (T      | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0256U | Trimethylamine/trimethylamine N-oxide (T      | No                  |     |                   | MCWRAP, PRICHO              |
| 0257U | Very long chain acyl-coenzyme A (CoA) de      | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0257U | Very long chain acyl-coenzyme A (CoA) de      | No                  |     |                   | MCWRAP, PRICHO              |
| 0258U | Autoimmune (psoriasis), mRNA, nextgene        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0258U | Autoimmune (psoriasis), mRNA, nextgene        | No                  |     |                   | MCWRAP                      |
| 0259U | Nephrology (chronic kidney disease), nucl     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0259U | Nephrology (chronic kidney disease), nucl     | No                  |     |                   | MCWRAP, PRICHO              |
| 0260U | Rare diseases (constitutional/heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0260U | Rare diseases (constitutional/heritable dis   | No                  |     |                   | MCWRAP                      |
| 0261U | Oncology (colorectal cancer), image analy     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0261U | Oncology (colorectal cancer), image analy     | No                  |     |                   | MCWRAP, PRICHO              |
| 0262U | Oncology (solid tumor), gene expression p     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0262U | Oncology (solid tumor), gene expression p     | No                  |     |                   | MCWRAP                      |
| 0263U | Neurology (autism spectrum disorder [ASD      | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0263U | Neurology (autism spectrum disorder [ASD      | No                  |     |                   | MCWRAP, PRICHO              |
| 0264U | Rare diseases (constitutional/heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0264U | Rare diseases (constitutional/heritable dis   | No                  |     |                   | MCWRAP                      |
| 0265U | Rare constitutional and other heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0265U | Rare constitutional and other heritable dis   | No                  |     |                   | MCWRAP                      |
| 0266U | Unexplained constitutional or other heritab   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0266U | Unexplained constitutional or other heritab   | No                  |     |                   | MCWRAP                      |
| 0267U | Rare constitutional and other heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0267U | Rare constitutional and other heritable dis   | No                  |     |                   | MCWRAP                      |
| 0268U | Hematology (atypical hemolytic uremic syr     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0268U | Hematology (atypical hemolytic uremic syr     | No                  |     |                   | MCWRAP                      |
| 0269U | Hematology (autosomal dominant congeni        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0269U | Hematology (autosomal dominant congeni        | No                  |     |                   | MCWRAP                      |
| 0270U | Hematology (congenital coagulation disord     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0270U | Hematology (congenital coagulation disord     | No                  |     |                   | MCWRAP                      |
| 0271U | Hematology (congenital neutropenia), gen      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0271U | Hematology (congenital neutropenia), gen      | No                  |     |                   | MCWRAP                      |
| 0272U | Hematology (genetic bleeding disorders), c    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0272U | Hematology (genetic bleeding disorders), c    | No                  |     |                   | MCWRAP                      |
| 0273U | Hematology (genetic hyperfibrinolysis, del    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0273U | Hematology (genetic hyperfibrinolysis, del    | No                  |     |                   | MCWRAP                      |
| 0274U | Hematology (genetic platelet disorders), ge   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0274U | Hematology (genetic platelet disorders), ge   | No                  |     |                   | MCWRAP                      |
| 0275U | Hematology (heparin-induced thrombo           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0275U | Hematology (heparin-induced thrombo           | No                  |     |                   | MCWRAP                      |
| 0276U | Hematology (inherited thrombocytope           | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0276U | Hematology (inherited thrombocytope           | No                  |     |                   | MCWRAP                      |
| 0277U | Hematology (genetic platelet function         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0277U | Hematology (genetic platelet function         | No                  |     |                   | MCWRAP                      |
| 0278U | Hematology (genetic thrombosis), ger          | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0278U | Hematology (genetic thrombosis), ger          | No                  |     |                   | MCWRAP                      |
| 0279U | Hematology (von Willebrand disease            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0279U | Hematology (von Willebrand disease            | No                  |     |                   | MCWRAP, PRICHO              |
| 0280U | Hematology (von Willebrand disease            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |
| 0280U | Hematology (von Willebrand disease            | No                  |     |                   | MCWRAP, PRICHO              |
| 0281U | Hematology (von Willebrand disease            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO) |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|----------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 0281U | Hematology (von Willebrand disease           | No                  |     |                   | MCWRAP, PRICHO                   |
| 0282U | Red blood cell antigen typing, DNA, g        | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP, AHL) |
| 0282U | Red blood cell antigen typing, DNA, g        | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0282U | Red blood cell antigen typing, DNA, g        | No                  |     |                   | MCWRAP/PRICHO                    |
| 0283U | von Willebrand factor (VWF), type 2B         | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)      |
| 0283U | von Willebrand factor (VWF), type 2B         | No                  |     |                   | MCWRAP, PRICHO                   |
| 0284U | von Willebrand factor (VWF), type 2N         | Yes                 |     |                   | ALL (Except McWRAP, PRICHO)      |
| 0284U | von Willebrand factor (VWF), type 2N         | No                  |     |                   | MCWRAP, PRICHO                   |
| 0285U | Oncology, response to radiation, cell-free l | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0285U | Oncology, response to radiation, cell-free l | No                  |     |                   | MCWRAP                           |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NU      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0286U | CEP72 (centrosomal protein, 72-KDa), NU      | No                  |     |                   | MCWRAP                           |
| 0287U | Oncology (thyroid), DNA and mRNA, next       | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0287U | Oncology (thyroid), DNA and mRNA, next       | No                  |     |                   | MCWRAP                           |
| 0288U | Oncology (lung), mRNA, quantitative PCR      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0288U | Oncology (lung), mRNA, quantitative PCR      | No                  |     |                   | MCWRAP                           |
| 0289U | Neurology (Alzheimer disease), mRNA, ge      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0289U | Neurology (Alzheimer disease), mRNA, ge      | No                  |     |                   | MCWRAP                           |
| 0290U | Pain management, mRNA, gene expressio        | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0290U | Pain management, mRNA, gene expressio        | No                  |     |                   | MCWRAP                           |
| 0291U | Psychiatry (mood disorders), mRNA, gene      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0291U | Psychiatry (mood disorders), mRNA, gene      | No                  |     |                   | MCWRAP                           |
| 0292U | Psychiatry (stress disorders), mRNA, gene    | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0292U | Psychiatry (stress disorders), mRNA, gene    | No                  |     |                   | MCWRAP                           |
| 0293U | Psychiatry (suicidal ideation), mRNA, gene   | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0293U | Psychiatry (suicidal ideation), mRNA, gene   | No                  |     |                   | MCWRAP                           |
| 0294U | Longevity and mortality risk, mRNA, gene     | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0294U | Longevity and mortality risk, mRNA, gene     | No                  |     |                   | MCWRAP                           |
| 0295U | Oncology (breast ductal carcinoma in situ)   | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0295U | Oncology (breast ductal carcinoma in situ)   | No                  |     |                   | MCWRAP                           |
| 0296U | Oncology (oral and/or oropharyngeal canc     | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0296U | Oncology (oral and/or oropharyngeal canc     | No                  |     |                   | MCWRAP                           |
| 0297U | Oncology (pan tumor), whole genome seq       | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0297U | Oncology (pan tumor), whole genome seq       | No                  |     |                   | MCWRAP                           |
| 0298U | Oncology (pan tumor), whole transcriptom     | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0298U | Oncology (pan tumor), whole transcriptom     | No                  |     |                   | MCWRAP                           |
| 0299U | Oncology (pan tumor), whole genome opti      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0299U | Oncology (pan tumor), whole genome opti      | No                  |     |                   | MCWRAP                           |
| 0300U | Oncology (pan tumor), whole genome seq       | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0300U | Oncology (pan tumor), whole genome seq       | No                  |     |                   | MCWRAP                           |
| 0301U | Infectious agent detection by nucleic acid   | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0301U | Infectious agent detection by nucleic acid   | No                  |     |                   | MCWRAP/PRICHO                    |
| 0302U | Infectious agent detection by nucleic acid   | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0302U | Infectious agent detection by nucleic acid   | No                  |     |                   | MCWRAP/PRICHO                    |
| 0303U | Hematology, red blood cell (RBC) adhesio     | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0303U | Hematology, red blood cell (RBC) adhesio     | No                  |     |                   | MCWRAP/PRICHO                    |
| 0304U | Hematology, red blood cell (RBC) adhesio     | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0304U | Hematology, red blood cell (RBC) adhesio     | No                  |     |                   | MCWRAP/PRICHO                    |
| 0305U | Hematology, red blood cell (RBC)functiona    | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0305U | Hematology, red blood cell (RBC)functiona    | No                  |     |                   | MCWRAP/PRICHO                    |
| 0306U | Oncology (minimal residual disease [MRD      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0306U | Oncology (minimal residual disease [MRD      | No                  |     |                   | MCWRAP                           |
| 0307U | Oncology (minimal residual disease [MRD      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0307U | Oncology (minimal residual disease [MRD      | No                  |     |                   | MCWRAP                           |
| 0308U | Cardiology (coronary artery disease [CAD]    | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0308U | Cardiology (coronary artery disease [CAD]    | No                  |     |                   | MCWRAP/PRICHO                    |
| 0309U | Cardiology (cardiovascular disease), analy   | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0309U | Cardiology (cardiovascular disease), analy   | No                  |     |                   | MCWRAP/PRICHO                    |
| 0310U | Pediatrics (vasculitis, Kawasaki disease [K  | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0310U | Pediatrics (vasculitis, Kawasaki disease [K  | No                  |     |                   | MCWRAP/PRICHO                    |
| 0311U | Infectious disease (bacterial), quantitative | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0311U | Infectious disease (bacterial), quantitative | No                  |     |                   | MCWRAP/PRICHO                    |
| 0312U | Autoimmune diseases (eg, systemic lupus      | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP)      |
| 0312U | Autoimmune diseases (eg, systemic lupus      | No                  |     |                   | MCWRAP/PRICHO                    |
| 0313U | Oncology (pancreas), DNA and mRNA ne         | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0313U | Oncology (pancreas), DNA and mRNA ne         | No                  |     |                   | MCWRAP                           |
| 0314U | Oncology (cutaneous melanoma), mRNA          | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0314U | Oncology (cutaneous melanoma), mRNA          | No                  |     |                   | MCWRAP                           |
| 0315U | Oncology (cutaneous squamous cell carci      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0315U | Oncology (cutaneous squamous cell carci      | No                  |     |                   | MCWRAP                           |



**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|------------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 0316U | Borrelia burgdorferi (Lyme disease), OspA      | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP) |
| 0316U | Borrelia burgdorferi (Lyme disease), OspA      | No                  |     |                   | MCWRAP/PRICHO               |
| 0317U | Oncology (lung cancer), four-probe FISH (      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0317U | Oncology (lung cancer), four-probe FISH (      | No                  |     |                   | MCWRAP                      |
| 0318U | Pediatrics (congenital epigenetic disorders    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0318U | Pediatrics (congenital epigenetic disorders    | No                  |     |                   | MCWRAP                      |
| 0319U | Nephrology (renal transplant), RNA expres      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0319U | Nephrology (renal transplant), RNA expres      | No                  |     |                   | MCWRAP                      |
| 0320U | Nephrology (renal transplant), RNA expres      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0320U | Nephrology (renal transplant), RNA expres      | No                  |     |                   | MCWRAP                      |
| 0321U | Infectious agent detection by nucleic acid (   | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP) |
| 0321U | Infectious agent detection by nucleic acid (   | No                  |     |                   | MCWRAP/PRICHO               |
| 0322U | Neurology (autism spectrum disorder [ASD]      | Yes                 |     |                   | ALL (Except PRICHO, MCWRAP) |
| 0322U | Neurology (autism spectrum disorder [ASD]      | No                  |     |                   | MCWRAP/PRICHO               |
| 0323U | Infectious agent detection by nucleic acid (   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0323U | Infectious agent detection by nucleic acid (   | No                  |     |                   | MCWRAP, PRICHO              |
| 0324U | Oncology (ovarian), spheroid cell culture, 4   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0324U | Oncology (ovarian), spheroid cell culture, 4   | No                  |     |                   | MCWRAP, PRICHO              |
| 0325U | Oncology (ovarian), spheroid cell culture, p   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0325U | Oncology (ovarian), spheroid cell culture, p   | No                  |     |                   | MCWRAP, PRICHO              |
| 0326U | Targeted genomic sequence analysis pan         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0326U | Targeted genomic sequence analysis pan         | No                  |     |                   | MCWRAP                      |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21),     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0327U | Fetal aneuploidy (trisomy 13, 18, and 21),     | No                  |     |                   | MCWRAP                      |
| 0328U | Drug assay, definitive, 120 or more drugs      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0328U | Drug assay, definitive, 120 or more drugs      | No                  |     |                   | MCWRAP, PRICHO              |
| 0329U | Oncology (neoplasia), exome and transcrip      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0329U | Oncology (neoplasia), exome and transcrip      | No                  |     |                   | MCWRAP                      |
| 0330U | Infectious agent detection by nucleic acid (   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0330U | Infectious agent detection by nucleic acid (   | No                  |     |                   | MCWRAP, PRICHO              |
| 0331U | Oncology (hematolymphoid neoplasia), op        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0331U | Oncology (hematolymphoid neoplasia), op        | No                  |     |                   | MCWRAP                      |
| 0332U | Oncology (pan-tumor), genetic profiling of     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0332U | Oncology (pan-tumor), genetic profiling of     | No                  |     |                   | MCWRAP                      |
| 0333U | Oncology (liver), surveillance for hepatoce    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0333U | Oncology (liver), surveillance for hepatoce    | No                  |     |                   | MCWRAP                      |
| 0334U | Oncology (solid organ), targeted genomic       | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0334U | Oncology (solid organ), targeted genomic       | No                  |     |                   | MCWRAP                      |
| 0335U | Rare diseases (constitutional/heritable dis    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0335U | Rare diseases (constitutional/heritable dis    | No                  |     |                   | MCWRAP                      |
| 0336U | Rare diseases (constitutional/heritable dis    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0336U | Rare diseases (constitutional/heritable dis    | No                  |     |                   | MCWRAP                      |
| 0337U | Oncology (plasma cell disorders and myel       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0337U | Oncology (plasma cell disorders and myel       | No                  |     |                   | MCWRAP, PRICHO              |
| 0338U | Oncology (solid tumor), circulating tumor c    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0338U | Oncology (solid tumor), circulating tumor c    | No                  |     |                   | MCWRAP, PRICHO              |
| 0339U | Oncology (prostate), mRNA expression pr        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0339U | Oncology (prostate), mRNA expression pr        | No                  |     |                   | MCWRAP                      |
| 0340U | Oncology (pan-cancer), analysis of minima      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0340U | Oncology (pan-cancer), analysis of minima      | No                  |     |                   | MCWRAP                      |
| 0341U | Fetal aneuploidy DNA sequencing compar         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0341U | Fetal aneuploidy DNA sequencing compar         | No                  |     |                   | MCWRAP                      |
| 0342U | Oncology (pancreatic cancer), multiplex in     | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0342U | Oncology (pancreatic cancer), multiplex in     | No                  |     |                   | MCWRAP, PRICHO              |
| 0343U | Oncology (prostate), exosome-based anal        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0343U | Oncology (prostate), exosome-based anal        | No                  |     |                   | MCWRAP                      |
| 0344U | Hepatology (nonalcoholic fatty liver diseas    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0344U | Hepatology (nonalcoholic fatty liver diseas    | No                  |     |                   | MCWRAP, PRICHO              |
| 0345U | Psychiatry (eg, depression, anxiety, attenti   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0345U | Psychiatry (eg, depression, anxiety, attenti   | No                  |     |                   | MCWRAP                      |
| 0346U | Beta amyloid, Aβ40 and Aβ42 by liquid ch       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0346U | Beta amyloid, Aβ40 and Aβ42 by liquid ch       | No                  |     |                   | MCWRAP, PRICHO              |
| 0347U | Drug metabolism or processing (multiple c      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0347U | Drug metabolism or processing (multiple c      | No                  |     |                   | MCWRAP                      |
| 0348U | Drug metabolism or processing (multiple c      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0348U | Drug metabolism or processing (multiple c      | No                  |     |                   | MCWRAP                      |
| 0349U | Drug metabolism or processing (multiple c      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0349U | Drug metabolism or processing (multiple c      | No                  |     |                   | MCWRAP                      |
| 0350U | Drug metabolism or processing (multiple c      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0350U | Drug metabolism or processing (multiple c      | No                  |     |                   | MCWRAP                      |
| 0351U | Infectious disease (bacterial or viral), bioch | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|--------------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| 0351U | Infectious disease (bacterial or viral), biochem | No                  |     |                   | MCWRAP, PRICHO                   |
| 0355U | APOL1 (apolipoprotein L1) (eg, chronic kid       | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0355U | APOL1 (apolipoprotein L1) (eg, chronic kid       | No                  |     |                   | MCWRAP                           |
| 0356U | Oncology (oropharyngeal), evaluation of 1        | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0356U | Oncology (oropharyngeal), evaluation of 1        | No                  |     |                   | MCWRAP                           |
| 0358U | Neurology (mild cognitive impairment), ana       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0358U | Neurology (mild cognitive impairment), ana       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0359U | Oncology (prostate cancer), analysis of all      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0359U | Oncology (prostate cancer), analysis of all      | No                  |     |                   | MCWRAP                           |
| 0360U | Oncology (lung), enzyme-linked immunosc          | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0360U | Oncology (lung), enzyme-linked immunosc          | No                  |     |                   | MCWRAP, PRICHO                   |
| 0361U | Neurofilament light chain, digital immunoa       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0361U | Neurofilament light chain, digital immunoa       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0362U | Oncology (papillary thyroid cancer), gene-e      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0362U | Oncology (papillary thyroid cancer), gene-e      | No                  |     |                   | MCWRAP                           |
| 0363U | Oncology (urothelial), mRNA, gene expres         | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0363U | Oncology (urothelial), mRNA, gene expres         | No                  |     |                   | MCWRAP                           |
| 0364U | Oncology (hematolymphoid neoplasm), ge           | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0364U | Oncology (hematolymphoid neoplasm), ge           | No                  |     |                   | MCWRAP                           |
| 0365U | Oncology (bladder), analysis of 10 protein       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0365U | Oncology (bladder), analysis of 10 protein       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0366U | Oncology (bladder), analysis of 10 protein       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0366U | Oncology (bladder), analysis of 10 protein       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0367U | Oncology (bladder), analysis of 10 protein       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0367U | Oncology (bladder), analysis of 10 protein       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0368U | Oncology (colorectal cancer), evaluation fo      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0368U | Oncology (colorectal cancer), evaluation fo      | No                  |     |                   | MCWRAP                           |
| 0369U | Infectious agent detection by nucleic acid       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0369U | Infectious agent detection by nucleic acid       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0370U | Infectious agent detection by nucleic acid       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0370U | Infectious agent detection by nucleic acid       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0371U | Infectious agent detection by nucleic acid       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0371U | Infectious agent detection by nucleic acid       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0372U | Infectious disease (genitourinary pathogen       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0372U | Infectious disease (genitourinary pathogen       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0373U | Infectious agent detection by nucleic acid       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0373U | Infectious agent detection by nucleic acid       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0374U | Infectious agent detection by nucleic acid       | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0374U | Infectious agent detection by nucleic acid       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0375U | Oncology (ovarian), biochemical assays of        | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0375U | Oncology (ovarian), biochemical assays of        | No                  |     |                   | MCWRAP, PRICHO                   |
| 0376U | Oncology (prostate cancer), image analysi        | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0376U | Oncology (prostate cancer), image analysi        | No                  |     |                   | MCWRAP, PRICHO                   |
| 0377U | Cardiovascular disease, quantification of a      | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0377U | Cardiovascular disease, quantification of a      | No                  |     |                   | MCWRAP, PRICHO                   |
| 0378U | RFC1 (replication factor C subunit 1), repe      | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0378U | RFC1 (replication factor C subunit 1), repe      | No                  |     |                   | MCWRAP                           |
| 0379U | Targeted genomic sequence analysis pan           | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0379U | Targeted genomic sequence analysis pan           | No                  |     |                   | MCWRAP                           |
| 0380U | Drug metabolism (adverse drug reactions)         | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0380U | Drug metabolism (adverse drug reactions)         | No                  |     |                   | MCWRAP                           |
| 0381U | Maple syrup urine disease monitoring by p        | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0381U | Maple syrup urine disease monitoring by p        | No                  |     |                   | MCWRAP, PRICHO                   |
| 0382U | Hyperphenylalaninemia monitoring by pati         | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0382U | Hyperphenylalaninemia monitoring by pati         | No                  |     |                   | MCWRAP, PRICHO                   |
| 0383U | Tyrosinemia type I monitoring by patient-co      | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0383U | Tyrosinemia type I monitoring by patient-co      | No                  |     |                   | MCWRAP, PRICHO                   |
| 0384U | Nephrology (chronic kidney disease), carb        | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0384U | Nephrology (chronic kidney disease), carb        | No                  |     |                   | MCWRAP, PRICHO                   |
| 0385U | Nephrology (chronic kidney disease), apol        | Yes                 |     |                   | ALL (Except AHL, McWrap, PRICHO) |
| 0385U | Nephrology (chronic kidney disease), apol        | No                  |     |                   | MCWRAP, PRICHO                   |
| 0387U | Oncology (melanoma), autophagy and bed           | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0387U | Oncology (melanoma), autophagy and bed           | No                  |     |                   | MCWRAP, PRICHO                   |
| 0388U | Oncology (non-small cell lung cancer), nex       | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0388U | Oncology (non-small cell lung cancer), nex       | No                  |     |                   | MCWRAP                           |
| 0389U | Pediatric febrile illness (Kawasaki disease      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0389U | Pediatric febrile illness (Kawasaki disease      | No                  |     |                   | MCWRAP, PRICHO                   |
| 0390U | Obstetrics (preeclampsia), kinase insert d       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)      |
| 0390U | Obstetrics (preeclampsia), kinase insert d       | No                  |     |                   | MCWRAP, PRICHO                   |
| 0391U | Oncology (solid tumor), DNA and RNA by           | Yes                 |     |                   | ALL (Except MCWRAP)              |
| 0391U | Oncology (solid tumor), DNA and RNA by           | No                  |     |                   | MCWRAP                           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines               |
|-------|----------------------------------------------|---------------------|-----|-------------------|-----------------------------|
| 0392U | Drug metabolism (depression, anxiety, atte   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0392U | Drug metabolism (depression, anxiety, atte   | No                  |     |                   | MCWRAP                      |
| 0393U | Neurology (eg, Parkinson disease, demen      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0393U | Neurology (eg, Parkinson disease, demen      | No                  |     |                   | MCWRAP                      |
| 0394U | Perfluoroalkyl substances (PFAS) (eg, per    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0394U | Perfluoroalkyl substances (PFAS) (eg, per    | No                  |     |                   | MCWRAP, PRICHO              |
| 0395U | Oncology (lung), multi-omics (microbial DN   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0395U | Oncology (lung), multi-omics (microbial DN   | No                  |     |                   | MCWRAP                      |
| 0398U | Gastroenterology (Barrett esophagus), P14    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0398U | Gastroenterology (Barrett esophagus), P14    | No                  |     |                   | MCWRAP                      |
| 0399U | Neurology (cerebral folate deficiency), ser  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0399U | Neurology (cerebral folate deficiency), ser  | No                  |     |                   | MCWRAP, PRICHO              |
| 0400U | Obstetrics (expanded carrier screening), 1   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0400U | Obstetrics (expanded carrier screening), 1   | No                  |     |                   | MCWRAP                      |
| 0401U | Cardiology (coronary heart disease [CAD])    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0401U | Cardiology (coronary heart disease [CAD])    | No                  |     |                   | MCWRAP                      |
| 0402U | Infectious agent (sexually transmitted infec | No                  |     |                   | ALL                         |
| 0403U | Oncology (prostate), mRNA, gene express      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0403U | Oncology (prostate), mRNA, gene express      | No                  |     |                   | MCWRAP                      |
| 0404U | Oncology (breast), semiquantitative measu    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0404U | Oncology (breast), semiquantitative measu    | No                  |     |                   | MCWRAP, PRICHO              |
| 0405U | Oncology (pancreatic), 59 methylation hap    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0405U | Oncology (pancreatic), 59 methylation hap    | No                  |     |                   | MCWRAP                      |
| 0406U | Oncology (lung), flow cytometry, sputum, 5   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0406U | Oncology (lung), flow cytometry, sputum, 5   | No                  |     |                   | MCWRAP, PRICHO              |
| 0407U | Nephrology (diabetic chronic kidney diseas   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0407U | Nephrology (diabetic chronic kidney diseas   | No                  |     |                   | MCWRAP, PRICHO              |
| 0408U | Infectious agent antigen detection by bulk   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0408U | Infectious agent antigen detection by l      | No                  |     |                   | MCWRAP, PRICHO              |
| 0409U | Oncology (solid tumor), DNA (80 gene         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0409U | Oncology (solid tumor), DNA (80 gene         | No                  |     |                   | MCWRAP                      |
| 0410U | Oncology (pancreatic), DNA, whole ge         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0410U | Oncology (pancreatic), DNA, whole ge         | No                  |     |                   | MCWRAP                      |
| 0411U | Psychiatry (eg, depression, anxiety, at      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0411U | Psychiatry (eg, depression, anxiety, at      | No                  |     |                   | MCWRAP                      |
| 0412U | Beta amyloid, Aβ42/40 ratio, immunof         | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO) |
| 0412U | Beta amyloid, Aβ42/40 ratio, immunof         | No                  |     |                   | MCWRAP, PRICHO              |
| 0413U | Oncology (hematolymphoid neoplasm            | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0413U | Oncology (hematolymphoid neoplasm            | No                  |     |                   | MCWRAP                      |
| 0414U | Oncology (lung), augmentative algorit        | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0414U | Oncology (lung), augmentative algorit        | No                  |     |                   | MCWRAP                      |
| 0415U | Cardiovascular disease (acute corona         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0415U | Cardiovascular disease (acute corona         | No                  |     |                   | MCWRAP                      |
| 0417U | Rare diseases (constitutional/heritable      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0417U | Rare diseases (constitutional/heritable      | No                  |     |                   | MCWRAP                      |
| 0418U | Oncology (breast), augmentative algo         | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0418U | Oncology (breast), augmentative algorithm    | No                  |     |                   | MCWRAP                      |
| 0419U | Neuropsychiatry (eg, depression, anxiety),   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0419U | Neuropsychiatry (eg, depression, anxiety),   | No                  |     |                   | MCWRAP                      |
| 0420U | Oncology (urothelial), mRNA expression p     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0420U | Oncology (urothelial), mRNA expression p     | No                  |     |                   | MCWRAP                      |
| 0421U | Oncology (colorectal) screening, quantitati  | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0421U | Oncology (colorectal) screening, quantitati  | No                  |     |                   | MCWRAP                      |
| 0422U | Oncology (pan-solid tumor), analysis of DN   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0422U | Oncology (pan-solid tumor), analysis of DN   | No                  |     |                   | MCWRAP                      |
| 0423U | Psychiatry (eg, depression, anxiety), genom  | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0423U | Psychiatry (eg, depression, anxiety), genom  | No                  |     |                   | MCWRAP                      |
| 0424U | Oncology (prostate), exosomebased analy      | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0424U | Oncology (prostate), exosomebased analy      | No                  |     |                   | MCWRAP                      |
| 0425U | Genome (eg, unexplainedconstitutional or     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0425U | Genome (eg, unexplainedconstitutional or     | No                  |     |                   | MCWRAP                      |
| 0426U | Genome (eg, unexplainedconstitutional or     | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0426U | Genome (eg, unexplainedconstitutional or     | No                  |     |                   | MCWRAP                      |
| 0427U | Monocyte distribution width, whole blood (f  | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0427U | Monocyte distribution width, whole blood (f  | No                  |     |                   | MCWRAP                      |
| 0428U | Oncology (breast), targeted hybrid-capture   | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0428U | Oncology (breast), targeted hybrid-capture   | No                  |     |                   | MCWRAP                      |
| 0429U | Human papillomavirus (HPV), oropharyng       | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0429U | Human papillomavirus (HPV), oropharyng       | No                  |     |                   | MCWRAP                      |
| 0430U | Gastroenterology, malabsorption evaluatio    | Yes                 |     |                   | ALL (Except MCWRAP)         |
| 0430U | Gastroenterology, malabsorption evaluatio    | No                  |     |                   | MCWRAP                      |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines            |
|-------|-----------------------------------------------|---------------------|-----|-------------------|--------------------------|
| 0431U | Glycine receptor alpha1 IgG, serum or cer     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0431U | Glycine receptor alpha1 IgG, serum or cer     | No                  |     |                   | MCWRAP                   |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, s    | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0432U | Kelch-like protein 11 (KLHL11) antibody, s    | No                  |     |                   | MCWRAP                   |
| 0433U | Oncology (prostate), 5 DNA regulatory ma      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0433U | Oncology (prostate), 5 DNA regulatory ma      | No                  |     |                   | MCWRAP                   |
| 0434U | Drug metabolism (adverse drug reactions)      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0434U | Drug metabolism (adverse drug reactions)      | No                  |     |                   | MCWRAP                   |
| 0435U | Oncology, chemotherapeutic drug cytotoxi      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0435U | Oncology, chemotherapeutic drug cytotoxi      | No                  |     |                   | MCWRAP                   |
| 0436U | Oncology (lung), plasma analysis of 388 p     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0436U | Oncology (lung), plasma analysis of 388 p     | No                  |     |                   | MCWRAP                   |
| 0437U | Psychiatry (anxiety disorders), mRNA, gen     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0437U | Psychiatry (anxiety disorders), mRNA, gen     | No                  |     |                   | MCWRAP                   |
| 0438U | Drug metabolism (adverse drug reactions)      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0438U | Drug metabolism (adverse drug reactions)      | No                  |     |                   | MCWRAP                   |
| 0439U | Cardiology (coronary heart disease [CHD])     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0439U | Cardiology (coronary heart disease [CHD])     | No                  |     |                   | MCWRAP                   |
| 0440U | Cardiology (coronary heart disease [CHD])     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0440U | Cardiology (coronary heart disease [CHD])     | No                  |     |                   | MCWRAP                   |
| 0441U | Infectious disease (bacterial, fungal, or vir | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0441U | Infectious disease (bacterial, fungal, or vir | No                  |     |                   | MCWRAP                   |
| 0442U | Infectious disease (respiratory infection), M | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0442U | Infectious disease (respiratory infection), M | No                  |     |                   | MCWRAP                   |
| 0443U | Neurofilament light chain (NFL), ultra-sensi  | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0443U | Neurofilament light chain (NFL), ultra-sensi  | No                  |     |                   | MCWRAP                   |
| 0444U | Oncology (solid organ neoplasia), targeted    | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0444U | Oncology (solid organ neoplasia), targeted    | No                  |     |                   | MCWRAP                   |
| 0445U | β-amyloid (Aβeta42) and phospho tau (181      | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0445U | β-amyloid (Aβeta42) and phospho tau (181      | No                  |     |                   | MCWRAP                   |
| 0446U | Autoimmune diseases (systemic lupus ery       | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0446U | Autoimmune diseases (systemic lupus ery       | No                  |     |                   | MCWRAP                   |
| 0447U | Autoimmune diseases (systemic lupus ery       | Yes                 |     |                   | ALL (Except MCWRAP, AHL) |
| 0447U | Autoimmune diseases (systemic lupus ery       | No                  |     |                   | MCWRAP                   |
| 0448U | Oncology (lung and colon cancer), DNA, q      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0448U | Oncology (lung and colon cancer), DNA, q      | No                  |     |                   | MCWRAP                   |
| 0449U | Carrier screening for severe inherited cond   | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0449U | Carrier screening for severe inherited cond   | No                  |     |                   | MCWRAP                   |
| 0450U | Oncology (multiple myeloma), liquid chrom     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0450U | Oncology (multiple myeloma), liquid chrom     | No                  |     |                   | MCWRAP                   |
| 0451U | Oncology (multiple myeloma), LC-MS/MS,        | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0451U | Oncology (multiple myeloma), LC-MS/MS,        | No                  |     |                   | MCWRAP                   |
| 0452U | Oncology (bladder), methylated PENK DN        | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0452U | Oncology (bladder), methylated PENK DN        | No                  |     |                   | MCWRAP                   |
| 0453U | Oncology (colorectal cancer), cell-free DN    | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0453U | Oncology (colorectal cancer), cell-free DN    | No                  |     |                   | MCWRAP                   |
| 0454U | Rare diseases (constitutional/heritable dis   | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0454U | Rare diseases (constitutional/heritable dis   | No                  |     |                   | MCWRAP                   |
| 0455U | Infectious agents (sexually transmitted infe  | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0455U | Infectious agents (sexually transmitted infe  | No                  |     |                   | MCWRAP                   |
| 0456U | Autoimmune (rheumatoid arthritis), next-g     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0456U | Autoimmune (rheumatoid arthritis), next-g     | No                  |     |                   | MCWRAP                   |
| 0457U | Perfluoroalkyl substances (PFAS) (eg, per     | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0457U | Perfluoroalkyl substances (PFAS) (eg, per     | No                  |     |                   | MCWRAP                   |
| 0458U | Oncology (breast cancer), S100A8 and S1       | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0458U | Oncology (breast cancer), S100A8 and S1       | No                  |     |                   | MCWRAP                   |
| 0459U | β-amyloid (Aβeta42) and total tau (tTau), e   | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0459U | β-amyloid (Aβeta42) and total tau (tTau), e   | No                  |     |                   | MCWRAP                   |
| 0460U | Oncology, whole blood or buccal, DNA sin      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0460U | Oncology, whole blood or buccal, DNA sin      | No                  |     |                   | MCWRAP                   |
| 0461U | Oncology, pharmacogenomic analysis of s       | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0461U | Oncology, pharmacogenomic analysis of s       | No                  |     |                   | MCWRAP                   |
| 0462U | Melatonin levels test, sleep study, 7 or 9 s  | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0462U | Melatonin levels test, sleep study, 7 or 9 s  | No                  |     |                   | MCWRAP                   |
| 0463U | Oncology (cervix), mRNA gene expressior       | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0463U | Oncology (cervix), mRNA gene expressior       | No                  |     |                   | MCWRAP                   |
| 0464U | Oncology (colorectal) screening, quantitati   | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0464U | Oncology (colorectal) screening, quantitati   | No                  |     |                   | MCWRAP                   |
| 0465U | Oncology (urothelial carcinoma), DNA, qu      | Yes                 |     |                   | ALL (Except MCWRAP)      |
| 0465U | Oncology (urothelial carcinoma), DNA, qu      | No                  |     |                   | MCWRAP                   |
| 0466U | Cardiology (coronary artery disease [CAD])    | Yes                 |     |                   | ALL (Except MCWRAP)      |

**Services that require Prior Authorization List**

| Code  | Description                                                 | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|-------------------------------------------------------------|---------------------|-----|-------------------|---------------------|
| 0466U | Cardiology (coronary artery disease [CAD])                  | No                  |     |                   | MCWRAP              |
| 0467U | Oncology (bladder), DNA, next-generation                    | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0467U | Oncology (bladder), DNA, next-generation                    | No                  |     |                   | MCWRAP              |
| 0468U | Hepatology (nonalcoholic steatohepatitis [NASH])            | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0468U | Hepatology (nonalcoholic steatohepatitis [NASH])            | No                  |     |                   | MCWRAP              |
| 0469U | Rare diseases (constitutional/heritable disorders)          | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0469U | Rare diseases (constitutional/heritable disorders)          | No                  |     |                   | MCWRAP              |
| 0470U | Oncology (oropharyngeal), detection of microRNA             | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0470U | Oncology (oropharyngeal), detection of microRNA             | No                  |     |                   | MCWRAP              |
| 0471U | Oncology (colorectal cancer), qualitative resequencing      | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0471U | Oncology (colorectal cancer), qualitative resequencing      | No                  |     |                   | MCWRAP              |
| 0472U | Carbonic anhydrase VI (CA VI), parotid saliva               | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0472U | Carbonic anhydrase VI (CA VI), parotid saliva               | No                  |     |                   | MCWRAP              |
| 0473U | Oncology (solid tumor), next-generation sequencing          | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0473U | Oncology (solid tumor), next-generation sequencing          | No                  |     |                   | MCWRAP              |
| 0474U | Hereditary pan-cancer (eg, hereditary sarcoma)              | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0474U | Hereditary pan-cancer (eg, hereditary sarcoma)              | No                  |     |                   | MCWRAP              |
| 0475U | Hereditary prostate cancer-related disorders                | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0475U | Hereditary prostate cancer-related disorders                | No                  |     |                   | MCWRAP              |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder) | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0476U | Drug metabolism, psychiatry (eg, major depressive disorder) | No                  |     |                   | MCWRAP              |
| 0477U | Drug metabolism, psychiatry (eg, major depressive disorder) | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0477U | Drug metabolism, psychiatry (eg, major depressive disorder) | No                  |     |                   | MCWRAP              |
| 0478U | Oncology (non-small cell lung cancer), DNA microRNA         | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0478U | Oncology (non-small cell lung cancer), DNA microRNA         | No                  |     |                   | MCWRAP              |
| 0479U | Tau, phosphorylated, pTau217                                | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0479U | Tau, phosphorylated, pTau217                                | No                  |     |                   | MCWRAP              |
| 0480U | Infectious disease (bacteria, viruses, fungi)               | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0480U | Infectious disease (bacteria, viruses, fungi)               | No                  |     |                   | MCWRAP              |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+])                   | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0481U | IDH1 (isocitrate dehydrogenase 1 [NADP+])                   | No                  |     |                   | MCWRAP              |
| 0482U | Obstetrics (preeclampsia), biochemical analysis             | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0482U | Obstetrics (preeclampsia), biochemical analysis             | No                  |     |                   | MCWRAP              |
| 0483U | Infectious disease (Neisseria gonorrhoeae)                  | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0483U | Infectious disease (Neisseria gonorrhoeae)                  | No                  |     |                   | MCWRAP              |
| 0484U | Infectious disease (Mycoplasma genitalium)                  | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0484U | Infectious disease (Mycoplasma genitalium)                  | No                  |     |                   | MCWRAP              |
| 0485U | Oncology (solid tumor), cell-free DNA and microRNA          | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0485U | Oncology (solid tumor), cell-free DNA and microRNA          | No                  |     |                   | MCWRAP              |
| 0486U | Oncology (pan-solid tumor), next-generation sequencing      | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0486U | Oncology (pan-solid tumor), next-generation sequencing      | No                  |     |                   | MCWRAP              |
| 0487U | Oncology (solid tumor), cell-free circulating microRNA      | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0487U | Oncology (solid tumor), cell-free circulating microRNA      | No                  |     |                   | MCWRAP              |
| 0488U | Obstetrics (fetal antigen noninvasive prenatal testing)     | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0488U | Obstetrics (fetal antigen noninvasive prenatal testing)     | No                  |     |                   | MCWRAP              |
| 0489U | Obstetrics (single-gene noninvasive prenatal testing)       | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0489U | Obstetrics (single-gene noninvasive prenatal testing)       | No                  |     |                   | MCWRAP              |
| 0490U | Oncology (cutaneous or uveal melanoma)                      | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0490U | Oncology (cutaneous or uveal melanoma)                      | No                  |     |                   | MCWRAP              |
| 0491U | Oncology (solid tumor), circulating tumor DNA               | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0491U | Oncology (solid tumor), circulating tumor DNA               | No                  |     |                   | MCWRAP              |
| 0492U | Oncology (solid tumor), circulating tumor DNA               | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0492U | Oncology (solid tumor), circulating tumor DNA               | No                  |     |                   | MCWRAP              |
| 0493U | Transplantation medicine, quantification of microRNA        | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0493U | Transplantation medicine, quantification of microRNA        | No                  |     |                   | MCWRAP              |
| 0494U | Red blood cell antigen (fetal RhD gene analysis)            | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0494U | Red blood cell antigen (fetal RhD gene analysis)            | No                  |     |                   | MCWRAP              |
| 0495U | Oncology (prostate), analysis of circulating microRNA       | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0495U | Oncology (prostate), analysis of circulating microRNA       | No                  |     |                   | MCWRAP              |
| 0496U | Oncology (colorectal), cell-free DNA, 8 genes               | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0496U | Oncology (colorectal), cell-free DNA, 8 genes               | No                  |     |                   | MCWRAP              |
| 0497U | Oncology (prostate), mRNA gene expression                   | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0497U | Oncology (prostate), mRNA gene expression                   | No                  |     |                   | MCWRAP              |
| 0498U | Oncology (colorectal), next-generation sequencing           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0498U | Oncology (colorectal), next-generation sequencing           | No                  |     |                   | MCWRAP              |
| 0499U | Oncology (colorectal and lung), DNA from microRNA           | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0499U | Oncology (colorectal and lung), DNA from microRNA           | No                  |     |                   | MCWRAP              |
| 0500U | Autoinflammatory disease (VEXAS syndrome)                   | Yes                 |     |                   | ALL (Except MCWRAP) |
| 0500U | Autoinflammatory disease (VEXAS syndrome)                   | No                  |     |                   | MCWRAP              |
| 0501U | Oncology (colorectal), blood, quantitative resequencing     | Yes                 |     |                   | ALL (Except MCWRAP) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key     | Rider Requirement | Product Lines       |
|-------|-----------------------------------------------|---------------------|---------|-------------------|---------------------|
| 0501U | Oncology (colorectal), blood, quantitative r  | No                  |         |                   | MCWRAP              |
| 0502U | Human papillomavirus (HPV), E6/E7 mark        | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0502U | Human papillomavirus (HPV), E6/E7 mark        | No                  |         |                   | MCWRAP              |
| 0503U | Neurology (Alzheimer disease), beta amyl      | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0503U | Neurology (Alzheimer disease), beta amyl      | No                  |         |                   | MCWRAP              |
| 0504U | Infectious disease (urinary tract infection), | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0504U | Infectious disease (urinary tract infection), | No                  |         |                   | MCWRAP              |
| 0505U | Infectious disease (vaginal infection), ident | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0505U | Infectious disease (vaginal infection), ident | No                  |         |                   | MCWRAP              |
| 0506U | Gastroenterology (Barrett's esophagus), es    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0506U | Gastroenterology (Barrett's esophagus), es    | No                  |         |                   | MCWRAP              |
| 0507U | Oncology (ovarian), DNA, whole genome         | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0507U | Oncology (ovarian), DNA, whole genome         | No                  |         |                   | MCWRAP              |
| 0508U | Transplantation medicine, quantification of   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0508U | Transplantation medicine, quantification of   | No                  |         |                   | MCWRAP              |
| 0509U | Transplantation medicine, quantification of   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0509U | Transplantation medicine, quantification of   | No                  |         |                   | MCWRAP              |
| 0510U | Oncology (pancreatic cancer), augmentati      | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0510U | Oncology (pancreatic cancer), augmentati      | No                  |         |                   | MCWRAP              |
| 0511U | Oncology (solid tumor), tumor cell culture i  | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0511U | Oncology (solid tumor), tumor cell culture i  | No                  |         |                   | MCWRAP              |
| 0512U | Oncology (prostate), augmentative algorith    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0512U | Oncology (prostate), augmentative algorith    | No                  |         |                   | MCWRAP              |
| 0513U | Oncology (prostate), augmentative algorith    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0513U | Oncology (prostate), augmentative algorith    | No                  |         |                   | MCWRAP              |
| 0514U | Gastroenterology (irritable bowel disease [   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0514U | Gastroenterology (irritable bowel disease [   | No                  |         |                   | MCWRAP              |
| 0515U | Gastroenterology (irritable bowel disease [   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0515U | Gastroenterology (irritable bowel disease [   | No                  |         |                   | MCWRAP              |
| 0516U | Drug metabolism, whole blood, pharmaco        | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0516U | Drug metabolism, whole blood, pharmaco        | No                  |         |                   | MCWRAP              |
| 0517U | Therapeutic drug monitoring, 80 or more p     | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0517U | Therapeutic drug monitoring, 80 or more p     | No                  |         |                   | MCWRAP              |
| 0518U | Therapeutic drug monitoring, 90 or more p     | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0518U | Therapeutic drug monitoring, 90 or more p     | No                  |         |                   | MCWRAP              |
| 0519U | Therapeutic drug monitoring, medications      | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0519U | Therapeutic drug monitoring, medications      | No                  |         |                   | MCWRAP              |
| 0520U | Therapeutic drug monitoring, 200 or more      | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0520U | Therapeutic drug monitoring, 200 or more      | No                  |         |                   | MCWRAP              |
| 0521U | Rheumatoid factor IgA and IgM, cyclic citru   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0521U | Rheumatoid factor IgA and IgM, cyclic citru   | No                  |         |                   | MCWRAP              |
| 0522U | Carbonic anhydrase VI, parotid specific/se    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0522U | Carbonic anhydrase VI, parotid specific/se    | No                  |         |                   | MCWRAP              |
| 0523U | Oncology (solid tumor), DNA, qualitative, r   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0523U | Oncology (solid tumor), DNA, qualitative, r   | No                  |         |                   | MCWRAP              |
| 0524U | Obstetrics (preeclampsia), sFlt1/PIGF rati    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0524U | Obstetrics (preeclampsia), sFlt1/PIGF rati    | No                  |         |                   | MCWRAP              |
| 0525U | Oncology, spheroid cell culture, 11-drug p    | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0525U | Oncology, spheroid cell culture, 11-drug p    | No                  |         |                   | MCWRAP              |
| 0526U | Nephrology (renal transplant), quantificati   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0526U | Nephrology (renal transplant), quantificati   | No                  |         |                   | MCWRAP              |
| 0527U | Herpes simplex virus (HSV) types 1 and 2      | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0527U | Herpes simplex virus (HSV) types 1 and 2      | No                  |         |                   | MCWRAP              |
| 0528U | Lower respiratory tract infectious agent det  | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0528U | Lower respiratory tract infectious agent det  | No                  |         |                   | MCWRAP              |
| 0529U | Hematology (venous thromboembolism [V         | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0529U | Hematology (venous thromboembolism [V         | No                  |         |                   | MCWRAP              |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizin   | Yes                 |         |                   | ALL (Except MCWRAP) |
| 0530U | Oncology (pan-solid tumor), ctDNA, utilizin   | No                  |         |                   | MCWRAP              |
| 0164T | REMOVAL OF TOTAL DISC ARTHROPL                | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 0164T | REMOVAL OF TOTAL DISC ARTHROPL                | No                  |         |                   | MCWRAP              |
| 0165T | REVISION OF TOTAL DISC ARTHROPL               | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 0165T | REVISION OF TOTAL DISC ARTHROPL               | No                  |         |                   | MCWRAP              |
| 0174T | COMPUTER AIDED DETECTION (CAD                 | Not Covered         |         |                   | ALL                 |
| 0175T | COMPUTER AIDED DETECTION (CAD)                | Not Covered         |         |                   | ALL                 |
| 0184T | Excision of rectal tumor, transanal endosc    | No                  |         |                   | ALL                 |
| 0184T | Excision of rectal tumor, transanal endosc    | Not Covered         |         |                   | CAID                |
| 0198T | Measurement of ocular blood flow by repe      | No                  |         |                   | ALL (Except Caid)   |
| 0198T | Measurement of ocular blood flow by repe      | Yes                 |         |                   | Caid                |
| 0200T | Percutaneous sacral augmentation (sacro       | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| 0200T | Percutaneous sacral augmentation (sacro       | No                  |         |                   | MCWRAP              |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|---------------------------------------------|
| 0201T | Percutaneous sacral augmentation (sacro       | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0201T | Percutaneous sacral augmentation (sacro       | No                  |                         |                   | MCWRAP                                      |
| 0202T | POSTERIOR VERTEBRAL JOINT(S) ART              | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0202T | POSTERIOR VERTEBRAL JOINT(S) ART              | No                  |                         |                   | MCWRAP                                      |
| 0207T | EVACUATION OF MEIBOMIAN GLANDS                | Yes                 |                         |                   | ALL (Except MCWRAP, PRICHO)                 |
| 0207T | EVACUATION OF MEIBOMIAN GLANDS                | No                  |                         |                   | MCWRAP, PRICHO                              |
| 0208T | Pure tone audiometry (threshold), automat     | No                  |                         |                   | ALL                                         |
| 0209T | Pure tone audiometry (threshold), automat     | No                  |                         |                   | ALL                                         |
| 0210T | Speech audiometry threshold, automated        | No                  |                         |                   | ALL (Except Caid)                           |
| 0210T | Speech audiometry threshold, automated        | Yes                 |                         |                   | Caid                                        |
| 0211T | Speech audiometry threshold, automated        | No                  |                         |                   | ALL (Except Caid)                           |
| 0211T | Speech audiometry threshold, automated        | Yes                 |                         |                   | Caid                                        |
| 0212T | Comprehensive audiometry threshold eval       | No                  |                         |                   | ALL (Except Caid)                           |
| 0212T | Comprehensive audiometry threshold eval       | Yes                 |                         |                   | Caid                                        |
| 0213T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0213T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0213T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0214T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0214T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0214T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0215T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0215T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0215T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0216T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0216T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0216T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0217T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0217T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0217T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0218T | Injection(s), diagnostic or therapeutic ager  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0218T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0218T | Injection(s), diagnostic or therapeutic ager  | No                  |                         |                   | PRICHO                                      |
| 0219T | Placement of a posterior intrafacet implant   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0219T | Placement of a posterior intrafacet implant   | No                  |                         |                   | MCWRAP                                      |
| 0220T | Placement of a posterior intrafacet implant   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0220T | Placement of a posterior intrafacet implant   | No                  |                         |                   | MCWRAP                                      |
| 0221T | Placement of a posterior intrafacet implant   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0221T | Placement of a posterior intrafacet implant   | No                  |                         |                   | MCWRAP                                      |
| 0222T | Placement of a posterior intrafacet implant   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0222T | Placement of a posterior intrafacet implant   | No                  |                         |                   | MCWRAP                                      |
| 0228T | Injection(s), anesthetic agent and/or steroi  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0228T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0228T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | PRICHO                                      |
| 0229T | Injection(s), anesthetic agent and/or steroi  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0229T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0229T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | PRICHO                                      |
| 0230T | Injection(s), anesthetic agent and/or steroi  | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except Medicare Comp, Caid)            |
| 0230T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | MEDICARE COMP/MCWRAP, Caid                  |
| 0230T | Injection(s), anesthetic agent and/or steroi  | No                  |                         |                   | PRICHO                                      |
| 0232T | Injection(s), platelet rich plasma, any site, | Not Covered         |                         |                   | ALL (Except CAID, MMP, MED, McWrap, PRICHO) |
| 0232T | Injection(s), platelet rich plasma, any site, | Yes                 |                         |                   | CAID, MMP, MED                              |
| 0232T | Injection(s), platelet rich plasma, any site, | No                  |                         |                   | McWRAP, PRICHO                              |
| 0234T | TRANSLUMINAL PERIPHERAL ATHERE                | No                  |                         |                   | ALL (Except Caid)                           |
| 0234T | TRANSLUMINAL PERIPHERAL ATHERE                | Yes                 |                         |                   | Caid                                        |
| 0235T | TRANSLUMINAL PERIPHERAL ATHERE                | No                  |                         |                   | ALL (Except Caid)                           |
| 0235T | TRANSLUMINAL PERIPHERAL ATHERE                | Yes                 |                         |                   | Caid                                        |
| 0236T | TRANSLUMINAL PERIPHERAL ATHERE                | No                  |                         |                   | ALL (Except Caid)                           |
| 0236T | TRANSLUMINAL PERIPHERAL ATHERE                | Yes                 |                         |                   | Caid                                        |
| 0237T | TRANSLUMINAL PERIPHERAL ATHERE                | No                  |                         |                   | ALL (Except Caid)                           |
| 0237T | TRANSLUMINAL PERIPHERAL ATHERE                | Yes                 |                         |                   | Caid                                        |
| 0238T | TRANSLUMINAL PERIPHERAL ATHERE                | No                  |                         |                   | ALL (Except Caid)                           |
| 0238T | TRANSLUMINAL PERIPHERAL ATHERE                | Yes                 |                         |                   | Caid                                        |
| 0253T | Insertion of anterior segment aqueous drai    | Yes                 |                         |                   | ALL (Except MMP)                            |
| 0253T | Insertion of anterior segment aqueous drai    | No                  |                         |                   | MMP                                         |
| 0253T | Insertion of anterior segment aqueous drai    | No                  |                         |                   | PRICHO                                      |
| 0263T | Intramuscular autologous bone marrow ce       | Not Covered         |                         |                   | ALL                                         |
| 0264T | Intramuscular autologous bone marrow ce       | Not Covered         |                         |                   | ALL                                         |
| 0265T | Intramuscular autologous bone marrow ce       | Not Covered         |                         |                   | ALL                                         |
| 0266T | Implantation or replacement of carotid sinu   | Not Covered         |                         |                   | ALL                                         |
| 0267T | Implantation or replacement of carotid sinu   | Not Covered         |                         |                   | ALL                                         |
| 0268T | Implantation or replacement of carotid sinu   | Not Covered         |                         |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                     | Rider Requirement | Product Lines                               |
|-------|------------------------------------------------|---------------------|-------------------------|-------------------|---------------------------------------------|
| 0269T | Revision or removal of carotid sinus barore    | Not Covered         |                         |                   | ALL                                         |
| 0270T | Revision or removal of carotid sinus barore    | Not Covered         |                         |                   | ALL                                         |
| 0271T | Revision or removal of carotid sinus barore    | Not Covered         |                         |                   | ALL                                         |
| 0272T | Interrogation device evaluation (in person)    | Not Covered         |                         |                   | ALL                                         |
| 0273T | Interrogation device evaluation (in person)    | Not Covered         |                         |                   | ALL                                         |
| 0274T | Percutaneous laminotomy/laminectomy (ir        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0274T | Percutaneous laminotomy/laminectomy (ir        | No                  |                         |                   | MCWRAP                                      |
| 0275T | Percutaneous laminotomy/laminectomy (ir        | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                         |
| 0275T | Percutaneous laminotomy/laminectomy (ir        | No                  |                         |                   | MCWRAP                                      |
| 0278T | Transcutaneous electrical modulation pain      | Not Covered         |                         |                   | ALL                                         |
| 0295T | External electrocardiographic recording fo     | No                  |                         |                   | ALL                                         |
| 0295T | External electrocardiographic recording fo     | Not Covered         |                         |                   | CAID                                        |
| 0296T | External electrocardiographic recording fo     | No                  |                         |                   | ALL                                         |
| 0296T | External electrocardiographic recording fo     | Not Covered         |                         |                   | CAID                                        |
| 0297T | External electrocardiographic recording fo     | No                  |                         |                   | ALL                                         |
| 0297T | External electrocardiographic recording fo     | Not Covered         |                         |                   | CAID                                        |
| 0298T | External electrocardiographic recording fo     | No                  |                         |                   | ALL                                         |
| 0298T | External electrocardiographic recording fo     | Not Covered         |                         |                   | CAID                                        |
| 0308T | Insertion of ocular telescope prosthesis ind   | Yes                 |                         |                   | ALL (Except Medicare Comp, MMP)             |
| 0308T | Insertion of ocular telescope prosthesis ind   | No                  |                         |                   | MEDICARE COMP/MCWRAP, MMP                   |
| 0308T | Insertion of ocular telescope prosthesis ind   | No                  |                         |                   | PRICHO                                      |
| 0308T | Insertion of ocular telescope prosthesis ind   | Not Covered         |                         |                   | CAID                                        |
| 0311T | Non-invasive calculation and analysis of c     | No                  |                         |                   | ALL                                         |
| 0311T | Non-invasive calculation and analysis of c     | Not Covered         |                         |                   | Caid                                        |
| 0329T | Monitoring of intraocular pressure for 24 h    | Not Covered         |                         |                   | ALL                                         |
| 0330T | Tear film imaging, unilateral or bilateral, w  | Not Covered         |                         |                   | ALL                                         |
| 0331T | Myocardial sympathetic innervation imagin      | Not Covered         |                         |                   | ALL                                         |
| 0332T | Myocardial sympathetic innervation imagin      | Not Covered         |                         |                   | ALL                                         |
| 0333T | Visual evoked potential, screening of visu     | Not Covered         |                         |                   | ALL                                         |
| 0335T | Extra-osseous subtalar joint implant for tal   | Not Covered         |                         |                   | ALL                                         |
| 0338T | Transcatheter renal sympathetic denervati      | Not Covered         |                         |                   | ALL                                         |
| 0339T | Transcatheter renal sympathetic denervati      | Not Covered         |                         |                   | ALL                                         |
| 0342T | Therapeutic apheresis with selective HDL       | Not Covered         |                         |                   | ALL                                         |
| 0345T | Transcatheter mitral valve repair percutan     | Yes                 |                         |                   | ALL (EXCEPT MED/MEDICARE COMP/MCWRAP/PRICHO |
| 0345T | Transcatheter mitral valve repair percutan     | No                  |                         |                   | MED/MEDICARE COMP/MCWRAP/PRICHO             |
| 0345T | Transcatheter mitral valve repair percutan     | Not Covered         |                         |                   | CAID                                        |
| 0347T | Placement of interstitial device(s) in bone    | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0348T | Radiologic examination, radiostereometric      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0349T | Radiologic examination, radiostereometric      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0350T | Radiologic examination, radiostereometric      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0351T | Optical coherence tomography of breast o       | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0352T | Optical coherence tomography of breast o       | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0353T | Optical coherence tomography of breast, s      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0354T | Optical coherence tomography of breast, s      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0358T | Bioelectrical impedance analysis whole bo      | Not Covered         | <a href="#">INFO</a>    |                   | ALL                                         |
| 0362T | Exposure behavioral follow-up assessment       | No                  |                         |                   | PRICHO                                      |
| 0362T | Exposure behavioral follow-up assessment       | Not Covered         |                         |                   | CAID                                        |
| 0362T | Exposure behavioral follow-up assessment       | Not Covered         |                         |                   | CAID                                        |
| 0373T | Exposure adaptive behavior treatment with      | No                  |                         |                   | PRICHO                                      |
| 0373T | Exposure adaptive behavior treatment with      | Not Covered         |                         |                   | CAID                                        |
| 0373T | Exposure adaptive behavior treatment with      | Not Covered         |                         |                   | CAID                                        |
| 0378T | Visual field assessment, with concurrent re    | Not Covered         |                         |                   | ALL                                         |
| 0379T | Visual field assessment, with concurrent re    | Not Covered         |                         |                   | ALL                                         |
| 0381T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0382T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0383T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0384T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0385T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0386T | External heart rate and 3-axis acceleromet     | Not Covered         |                         |                   | ALL                                         |
| 0394T | High dose rate electronic brachytherapy, s     | No                  |                         |                   | ALL                                         |
| 0394T | High dose rate electronic brachytherapy, s     | Not Covered         |                         |                   | CAID                                        |
| 0395T | High dose rate electronic brachytherapy, ir    | No                  |                         |                   | ALL                                         |
| 0395T | High dose rate electronic brachytherapy, ir    | Not Covered         |                         |                   | CAID                                        |
| 0396T | Intra-operative use of kinetic balance sens    | Not Covered         |                         |                   | ALL                                         |
| 0397T | Endoscopic retrograde cholangiopancreat        | Not Covered         |                         |                   | ALL                                         |
| 0400T | Multi-spectral digital skin lesion analysis of | Not Covered         |                         |                   | ALL                                         |
| 0401T | Multi-spectral digital skin lesion analysis of | Not Covered         |                         |                   | ALL                                         |
| 0402T | Collagen cross-linking of cornea (including    | Yes                 |                         |                   | ALL (Except Medicare Comp)                  |
| 0402T | Collagen cross-linking of cornea (including    | No                  |                         |                   | MEDICARE COMP/MCWRAP                        |
| 0402T | Collagen cross-linking of cornea (including    | No                  |                         |                   | PRICHO                                      |
| 0402T | Collagen cross-linking of cornea (including    | Not Covered         |                         |                   | CAID                                        |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                         | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-----------------------------|-------------------|-----------------------------|
| 0403T | Preventive behavior change, intensive pro     | No                  |                             |                   | ALL                         |
| 0403T | Preventive behavior change, intensive pro     | Not Covered         |                             |                   | CAID                        |
| 0404T | Transcervical uterine fibroid(s) ablation wit | No                  |                             |                   | ALL                         |
| 0404T | Transcervical uterine fibroid(s) ablation wit | Not Covered         |                             |                   | CAID                        |
| 0405T | Oversight of the care of an extracorporeal    | Not Covered         |                             |                   | ALL                         |
| 0408T | Insertion or replacement of permanent car     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)         |
| 0408T | Insertion or replacement of permanent car     | No                  |                             |                   | MCWRAP                      |
| 0409T | Insertion or replacement of permanent car     | Not Covered         |                             |                   | ALL                         |
| 0410T | Insertion or replacement of permanent car     | Not Covered         |                             |                   | ALL                         |
| 0411T | Insertion or replacement of permanent car     | Not Covered         |                             |                   | ALL                         |
| 0412T | Removal of permanent cardiac contractility    | Not Covered         |                             |                   | ALL                         |
| 0413T | Removal of permanent cardiac contractility    | Not Covered         |                             |                   | ALL                         |
| 0414T | Removal and replacement of permanent c        | Not Covered         |                             |                   | ALL                         |
| 0415T | Repositioning of previously implanted card    | Not Covered         |                             |                   | ALL                         |
| 0416T | Relocation of skin pocket for implanted ca    | Not Covered         |                             |                   | ALL                         |
| 0417T | Programming device evaluation (in person)     | Not Covered         |                             |                   | ALL                         |
| 0418T | Interrogation device evaluation (in person)   | Not Covered         |                             |                   | ALL                         |
| 0419T | Destruction neurofibroma, extensive, (cuta    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0419T | Destruction neurofibroma, extensive, (cuta    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0419T | Destruction neurofibroma, extensive, (cuta    | Not Covered         |                             |                   | CAID                        |
| 0420T | Destruction neurofibroma, extensive, (cuta    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0420T | Destruction neurofibroma, extensive, (cuta    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0420T | Destruction neurofibroma, extensive, (cuta    | Not Covered         |                             |                   | CAID                        |
| 0421T | Transurethral waterjet ablation of prostate   | No                  |                             |                   | ALL                         |
| 0422T | Tactile breast imaging by computer-aided      | Not Covered         |                             |                   | ALL                         |
| 0424T | Insertion or replacement of neurostimulato    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0424T | Insertion or replacement of neurostimulato    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0424T | Insertion or replacement of neurostimulato    | Not Covered         |                             |                   | CAID                        |
| 0425T | Insertion or replacement of neurostimulato    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0425T | Insertion or replacement of neurostimulato    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0425T | Insertion or replacement of neurostimulato    | Not Covered         |                             |                   | CAID                        |
| 0426T | Insertion or replacement of neurostimulato    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0426T | Insertion or replacement of neurostimulato    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0426T | Insertion or replacement of neurostimulato    | Not Covered         |                             |                   | CAID                        |
| 0427T | Insertion or replacement of neurostimulato    | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0427T | Insertion or replacement of neurostimulato    | No                  |                             |                   | MCWRAP, PRICHO              |
| 0427T | Insertion or replacement of neurostimulato    | Not Covered         |                             |                   | CAID                        |
| 0428T | Removal of neurostimulator system for tre     | No                  |                             |                   | ALL                         |
| 0428T | Removal of neurostimulator system for tre     | Not Covered         |                             |                   | CAID                        |
| 0429T | Removal of neurostimulator system for tre     | No                  |                             |                   | ALL                         |
| 0429T | Removal of neurostimulator system for tre     | Not Covered         |                             |                   | CAID                        |
| 0430T | Removal of neurostimulator system for tre     | No                  |                             |                   | ALL                         |
| 0430T | Removal of neurostimulator system for tre     | Not Covered         |                             |                   | CAID                        |
| 0431T | Removal and replacement of neurostimula       | No                  |                             |                   | ALL                         |
| 0431T | Removal and replacement of neurostimula       | Not Covered         |                             |                   | CAID                        |
| 0432T | Repositioning of neurostimulator system fd    | No                  |                             |                   | ALL                         |
| 0432T | Repositioning of neurostimulator system fd    | Not Covered         |                             |                   | CAID                        |
| 0433T | Repositioning of neurostimulator system fd    | No                  |                             |                   | ALL                         |
| 0433T | Repositioning of neurostimulator system fd    | Not Covered         |                             |                   | CAID                        |
| 0434T | Interrogation device evaluation implanted i   | No                  |                             |                   | ALL                         |
| 0434T | Interrogation device evaluation implanted i   | Not Covered         |                             |                   | CAID                        |
| 0435T | Programming device evaluation of implant      | No                  |                             |                   | ALL                         |
| 0435T | Programming device evaluation of implant      | Not Covered         |                             |                   | CAID                        |
| 0436T | Programming device evaluation of implant      | No                  |                             |                   | ALL                         |
| 0436T | Programming device evaluation of implant      | Not Covered         |                             |                   | CAID                        |
| 0437T | Implantation of non-biologic or synthetic in  | No                  |                             |                   | ALL                         |
| 0437T | Implantation of non-biologic or synthetic in  | Not Covered         |                             |                   | CAID                        |
| 0439T | Myocardial contrast perfusion echocardiog     | Not Covered         |                             |                   | ALL                         |
| 0440T | Ablation, percutaneous, cryoablation, inclu   | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0440T | Ablation, percutaneous, cryoablation, inclu   | No                  |                             |                   | MCWRAP, PRICHO              |
| 0441T | Ablation, percutaneous, cryoablation, inclu   | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0441T | Ablation, percutaneous, cryoablation, inclu   | No                  |                             |                   | MCWRAP, PRICHO              |
| 0442T | Ablation, percutaneous, cryoablation, inclu   | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| 0442T | Ablation, percutaneous, cryoablation, inclu   | No                  |                             |                   | MCWRAP, PRICHO              |
| 0443T | Real time spectral analysis of prostate tiss  | Not Covered         |                             |                   | ALL                         |
| 0444T | Initial placement of a drug-eluting ocular in | Not Covered         |                             |                   | ALL                         |
| 0445T | Subsequent placement of a drug-eluting o      | Not Covered         |                             |                   | ALL                         |
| 0446T | Creation of subcutaneous pocket withinsei     | No                  |                             |                   | ALL                         |
| 0447T | Removal of implantable interstitial glucose   | No                  |                             |                   | ALL                         |
| 0448T | Removal of implantable interstitial glucose   | No                  |                             |                   | ALL                         |
| 0449T | Insertion of aqueous drainage device, with    | No                  |                             |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|----------------------------|
| 0450T | Insertion of aqueous drainage device, with     | No                  |                             |                   | ALL                        |
| 0464T | Visual evoked potential, testing for glaucoma  | Not Covered         |                             |                   | ALL                        |
| 0465T | Suprachoroidal injection of a pharmacologic    | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0465T | Suprachoroidal injection of a pharmacologic    | No                  |                             |                   | MCWRAP                     |
| 0469T | Retinal polarization scan, ocular screening    | Not Covered         |                             |                   | ALL                        |
| 0472T | Device evaluation, interrogation, and initial  | Not Covered         |                             |                   | ALL                        |
| 0473T | Device evaluation and interrogation of intra   | Not Covered         |                             |                   | ALL                        |
| 0474T | Insertion of anterior segment aqueous drainage | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0474T | Insertion of anterior segment aqueous drainage | No                  |                             |                   | MCWRAP                     |
| 0479T | Fractional ablative laser fenestration of bu   | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0479T | Fractional ablative laser fenestration of bu   | No                  |                             |                   | MCWRAP                     |
| 0480T | Fractional ablative laser fenestration of bu   | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0480T | Fractional ablative laser fenestration of bu   | No                  |                             |                   | MCWRAP                     |
| 0481T | Injection(s), autologous white blood cell co   | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0481T | Injection(s), autologous white blood cell co   | No                  |                             |                   | MCWRAP                     |
| 0483T | Transcatheter mitral valve implantation/ref    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0483T | Transcatheter mitral valve implantation/ref    | No                  |                             |                   | MCWRAP                     |
| 0484T | Transcatheter mitral valve implantation/ref    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0484T | Transcatheter mitral valve implantation/ref    | No                  |                             |                   | MCWRAP                     |
| 0485T | Optical coherence tomography (OCT) of m        | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0485T | Optical coherence tomography (OCT) of m        | No                  |                             |                   | MCWRAP                     |
| 0486T | Optical coherence tomography (OCT) of m        | Yes                 |                             |                   | ALL (Except MCWRAP)        |
| 0486T | Optical coherence tomography (OCT) of m        | No                  |                             |                   | MCWRAP                     |
| 0488T | Preventive behavior change, online/electro     | No                  |                             |                   | ALL                        |
| 0489T | Autologous adipose-derived regenerative c      | Not Covered         |                             |                   | ALL                        |
| 0490T | Autologous adipose-derived regenerative c      | Not Covered         |                             |                   | ALL                        |
| 0494T | Surgical preparation and cannulation of m      | Not Covered         |                             |                   | ALL                        |
| 0495T | Initiation and monitoring marginal (extende    | Not Covered         |                             |                   | ALL                        |
| 0496T | Initiation and monitoring marginal (extende    | Not Covered         |                             |                   | ALL                        |
| 0500F | INITIAL PRENATAL CARE VISIT (RPT A             | No                  |                             |                   | ALL                        |
| 0501F | PRENATAL FLOW SHEET DOCUMENTE                  | No                  |                             |                   | ALL                        |
| 0501T | Noninvasive estimated coronary fractional      | No                  |                             |                   | ALL                        |
| 0502F | SUBSEQUENT PRENATAL CARE VISIT                 | No                  |                             |                   | ALL                        |
| 0502T | Noninvasive estimated coronary fractional      | No                  |                             |                   | ALL                        |
| 0503F | POSTPARTUM CARE VISIT                          | No                  |                             |                   | ALL                        |
| 0503T | Noninvasive estimated coronary fractional      | No                  |                             |                   | ALL                        |
| 0504T | Noninvasive estimated coronary fractional      | No                  |                             |                   | ALL                        |
| 0505F | HEMODIALYSIS PLAN OF CARE DOCUM                | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0505T | Endovenous femoral-popliteal arterial reva     | No                  |                             |                   | ALL                        |
| 0505T | Endovenous femoral-popliteal arterial reva     | No                  |                             |                   | ALL                        |
| 0506T | Macular pigment optical density measurem       | No                  |                             |                   | ALL                        |
| 0507F | PERITONEAL DIALYSIS PLAN OF CARE               | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0507T | Near-infrared dual imaging (ie, simultaneo     | No                  |                             |                   | ALL                        |
| 0508T | Pulse-echo ultrasound bone density meas        | No                  |                             |                   | ALL                        |
| 0509F | URINARY INCONTINENCE PLAN OF CA                | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0509T | Electroretinography (ERG) with interpretat     | Yes                 |                             |                   | ALL                        |
| 0509T | Electroretinography (ERG) with interpretat     | No                  |                             |                   | MEDICARE COMP/MCWRAP       |
| 0510T | Removal of sinus tarsi implant                 | No                  |                             |                   | ALL                        |
| 0511T | Removal and reinsertion of sinus tarsi imp     | No                  |                             |                   | ALL                        |
| 0512T | Extracorporeal shock wave for integument       | Yes                 |                             |                   | ALL (Except McWrap/PRICHO) |
| 0512T | Extracorporeal shock wave for integument       | No                  |                             |                   | McWRAP/PRICHO              |
| 0513F | ELEVATED BLOOD PRESSURE PLAN C                 | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0513T | Extracorporeal shock wave for integument       | Yes                 |                             |                   | ALL (Except McWrap/PRICHO) |
| 0513T | Extracorporeal shock wave for integument       | No                  |                             |                   | McWRAP/PRICHO              |
| 0514F | PLAN OF CARE FOR ELEVATED HEMO                 | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0515T | Insertion of wireless cardiac stimulator for   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0515T | Insertion of wireless cardiac stimulator for   | No                  |                             |                   | MCWRAP                     |
| 0516F | ANEMIA PLAN OF CARE DOCUMENTED                 | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0516T | Insertion of wireless cardiac stimulator for   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0516T | Insertion of wireless cardiac stimulator for   | No                  |                             |                   | MCWRAP                     |
| 0517F | GLAUCOMA PLAN OF CARE DOCUMEN                  | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0517T | Insertion of wireless cardiac stimulator for   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0517T | Insertion of wireless cardiac stimulator for   | No                  |                             |                   | MCWRAP                     |
| 0518F | FALLS PLAN OF CARE DOCUMENTED                  | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0518T | Removal of only pulse generator compone        | No                  |                             |                   | ALL                        |
| 0519F | Planned chemotherapy regimen, including        | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0519T | Removal and replacement of wireless card       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0519T | Removal and replacement of wireless card       | No                  |                             |                   | MCWRAP                     |
| 0520F | Radiation dose limits to normal tissues est    | Not Covered         | <a href="#">INFO</a>        |                   | ALL                        |
| 0520T | Removal and replacement of wireless card       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)        |
| 0520T | Removal and replacement of wireless card       | No                  |                             |                   | MCWRAP                     |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines                         |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|---------------------------------------|
| 0521F | Plan of care to address pain documented       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0521T | Interrogation device evaluation (in person)   | No                  |                      |                   | ALL                                   |
| 0522T | Programming device evaluation (in person)     | No                  |                      |                   | ALL                                   |
| 0523T | Intraprocedural coronary fractional flow res  | No                  |                      |                   | ALL                                   |
| 0524T | Endovenous catheter directed chemical ab      | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0524T | Endovenous catheter directed chemical ab      | No                  |                      |                   | McWRAP/PRICHO                         |
| 0525F | Initial visit for episode                     | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0525T | Insertion or replacement of intracardiac isc  | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0525T | Insertion or replacement of intracardiac isc  | No                  |                      |                   | McWRAP/PRICHO                         |
| 0526F | Subsequent visit for episode                  | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0526T | Insertion or replacement of intracardiac isc  | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0526T | Insertion or replacement of intracardiac isc  | No                  |                      |                   | McWRAP/PRICHO                         |
| 0527T | Insertion or replacement of intracardiac isc  | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0527T | Insertion or replacement of intracardiac isc  | No                  |                      |                   | McWRAP/PRICHO                         |
| 0528F | Recommended follow-up interval for repea      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0528T | Programming device evaluation (in person)     | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0528T | Programming device evaluation (in person)     | No                  |                      |                   | McWRAP/PRICHO                         |
| 0529F | Interval of 3 or more years since patient's l | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0529T | Interrogation device evaluation (in person)   | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0529T | Interrogation device evaluation (in person)   | No                  |                      |                   | McWRAP/PRICHO                         |
| 0530T | Removal of intracardiac ischemia monitori     | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0530T | Removal of intracardiac ischemia monitori     | No                  |                      |                   | McWRAP/PRICHO                         |
| 0531T | Removal of intracardiac ischemia monitori     | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0531T | Removal of intracardiac ischemia monitori     | No                  |                      |                   | McWRAP/PRICHO                         |
| 0532T | Removal of intracardiac ischemia monitori     | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0532T | Removal of intracardiac ischemia monitori     | No                  |                      |                   | McWRAP/PRICHO                         |
| 0533T | Continuous recording of movement disord       | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0533T | Continuous recording of movement disord       | No                  |                      |                   | McWRAP/PRICHO                         |
| 0534T | Continuous recording of movement disord       | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0534T | Continuous recording of movement disord       | No                  |                      |                   | McWRAP/PRICHO                         |
| 0535F | Dyspnea management plan of care, docur        | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0535T | Continuous recording of movement disord       | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0535T | Continuous recording of movement disord       | No                  |                      |                   | McWRAP/PRICHO                         |
| 0536T | Continuous recording of movement disord       | Yes                 |                      |                   | ALL (Except McWrap/PRICHO)            |
| 0536T | Continuous recording of movement disord       | No                  |                      |                   | McWRAP/PRICHO                         |
| 0540F | Glucorticoid Management Plan Document         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0541T | Myocardial imaging by magnetocardiograp       | No                  |                      |                   | ALL                                   |
| 0542T | Myocardial imaging by magnetocardiograp       | No                  |                      |                   | ALL                                   |
| 0543T | Transapical mitral valve repair, including tr | Yes                 |                      |                   | ALL (Except McWRAP/PRICHO/CAID)       |
| 0543T | Transapical mitral valve repair, including tr | No                  |                      |                   | McWRAP, PRICHO                        |
| 0543T | Transapical mitral valve repair, including tr | Not Covered         |                      |                   | CAID                                  |
| 0544T | Transcatheter mitral valve annulus reconst    | Yes                 |                      |                   | ALL (Except McWRAP/PRICHO/CAID)       |
| 0544T | Transcatheter mitral valve annulus reconst    | No                  |                      |                   | McWRAP, PRICHO                        |
| 0544T | Transcatheter mitral valve annulus reconst    | Not Covered         |                      |                   | CAID                                  |
| 0545F | Plan for follow-up care for major depressiv   | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0545T | Transcatheter tricuspid valve annulus reco    | Yes                 |                      |                   | ALL (Except McWRAP/PRICHO/CAID)       |
| 0545T | Transcatheter tricuspid valve annulus reco    | No                  |                      |                   | McWRAP, PRICHO                        |
| 0545T | Transcatheter tricuspid valve annulus reco    | Not Covered         |                      |                   | CAID                                  |
| 0546T | Radiofrequency spectroscopy, real time, ir    | Yes                 |                      |                   | ALL (Except McWRAP/PRICHO/CAID)       |
| 0546T | Radiofrequency spectroscopy, real time, ir    | No                  |                      |                   | McWRAP, PRICHO                        |
| 0546T | Radiofrequency spectroscopy, real time, ir    | Not Covered         |                      |                   | CAID                                  |
| 0547T | Bone-material quality testing by microinde    | Not Covered         |                      |                   | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0547T | Bone-material quality testing by microinde    | No                  |                      |                   | MED, McWRAP, MMP, PRICHO              |
| 0550F | Cytopathology report on routine nongynecol    | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0551F | Cytopathology report on nongynecologic s      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0552T | Low-level laser therapy, dynamic photonic     | Yes                 |                      |                   | ALL (Except McWRAP, PRICHO)           |
| 0552T | Low-level laser therapy, dynamic photonic     | No                  |                      |                   | McWRAP, PRICHO                        |
| 0554T | Bone strength and fracture risk using finite  | Not Covered         |                      |                   | ALL                                   |
| 0555F | Symptom management plan of care docur         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0555T | Bone strength and fracture risk using finite  | Not Covered         |                      |                   | ALL                                   |
| 0556F | Plan of care to achieve lipid control docum   | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0556T | Bone strength and fracture risk using finite  | Not Covered         |                      |                   | ALL                                   |
| 0557F | Plan of care to manage anginal symptoms       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| 0557T | Bone strength and fracture risk using finite  | Not Covered         |                      |                   | ALL                                   |
| 0558T | Computed tomography scan taken for the        | No                  |                      |                   | ALL (Except CAID)                     |
| 0558T | Computed tomography scan taken for the        | Not Covered         |                      |                   | CAID                                  |
| 0559T | Anatomic model 3D-printed from image da       | Not Covered         |                      |                   | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0559T | Anatomic model 3D-printed from image da       | No                  |                      |                   | MED, McWRAP, MMP, PRICHO              |
| 0560T | Anatomic model 3D-printed from image da       | Not Covered         |                      |                   | ALL (Except MED, McWRAP, MMP, PRICHO) |
| 0560T | Anatomic model 3D-printed from image da       | No                  |                      |                   | MED, McWRAP, MMP, PRICHO              |
| 0561T | Anatomic guide 3D-printed and designed f      | Not Covered         |                      |                   | ALL (Except MED, McWRAP, MMP, PRICHO) |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                         | Rider Requirement | Product Lines                             |
|-------|------------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------------|
| 0561T | Anatomic guide 3D-printed and designed f       | No                  |                             |                   | MED, McWRAP, MMP, PRICHO                  |
| 0562T | Anatomic guide 3D-printed and designed from in | Not Covered         |                             |                   | ALL (Except MED, McWRAP, MMP, PRICHO)     |
| 0562T | Anatomic guide 3D-printed and designed from in | No                  |                             |                   | MED, McWRAP, MMP, PRICHO                  |
| 0563T | Evacuation of meibomian glands, using he       | Not Covered         |                             |                   | ALL                                       |
| 0565T | Autologous cellular implant derived from a     | Not Covered         |                             |                   | ALL                                       |
| 0566T | Autologous cellular implant derived from a     | Not Covered         |                             |                   | ALL                                       |
| 0569T | Transcatheter tricuspid valve repair, percu    | Yes                 |                             |                   | ALL (Except MCWRAP)                       |
| 0569T | Transcatheter tricuspid valve repair, percu    | No                  |                             |                   | MCWRAP                                    |
| 0570T | Transcatheter tricuspid valve repair, percu    | Yes                 |                             |                   | ALL (Except MCWRAP)                       |
| 0570T | Transcatheter tricuspid valve repair, percu    | No                  |                             |                   | MCWRAP                                    |
| 0571T | Insertion or replacement of implantable ca     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| 0571T | Insertion or replacement of implantable ca     | No                  |                             |                   | MCWRAP                                    |
| 0572T | Insertion of substernal implantable defibrill  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| 0572T | Insertion of substernal implantable defibrill  | No                  |                             |                   | MCWRAP                                    |
| 0573T | Removal of substernal implantable defibrill    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| 0573T | Removal of substernal implantable defibrill    | No                  |                             |                   | MCWRAP                                    |
| 0574T | Repositioning of previously implanted subs     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| 0574T | Repositioning of previously implanted subs     | No                  |                             |                   | MCWRAP                                    |
| 0575F | HIV RNA control plan of care, documented       | Not Covered         | <a href="#">INFO</a>        |                   | ALL                                       |
| 0575T | Programming device evaluation (in person       | Yes                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0575T | Programming device evaluation (in person       | No                  |                             |                   | MCWRAP                                    |
| 0575T | Programming device evaluation (in person       | Not Covered         |                             |                   | CAID                                      |
| 0576T | Interrogation device evaluation (in person)    | Yes                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0576T | Interrogation device evaluation (in person)    | No                  |                             |                   | MCWRAP                                    |
| 0576T | Interrogation device evaluation (in person)    | Not Covered         |                             |                   | CAID                                      |
| 0577T | Electrophysiological evaluation of implanta    | Yes                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| 0577T | Electrophysiological evaluation of implanta    | No                  |                             |                   | MCWRAP                                    |
| 0577T | Electrophysiological evaluation of implanta    | Not Covered         |                             |                   | CAID                                      |
| 0578T | Interrogation device evaluation(s) (remote)    | No                  |                             |                   | ALL (Except CAID)                         |
| 0578T | Interrogation device evaluation(s) (remote)    | Not Covered         |                             |                   | CAID                                      |
| 0579T | Interrogation device evaluation(s) (remote)    | No                  |                             |                   | ALL (Except CAID)                         |
| 0579T | Interrogation device evaluation(s) (remote)    | Not Covered         |                             |                   | CAID                                      |
| 0580F | Multidisciplinary care plan developed or up    | Not Covered         |                             |                   | ALL                                       |
| 0580T | Removal of substernal implantable defibrill    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| 0580T | Removal of substernal implantable defibrill    | No                  |                             |                   | MCWRAP                                    |
| 0581F | Patient transferred directly from anesthetiz   | Not Covered         |                             |                   | ALL                                       |
| 0581T | Ablation, malignant breast tumor(s), percu     | Not Covered         |                             |                   | ALL                                       |
| 0582F | Patient not transferred directly from anesth   | Not Covered         |                             |                   | ALL                                       |
| 0582T | Transurethral ablation of malignant prostat    | Not Covered         |                             |                   | ALL                                       |
| 0583F | Transfer of care checklist used (Peri2)        | Not Covered         |                             |                   | ALL                                       |
| 0583T | Tympanostomy (requiring insertion of vent      | Not Covered         |                             |                   | ALL                                       |
| 0584F | Transfer of care checklist not used (Peri2)    | Not Covered         |                             |                   | ALL                                       |
| 0584T | Islet cell transplant, includes portal vein ca | No                  |                             |                   | ALL (Except CAID)                         |
| 0584T | Islet cell transplant, includes portal vein ca | Not Covered         |                             |                   | CAID                                      |
| 0585T | Islet cell transplant, includes portal vein ca | No                  |                             |                   | ALL (Except CAID)                         |
| 0585T | Islet cell transplant, includes portal vein ca | Not Covered         |                             |                   | CAID                                      |
| 0586T | Islet cell transplant, includes portal vein ca | No                  |                             |                   | ALL (Except CAID)                         |
| 0586T | Islet cell transplant, includes portal vein ca | Not Covered         |                             |                   | CAID                                      |
| 0587T | Percutaneous implantation or replacement       | Not Covered         |                             |                   | ALL                                       |
| 0588T | Revision or removal of integrated single de    | Not Covered         |                             |                   | ALL                                       |
| 0589T | Electronic analysis with simple programmi      | Not Covered         |                             |                   | ALL                                       |
| 0590T | Electronic analysis with complex programr      | Not Covered         |                             |                   | ALL                                       |
| 0591T | Health and well-being coaching face-to-fac     | Not Covered         |                             |                   | ALL                                       |
| 0592T | Health and well-being coaching face-to-fac     | Not Covered         |                             |                   | ALL                                       |
| 0593T | Health and well-being coaching face-to-fac     | Not Covered         |                             |                   | ALL                                       |
| 0594T | Osteotomy, humerus, with insertion of an e     | No                  |                             |                   | ALL                                       |
| 0596T | Temporary female intraurethral valve-pum       | No                  |                             |                   | ALL                                       |
| 0597T | Temporary female intraurethral valve-pum       | No                  |                             |                   | ALL                                       |
| 0598T | Noncontact real-time fluorescence wound        | No                  |                             |                   | ALL                                       |
| 0599T | Noncontact real-time fluorescence wound        | No                  |                             |                   | ALL                                       |
| 0600T | Ablation, irreversible electroporation; 1 or   | Yes                 |                             |                   | ALL (Except McWrap, PRICHO, PRIQHP)       |
| 0600T | Ablation, irreversible electroporation; 1 or   | No                  |                             |                   | MCWRAP                                    |
| 0601T | Ablation, irreversible electroporation; 1 or   | Yes                 |                             |                   | ALL (Except McWrap, PRICHO, PRIQHP)       |
| 0601T | Ablation, irreversible electroporation; 1 or   | No                  |                             |                   | MCWRAP                                    |
| 0602T | Glomerular filtration rate (GFR) measurem      | Not Covered         |                             |                   | ALL                                       |
| 0603T | Glomerular filtration rate (GFR) monitoring    | Not Covered         |                             |                   | ALL                                       |
| 0604T | Optical coherence tomography (OCT) of re       | Not Covered         |                             |                   | ALL                                       |
| 0605T | Optical coherence tomography (OCT) of re       | Not Covered         |                             |                   | ALL                                       |
| 0606T | Optical coherence tomography (OCT) of re       | Not Covered         |                             |                   | ALL                                       |
| 0607T | Remote monitoring of an external continud      | Yes                 |                             |                   | ALL (Except McWrap, PRICHO, PRIQHP)       |
| 0607T | Remote monitoring of an external continud      | No                  |                             |                   | MCWRAP                                    |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key         | Rider Requirement | Product Lines                          |
|-------|----------------------------------------------|---------------------|-------------|-------------------|----------------------------------------|
| 0608T | Remote monitoring of an external continuc    | Yes                 |             |                   | ALL (Except McWrap, PRICHO, PRIQHP)    |
| 0608T | Remote monitoring of an external continuc    | No                  |             |                   | MCWRAP                                 |
| 0609T | Magnetic resonance spectroscopy, determ      | Yes                 | CCN         |                   | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0609T | Magnetic resonance spectroscopy, determ      | No                  |             |                   | McWrap, PRICHO, CAID, MMP              |
| 0610T | Magnetic resonance spectroscopy, determ      | Yes                 | CCN         |                   | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0610T | Magnetic resonance spectroscopy, determ      | No                  |             |                   | McWrap, PRICHO, CAID, MMP              |
| 0611T | Magnetic resonance spectroscopy, determ      | Yes                 | CCN         |                   | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0611T | Magnetic resonance spectroscopy, determ      | No                  |             |                   | McWrap, PRICHO, CAID, MMP              |
| 0612T | Magnetic resonance spectroscopy, determ      | Yes                 | CCN         |                   | ALL (Except McWrap, PRICHO, CAID, MMP) |
| 0612T | Magnetic resonance spectroscopy, determ      | No                  |             |                   | McWrap, PRICHO, CAID, MMP              |
| 0613T | Percutaneous transcatheter implantation o    | Yes                 |             |                   | ALL (Except McWrap, PRICHO, PRIQHP)    |
| 0613T | Percutaneous transcatheter implantation o    | No                  |             |                   | MCWRAP                                 |
| 0614T | Removal and replacement of substernal in     | No                  |             |                   | ALL                                    |
| 0615T | Eye-movement analysis without spatial cal    | Not Covered         |             |                   | ALL                                    |
| 0619T | Cystourethroscopy with transurethral anter   | Yes                 |             |                   | ALL (Except McWrap, PRICHO, PRIQHP)    |
| 0619T | Cystourethroscopy with transurethral anter   | No                  |             |                   | MCWRAP                                 |
| 0620T | Endovascular venous arterialization, tibial  | Yes                 |             |                   | ALL (Except MCWRAP)                    |
| 0620T | Endovascular venous arterialization, tibial  | No                  |             |                   | MCWRAP                                 |
| 0621T | Trabeculectomy ab interno by laser           | Not Covered         |             |                   | ALL                                    |
| 0622T | Trabeculectomy ab interno by laser; with u   | Not Covered         |             |                   | ALL                                    |
| 0623T | Automated quantification and characteriza    | Yes                 | CCN         |                   | ALL (Except MCWRAP, PRICHO)            |
| 0623T | Automated quantification and characteriza    | Yes                 |             |                   | CAID, MMP                              |
| 0623T | Automated quantification and characteriza    | No                  |             |                   | MCWRAP, PRICHO                         |
| 0624T | Automated quantification and characteriza    | Yes                 | CCN         |                   | ALL (Except MCWRAP, PRICHO)            |
| 0624T | Automated quantification and characteriza    | Yes                 |             |                   | CAID, MMP                              |
| 0624T | Automated quantification and characteriza    | No                  |             |                   | MCWRAP, PRICHO                         |
| 0625T | Automated quantification and characteriza    | Yes                 | CCN         |                   | ALL (Except MCWRAP, PRICHO)            |
| 0625T | Automated quantification and characteriza    | Yes                 |             |                   | CAID, MMP                              |
| 0625T | Automated quantification and characteriza    | No                  |             |                   | MCWRAP, PRICHO                         |
| 0626T | Automated quantification and characteriza    | Yes                 | CCN         |                   | ALL (Except MCWRAP, PRICHO)            |
| 0626T | Automated quantification and characteriza    | Yes                 |             |                   | CAID, MMP                              |
| 0626T | Automated quantification and characteriza    | No                  |             |                   | MCWRAP, PRICHO                         |
| 0627T | Percutaneous injection of allogeneic cellul  | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0627T | Percutaneous injection of allogeneic cellul  | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0628T | Percutaneous injection of allogeneic cellul  | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0628T | Percutaneous injection of allogeneic cellul  | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0629T | Percutaneous injection of allogeneic cellul  | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0629T | Percutaneous injection of allogeneic cellul  | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0630T | Percutaneous injection of allogeneic cellul  | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0630T | Percutaneous injection of allogeneic cellul  | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0631T | Transcutaneous visible light hyperspectral   | Not Covered         |             |                   | ALL                                    |
| 0632T | Percutaneous transcatheter ultrasound ab     | Not Covered         |             |                   | ALL                                    |
| 0633T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0633T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0634T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0634T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0635T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0635T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0636T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0636T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0637T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0637T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0638T | Computed tomography, breast, including 3     | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0638T | Computed tomography, breast, including 3     | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0639T | Wireless skin sensor thermal anisotropy m    | Not Covered         |             |                   | ALL                                    |
| 0640T | Noncontact near-infrared spectroscopy stu    | Not covered         |             |                   | ALL                                    |
| 0641T | Noncontact near-infrared spectroscopy stu    | Not covered         |             |                   | ALL                                    |
| 0642T | Noncontact near-infrared spectroscopy stu    | Not covered         |             |                   | ALL                                    |
| 0643T | Transcatheter left ventricular restoration d | Not covered         |             |                   | ALL                                    |
| 0644T | Transcatheter removal or debulking of intr   | Not covered         |             |                   | ALL                                    |
| 0645T | Transcatheter implantation of coronary sin   | Not covered         |             |                   | ALL                                    |
| 0646T | Transcatheter tricuspid valve implantation/  | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                    |
| 0646T | Transcatheter tricuspid valve implantation/  | No                  |             |                   | MCWRAP                                 |
| 0647T | Insertion of gastrostomy tube, percutaneou   | No                  |             |                   | ALL                                    |
| 0648T | Quantitative magnetic resonance for analy    | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0648T | Quantitative magnetic resonance for analy    | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0649T | Quantitative magnetic resonance for analy    | Yes                 | CCN         |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0649T | Quantitative magnetic resonance for analy    | No                  |             |                   | PRICHO, MCWRAP, MMP, CAID              |
| 0650T | Programming device evaluation (remote) d     | No                  |             |                   | ALL                                    |
| 0651T | Magnetically controlled capsule endoscopy    | Yes                 |             |                   | ALL (Except MCWRAP, PRICHO)            |
| 0651T | Magnetically controlled capsule endoscopy    | No                  |             |                   | MCWRAP, PRICHO                         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                     | Rider Requirement | Product Lines                          |
|-------|-----------------------------------------------|---------------------|-------------------------|-------------------|----------------------------------------|
| 0652T | Esophagogastroduodenoscopy, flexible, tr      | No                  |                         |                   | ALL                                    |
| 0653T | Esophagogastroduodenoscopy, flexible, tr      | No                  |                         |                   | ALL                                    |
| 0654T | Esophagogastroduodenoscopy, flexible, tr      | No                  |                         |                   | ALL                                    |
| 0655T | Transperineal focal laser ablation of malign  | Not covered         |                         |                   | ALL                                    |
| 0656T | Vertebral body tethering, anterior; up to 7 v | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                    |
| 0656T | Vertebral body tethering, anterior; up to 7 v | No                  |                         |                   | MCWRAP                                 |
| 0657T | Vertebral body tethering, anterior; 8 or mo   | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                    |
| 0657T | Vertebral body tethering, anterior; 8 or mo   | No                  |                         |                   | MCWRAP                                 |
| 0658T | Electrical impedance spectroscopy of 1 or     | Not covered         |                         |                   | ALL                                    |
| 0659T | Transcatheter intracoronary infusion of sup   | Not covered         |                         |                   | ALL                                    |
| 0660T | Implantation of anterior segment intraocula   | No                  |                         |                   | ALL                                    |
| 0661T | Removal and reimplantation of anterior se     | No                  |                         |                   | ALL                                    |
| 0662T | Scalp cooling, mechanical; initial measure    | No                  |                         |                   | ALL                                    |
| 0663T | Scalp cooling, mechanical; placement of d     | No                  |                         |                   | ALL                                    |
| 0664T | Donor hysterectomy (including cold preser     | Not covered         |                         |                   | ALL                                    |
| 0665T | Donor hysterectomy (including cold preser     | Not covered         |                         |                   | ALL                                    |
| 0666T | Donor hysterectomy (including cold preser     | Not covered         |                         |                   | ALL                                    |
| 0667T | Donor hysterectomy (including cold preser     | Not covered         |                         |                   | ALL                                    |
| 0668T | Backbench standard preparation of cadaver     | Not covered         |                         |                   | ALL                                    |
| 0669T | Backbench reconstruction of cadaver or liv    | Not covered         |                         |                   | ALL                                    |
| 0670T | Backbench reconstruction of cadaver or liv    | Not covered         |                         |                   | ALL                                    |
| 0672T | Endovaginal cryogen-cooled, monopolar r       | Not Covered         |                         |                   | ALL                                    |
| 0673T | Ablation, benign thyroid nodule(s), percuta   | Yes                 |                         |                   | ALL (Except MCWRAP, PRICHO)            |
| 0673T | Ablation, benign thyroid nodule(s), percuta   | No                  |                         |                   | MCWRAP, PRICHO                         |
| 0674T | Laparoscopic insertion of new or replacem     | Not Covered         |                         |                   | ALL                                    |
| 0675T | Laparoscopic insertion of new or replacem     | Not Covered         |                         |                   | ALL                                    |
| 0676T | Laparoscopic insertion of new or replacem     | Not Covered         |                         |                   | ALL                                    |
| 0677T | Laparoscopic repositioning of diaphragma      | Not Covered         |                         |                   | ALL                                    |
| 0678T | Laparoscopic repositioning of diaphragma      | Not Covered         |                         |                   | ALL                                    |
| 0679T | Laparoscopic removal of diaphragmatic le      | Not Covered         |                         |                   | ALL                                    |
| 0680T | Insertion or replacement of pulse generato    | Not Covered         |                         |                   | ALL                                    |
| 0681T | Relocation of pulse generator only, perman    | Not Covered         |                         |                   | ALL                                    |
| 0682T | Removal of pulse generator only, perman       | No                  |                         |                   | ALL                                    |
| 0683T | Programming device evaluation (in-person)     | Not Covered         |                         |                   | ALL                                    |
| 0684T | Peri-procedural device evaluation (in-pers    | Not Covered         |                         |                   | ALL                                    |
| 0685T | Interrogation device evaluation (in-person)   | Not Covered         |                         |                   | ALL                                    |
| 0686T | Histotripsy (ie, non-thermal ablation via ac  | Not Covered         |                         |                   | ALL                                    |
| 0671T | Insertion of anterior segment aqueous drai    | No                  |                         |                   | ALL                                    |
| 0687T | Treatment of amblyopia using an online di     | Not Covered         |                         |                   | ALL                                    |
| 0688T | Treatment of amblyopia using an online di     | Not Covered         |                         |                   | ALL                                    |
| 0689T | Quantitative ultrasound tissue characteriza   | Not Covered         |                         |                   | ALL                                    |
| 0690T | Quantitative ultrasound tissue characteriza   | Not Covered         |                         |                   | ALL                                    |
| 0691T | Automated analysis of an existing comput      | Not Covered         |                         |                   | ALL                                    |
| 0692T | Therapeutic ultrafiltration                   | No                  |                         |                   | ALL                                    |
| 0693T | Comprehensive full body computer-based        | Not Covered         |                         |                   | ALL                                    |
| 0694T | 3-dimensional volumetric imaging and rec      | No                  |                         |                   | ALL                                    |
| 0695T | Body surface-activation mapping of pacem      | Not Covered         |                         |                   | ALL                                    |
| 0696T | Body surface-activation mapping of pacem      | Not Covered         |                         |                   | ALL                                    |
| 0697T | Quantitative magnetic resonance for analy     | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0697T | Quantitative magnetic resonance for analy     | Yes                 |                         |                   | MMP, CAID                              |
| 0697T | Quantitative magnetic resonance for analy     | No                  |                         |                   | MCWRAP, PRICHO                         |
| 0698T | Quantitative magnetic resonance for analy     | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0698T | Quantitative magnetic resonance for analy     | Yes                 |                         |                   | MMP, CAID                              |
| 0698T | Quantitative magnetic resonance for analy     | No                  |                         |                   | MCWRAP, PRICHO                         |
| 0699T | Injection, posterior chamber of eye, medica   | No                  |                         |                   | ALL                                    |
| 0700T | Molecular fluorescent imaging of suspiciou    | Not Covered         |                         |                   | ALL                                    |
| 0701T | Molecular fluorescent imaging of suspiciou    | Not Covered         |                         |                   | ALL                                    |
| 0704T | Remote treatment of amblyopia using an e      | Not Covered         |                         |                   | ALL                                    |
| 0705T | Remote treatment of amblyopia using an e      | Not Covered         |                         |                   | ALL                                    |
| 0706T | Remote treatment of amblyopia using an e      | Not Covered         |                         |                   | ALL                                    |
| 0707T | Injection(s), bone-substitute material (eg, d | Yes                 | <a href="#">TPC-MSK</a> |                   | ALL (Except McWRAP)                    |
| 0707T | Injection(s), bone-substitute material (eg, d | No                  |                         |                   | MCWRAP                                 |
| 0708T | Intradermal cancer immunotherapy; prepa       | Not Covered         |                         |                   | ALL                                    |
| 0709T | Intradermal cancer immunotherapy; each        | Not Covered         |                         |                   | ALL                                    |
| 0710T | Noninvasive arterial plaque analysis using    | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0710T | Noninvasive arterial plaque analysis using    | Yes                 |                         |                   | MMP, CAID                              |
| 0710T | Noninvasive arterial plaque analysis using    | No                  |                         |                   | MCWRAP, PRICHO                         |
| 0711T | Noninvasive arterial plaque analysis using    | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0711T | Noninvasive arterial plaque analysis using    | Yes                 |                         |                   | MMP, CAID                              |
| 0711T | Noninvasive arterial plaque analysis using    | No                  |                         |                   | MCWRAP, PRICHO                         |
| 0712T | Noninvasive arterial plaque analysis using    | Yes                 | <a href="#">CCN</a>     |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines                          |
|-------|-----------------------------------------------|---------------------|-----|-------------------|----------------------------------------|
| 0712T | Noninvasive arterial plaque analysis using    | Yes                 |     |                   | MMP, CAID                              |
| 0712T | Noninvasive arterial plaque analysis using    | No                  |     |                   | MCWRAP, PRICHO                         |
| 0713T | Noninvasive arterial plaque analysis using    | Yes                 | CCN |                   | ALL (Except PRICHO, MMP, MCWRAP, CAID) |
| 0713T | Noninvasive arterial plaque analysis using    | Yes                 |     |                   | MMP, CAID                              |
| 0713T | Noninvasive arterial plaque analysis using    | No                  |     |                   | MCWRAP, PRICHO                         |
| 0714T | Transperineal laser ablation of benign pros   | Not covered         |     |                   | ALL                                    |
| 0715T | Percutaneous transluminal coronary lithotr    | No                  |     |                   | ALL                                    |
| 0716T | Cardiac acoustic waveform recording with      | Not covered         |     |                   | ALL                                    |
| 0717T | Autologous adipose-derived regenerative c     | Not covered         |     |                   | ALL                                    |
| 0718T | Autologous adipose-derived regenerative c     | Not covered         |     |                   | ALL                                    |
| 0719T | Posterior vertebral joint replacement, inclu  | Not covered         |     |                   | ALL                                    |
| 0720T | Percutaneous electrical nerve field stimula   | Not covered         |     |                   | ALL                                    |
| 0721T | Quantitative computed tomography (CT) ti      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0721T | Quantitative computed tomography (CT) ti      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0722T | Quantitative computed tomography (CT) ti      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0722T | Quantitative computed tomography (CT) ti      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0722T | Quantitative computed tomography (CT) ti      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0722T | Quantitative computed tomography (CT) ti      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0723T | Quantitative magnetic resonance cholangi      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0723T | Quantitative magnetic resonance cholangi      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0723T | Quantitative magnetic resonance cholangi      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0723T | Quantitative magnetic resonance cholangi      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0724T | Quantitative magnetic resonance cholangi      | Yes                 |     |                   | ALL (Except PRICHO, CAID, MMP, MCWRAP) |
| 0724T | Quantitative magnetic resonance cholangi      | No                  |     |                   | PRICHO, CAID, MMP, MCWRAP              |
| 0725T | Vestibular device implantation, unilateral    | Not covered         |     |                   | ALL                                    |
| 0726T | Removal of implanted vestibular device, u     | Not covered         |     |                   | ALL                                    |
| 0727T | Removal and replacement of implanted ve       | Not covered         |     |                   | ALL                                    |
| 0728T | Diagnostic analysis of vestibular implant, u  | Not covered         |     |                   | ALL                                    |
| 0729T | Diagnostic analysis of vestibular implant, u  | Not covered         |     |                   | ALL                                    |
| 0730T | Trabeculotomy by laser, including optical c   | Not covered         |     |                   | ALL                                    |
| 0731T | Augmentative AI-based facial phenotype a      | Not covered         |     |                   | ALL                                    |
| 0732T | Immunotherapy administration with electro     | Not covered         |     |                   | ALL                                    |
| 0733T | Remote body and limb kinematic measure        | Not covered         |     |                   | ALL                                    |
| 0734T | Remote body and limb kinematic measure        | Not covered         |     |                   | ALL                                    |
| 0735T | Preparation of tumor cavity, with placeme     | No                  |     |                   | ALL                                    |
| 0736T | Colonic lavage, 35 or more liters of water,   | Not covered         |     |                   | ALL                                    |
| 0737T | Xenograft implantation into the articular su  | Not covered         |     |                   | ALL (except for MED)                   |
| 0737T | Xenograft implantation into the articular su  | Yes                 |     |                   | MED                                    |
| 0738T | Treatment planning for magnetic field indu    | Not Covered         |     |                   | ALL                                    |
| 0739T | Ablation of malignant prostate tissue by m    | Not Covered         |     |                   | ALL                                    |
| 0740T | Remote autonomous algorithm-based recd        | Not Covered         |     |                   | ALL                                    |
| 0741T | Remote autonomous algorithm-based recd        | Not Covered         |     |                   | ALL                                    |
| 0742T | Absolute quantitation of myocardial blood f   | No                  |     |                   | ALL                                    |
| 0743T | Bone strength and fracture risk using finite  | Not covered         |     |                   | ALL                                    |
| 0744T | Insertion of bioprosthetic valve, open, fem   | Not Covered         |     |                   | ALL                                    |
| 0745T | Cardiac focal ablation utilizing radiation th | Not Covered         |     |                   | ALL                                    |
| 0746T | Cardiac focal ablation utilizing radiation th | Not Covered         |     |                   | ALL                                    |
| 0747T | Cardiac focal ablation utilizing radiation th | Not Covered         |     |                   | ALL                                    |
| 0748T | Injections of stem cell product into periana  | Not Covered         |     |                   | ALL                                    |
| 0749T | Bone strength and fracture-risk assessme      | Not covered         |     |                   | ALL                                    |
| 0750T | Bone strength and fracture-risk assessme      | Not covered         |     |                   | ALL                                    |
| 0751T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0752T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0753T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0754T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0755T | Digitization of glass microscope slide for le | No                  |     |                   | ALL                                    |
| 0756T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0757T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0758T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0759T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0760T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0761T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0762T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0763T | Digitization of glass microscope slides for   | No                  |     |                   | ALL                                    |
| 0764T | Assistive algorithmic electrocardiogram ris   | Not Covered         |     |                   | ALL                                    |
| 0765T | Assistive algorithmic electrocardiogram ris   | Not Covered         |     |                   | ALL                                    |
| 0766T | Transcutaneous magnetic stimulation by f      | Not Covered         |     |                   | ALL                                    |
| 0767T | Transcutaneous magnetic stimulation by f      | Not Covered         |     |                   | ALL                                    |
| 0768T | Transcutaneous magnetic stimulation by f      | Not Covered         |     |                   | ALL                                    |
| 0769T | Transcutaneous magnetic stimulation by f      | Not Covered         |     |                   | ALL                                    |
| 0770T | Virtual reality technology to assist therapy  | Not Covered         |     |                   | ALL                                    |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                         | Rider Requirement | Product Lines                             |
|-------|-----------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------------|
| 0771T | Virtual reality (VR) procedural dissociation  | Not Covered         |                             |                   | ALL                                       |
| 0772T | Virtual reality (VR) procedural dissociation  | Not Covered         |                             |                   | ALL                                       |
| 0773T | Virtual reality (VR) procedural dissociation  | Not Covered         |                             |                   | ALL                                       |
| 0774T | Virtual reality (VR) procedural dissociation  | Not Covered         |                             |                   | ALL                                       |
| 0775T | Arthrodesis, sacroiliac joint, percutaneous   | Yes                 |                             |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI |
| 0775T | Arthrodesis, sacroiliac joint, percutaneous   | No                  |                             |                   | MED, MCWRAP, PRICHO, MMP, CAID            |
| 0776T | Therapeutic induction of intra-brain hypoth   | Not Covered         |                             |                   | ALL                                       |
| 0777T | Real-time pressure-sensing epidural guida     | Not Covered         |                             |                   | ALL                                       |
| 0778T | Surface mechanomyography (sMMG) with          | Not Covered         |                             |                   | ALL                                       |
| 0779T | Gastrointestinal myoelectrical activity stud  | Not Covered         |                             |                   | ALL                                       |
| 0780T | Instillation of fecal microbiota suspension   | No                  |                             |                   | ALL                                       |
| 0781T | Bronchoscopy, rigid or flexible, with inserti | Not Covered         |                             |                   | ALL                                       |
| 0782T | Bronchoscopy, rigid or flexible, with inserti | Not Covered         |                             |                   | ALL                                       |
| 0783T | Transcutaneous auricular neurostimulation     | Not Covered         |                             |                   | ALL                                       |
| 0790T | Revision (eg, augmentation, division of tet   | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP)                       |
| 0790T | Revision (eg, augmentation, division of tet   | No                  |                             |                   | MCWRAP                                    |
| 0791T | Motor-cognitive, semi-immersive virtu         | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0791T | Motor-cognitive, semi-immersive virtu         | No                  |                             |                   | McWrap, PRICHO                            |
| 0792T | Application of silver diamine fluoride 3      | Not Covered         |                             |                   | ALL                                       |
| 0793T | Percutaneous transcatheter thermal a          | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0793T | Percutaneous transcatheter thermal a          | No                  |                             |                   | McWrap, PRICHO                            |
| 0794T | Patient-specific, assistive, rules-based      | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0794T | Patient-specific, assistive, rules-based      | No                  |                             |                   | McWrap, PRICHO                            |
| 0795T | Transcatheter insertion of permanent          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0795T | Transcatheter insertion of permanent          | No                  |                             |                   | MCWRAP                                    |
| 0796T | Transcatheter insertion of permanent          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0796T | Transcatheter insertion of permanent          | No                  |                             |                   | MCWRAP                                    |
| 0797T | Transcatheter insertion of permanent          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0797T | Transcatheter insertion of permanent          | No                  |                             |                   | MCWRAP                                    |
| 0798T | Transcatheter removal of permanent            | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0798T | Transcatheter removal of permanent            | No                  |                             |                   | MCWRAP                                    |
| 0799T | Transcatheter removal of permanent            | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0799T | Transcatheter removal of permanent            | No                  |                             |                   | MCWRAP                                    |
| 0800T | Transcatheter removal of permanent            | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0800T | Transcatheter removal of permanent            | No                  |                             |                   | MCWRAP                                    |
| 0801T | Transcatheter removal and replaceme           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0801T | Transcatheter removal and replaceme           | No                  |                             |                   | MCWRAP                                    |
| 0802T | Transcatheter removal and replaceme           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0802T | Transcatheter removal and replaceme           | No                  |                             |                   | MCWRAP                                    |
| 0803T | Transcatheter removal and replaceme           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0803T | Transcatheter removal and replaceme           | No                  |                             |                   | MCWRAP                                    |
| 0804T | Programming device evaluation (in pe          | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0804T | Programming device evaluation (in pe          | No                  |                             |                   | McWrap, PRICHO                            |
| 0805T | Transcatheter superior and inferior ve        | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0805T | Transcatheter superior and inferior ve        | No                  |                             |                   | McWrap, PRICHO                            |
| 0806T | Transcatheter superior and inferior ve        | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0806T | Transcatheter superior and inferior ve        | No                  |                             |                   | McWrap, PRICHO                            |
| 0807T | Pulmonary tissue ventilation analysis         | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0807T | Pulmonary tissue ventilation analysis         | No                  |                             |                   | McWrap, PRICHO                            |
| 0808T | Pulmonary tissue ventilation analysis         | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0808T | Pulmonary tissue ventilation analysis         | No                  |                             |                   | McWrap, PRICHO                            |
| 0809T | Arthrodesis, sacroiliac joint, percutane      | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0809T | Arthrodesis, sacroiliac joint, percutane      | No                  |                             |                   | McWrap, PRICHO                            |
| 0810T | Subretinal injection of a pharmacologi        | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO)               |
| 0810T | Subretinal injection of a pharmacologi        | No                  |                             |                   | McWrap, PRICHO                            |
| 0823T | Transcatheter insertion of permanent singl    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0823T | Transcatheter insertion of permanent singl    | No                  |                             |                   | MCWRAP                                    |
| 0824T | Transcatheter removal of permanent singl      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0824T | Transcatheter removal of permanent singl      | No                  |                             |                   | MCWRAP                                    |
| 0825T | Transcatheter removal and replacement o       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0825T | Transcatheter removal and replacement o       | No                  |                             |                   | MCWRAP                                    |
| 0861T | Removal of pulse generator for wireless ca    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0861T | Removal of pulse generator for wireless ca    | No                  |                             |                   | MCWRAP                                    |
| 0862T | Relocation of pulse generator for wireless    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0862T | Relocation of pulse generator for wireless    | No                  |                             |                   | MCWRAP                                    |
| 0863T | Relocation of pulse generator for wireless    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| 0863T | Relocation of pulse generator for wireless    | No                  |                             |                   | MCWRAP                                    |
| 0827T | Digitization of glass microscope slides for   | No                  |                             |                   | ALL                                       |
| 0828T | Digitization of glass microscope slides for   | No                  |                             |                   | ALL                                       |
| 0829T | Digitization of glass microscope slides for   | No                  |                             |                   | ALL                                       |
| 0830T | Digitization of glass microscope slides for   | No                  |                             |                   | ALL                                       |



**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|---------------------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| 0831T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0832T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0833T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0834T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0835T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0836T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0837T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0838T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0839T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0840T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0841T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0842T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0843T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0844T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0845T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0846T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0847T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0848T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0849T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0850T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0851T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0852T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0853T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0854T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0855T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0856T | Digitization of glass microscope slides for | No                  |                             |                   | ALL                 |
| 0865T | Quantitative magnetic resonance image (N    | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Mcwrap) |
| 0865T | Quantitative magnetic resonance image (N    | No                  |                             |                   | MCWRAP              |
| 0866T | Quantitative magnetic resonance image (N    | Yes                 | <a href="#">CCN</a>         |                   | ALL (Except Mcwrap) |
| 0866T | Quantitative magnetic resonance image (N    | No                  |                             |                   | MCWRAP              |
| 0887T | End-tidal control of inhaled anesthetic age | Not covered         |                             |                   | ALL                 |
| 0901T | Placement of bone marrow sampling port,     | Not Covered         |                             |                   | ALL                 |
| 0902T | QTc interval derived by augmentative algo   | Not Covered         |                             |                   | ALL                 |
| 0903T | Electrocardiogram, algorithmically generat  | Not Covered         |                             |                   | ALL                 |
| 0904T | Electrocardiogram, algorithmically generat  | Not Covered         |                             |                   | ALL                 |
| 0905T | Electrocardiogram, algorithmically generat  | Not Covered         |                             |                   | ALL                 |
| 0906T | Concurrent optical and magnetic stimulat    | Not Covered         |                             |                   | ALL                 |
| 0907T | Concurrent optical and magnetic stimulat    | Not Covered         |                             |                   | ALL                 |
| 0908T | Open implantation of integrated neurostim   | Not Covered         |                             |                   | ALL                 |
| 0909T | Replacement of integrated neurostimulat     | Not Covered         |                             |                   | ALL                 |
| 0910T | Removal of integrated neurostimulation sy   | Not Covered         |                             |                   | ALL                 |
| 0911T | Electronic analysis of implanted integrated | Not Covered         |                             |                   | ALL                 |
| 0912T | Electronic analysis of implanted integrated | Not Covered         |                             |                   | ALL                 |
| 0913T | Percutaneous transcatheter therapeutic dr   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0913T | Percutaneous transcatheter therapeutic dr   | No                  |                             |                   | MCWRAP              |
| 0914T | Percutaneous transcatheter therapeutic dr   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0914T | Percutaneous transcatheter therapeutic dr   | No                  |                             |                   | MCWRAP              |
| 0915T | Insertion of permanent cardiac contractili  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0915T | Insertion of permanent cardiac contractili  | No                  |                             |                   | MCWRAP              |
| 0916T | Insertion of permanent cardiac contractili  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0916T | Insertion of permanent cardiac contractili  | No                  |                             |                   | MCWRAP              |
| 0917T | Insertion of permanent cardiac contractili  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0917T | Insertion of permanent cardiac contractili  | No                  |                             |                   | MCWRAP              |
| 0918T | Insertion of permanent cardiac contractili  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0918T | Insertion of permanent cardiac contractili  | No                  |                             |                   | MCWRAP              |
| 0919T | Removal of a permanent cardiac contractil   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0919T | Removal of a permanent cardiac contractil   | No                  |                             |                   | MCWRAP              |
| 0920T | Removal of a permanent cardiac contractil   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0920T | Removal of a permanent cardiac contractil   | No                  |                             |                   | MCWRAP              |
| 0921T | Removal of a permanent cardiac contractil   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0921T | Removal of a permanent cardiac contractil   | No                  |                             |                   | MCWRAP              |
| 0922T | Removal of a permanent cardiac contractil   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0922T | Removal of a permanent cardiac contractil   | No                  |                             |                   | MCWRAP              |
| 0923T | Removal and replacement of permanent c      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0923T | Removal and replacement of permanent c      | No                  |                             |                   | MCWRAP              |
| 0924T | Repositioning of previously implanted card  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0924T | Repositioning of previously implanted card  | No                  |                             |                   | MCWRAP              |
| 0925T | Relocation of skin pocket for implanted ca  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP) |
| 0925T | Relocation of skin pocket for implanted ca  | No                  |                             |                   | MCWRAP              |
| 0926T | Programming device evaluation (in person    | Not Covered         |                             |                   | ALL                 |
| 0927T | Interrogation device evaluation (in person) | Not Covered         |                             |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key  | Rider Requirement | Product Lines               |
|-------|----------------------------------------------|---------------------|------|-------------------|-----------------------------|
| 0928T | Interrogation device evaluation (remote), u  | Not Covered         |      |                   | ALL                         |
| 0929T | Interrogation device evaluation (remote), u  | Not Covered         |      |                   | ALL                         |
| 0930T | Electrophysiologic evaluation of cardiac co  | Not Covered         |      |                   | ALL                         |
| 0931T | Electrophysiologic evaluation of cardiac co  | Not Covered         |      |                   | ALL                         |
| 0932T | Noninvasive detection of heart failure deriv | Not Covered         |      |                   | ALL                         |
| 0933T | Transcatheter implantation of wireless left  | Not Covered         |      |                   | ALL                         |
| 0934T | Remote monitoring of a wireless left atrial  | Not Covered         |      |                   | ALL                         |
| 0935T | Cystourethroscopy with renal pelvic symp     | Not Covered         |      |                   | ALL                         |
| 0936T | Photobiomodulation therapy of retina, sing   | Not Covered         |      |                   | ALL                         |
| 0937T | External electrocardiographic recording fo   | Not Covered         |      |                   | ALL                         |
| 0938T | External electrocardiographic recording fo   | Not Covered         |      |                   | ALL                         |
| 0939T | External electrocardiographic recording fo   | Not Covered         |      |                   | ALL                         |
| 0940T | External electrocardiographic recording fo   | Not Covered         |      |                   | ALL                         |
| 0941T | Cystourethroscopy, flexible; with insertion  | Not Covered         |      |                   | ALL                         |
| 0942T | Cystourethroscopy, flexible; with removal    | Not Covered         |      |                   | ALL                         |
| 0943T | Cystourethroscopy, flexible; with removal    | Not Covered         |      |                   | ALL                         |
| 0944T | 3D contour simulation of target liver lesion | Not Covered         |      |                   | ALL                         |
| 0945T | Intraoperative assessment for abnormal (t    | Not Covered         |      |                   | ALL                         |
| 0946T | Orthopedic implant movement analysis us      | Not Covered         |      |                   | ALL                         |
| 0947T | Magnetic resonance image guided low inte     | Not Covered         |      |                   | ALL                         |
| 1000F | TOBACCO USE ASSESSED (CAD, CAP,              | Not Covered         | INFO |                   | ALL                         |
| 1002F | ANGINAL SYMPTOMS AND LEVEL OF A              | Not Covered         | INFO |                   | ALL                         |
| 1003F | LEVEL OF ACTIVITY ASSESSED                   | Not Covered         | INFO |                   | ALL                         |
| 1004F | CLINICAL SYMPTOMS OF VOLUME OVE              | Not Covered         | INFO |                   | ALL                         |
| 1005F | ASTHMA SYMPTOMS EVALUATED (INC               | Not Covered         | INFO |                   | ALL                         |
| 1006F | OSTEOARTHRITIS SYMP & FUNCT STA              | Not Covered         | INFO |                   | ALL                         |
| 1007F | ASSESMT OF USE OF ANTI-INFLAMM               | Not Covered         | INFO |                   | ALL                         |
| 1008F | GASTROINTESTINAL AND RENAL RISK              | Not Covered         | INFO |                   | ALL                         |
| 1011F | Angina present                               | Not Covered         | INFO |                   | ALL                         |
| 1012F | Angina absent                                | Not Covered         | INFO |                   | ALL                         |
| 1015F | CHRONIC OBSTRUCTIVE PULMONARY                | Not Covered         | INFO |                   | ALL                         |
| 1018F | DYSPNEA ASSESSED, NOT PRESENT                | Not Covered         | INFO |                   | ALL                         |
| 1019F | DYSPNEA ASSESSED, PRESENT (COP               | Not Covered         | INFO |                   | ALL                         |
| 1022F | PNEUMOCOCCUS IMMUNIZATION STA                | Not Covered         | INFO |                   | ALL                         |
| 1026F | CO-MORBID CONDITIONS ASSESSED (              | Not Covered         | INFO |                   | ALL                         |
| 1030F | INFLUENZA IMMUNIZATION STATUS AS             | Not Covered         | INFO |                   | ALL                         |
| 1031F | Smoking status and exposure to second h      | Not Covered         | INFO |                   | ALL                         |
| 1032F | Current tobacco smoker OR currently exp      | Not Covered         | INFO |                   | ALL                         |
| 1033F | Current tobacco non-smoker AND not cur       | Not Covered         | INFO |                   | ALL                         |
| 1034F | CURRENT TOBACCO SMOKER (CAD, C               | Not Covered         | INFO |                   | ALL                         |
| 1035F | CURRENT SMOKELESS TOBACCO USE                | Not Covered         | INFO |                   | ALL                         |
| 1036F | CURRENT TOBACCO NON-USER (CAD                | Not Covered         | INFO |                   | ALL                         |
| 1038F | PERSISTENT ASTHMA (MILD, MODERA              | Not Covered         | INFO |                   | ALL                         |
| 1039F | INTERMITTENT ASTHMA (ASTHMA)                 | Not Covered         | INFO |                   | ALL                         |
| 1040F | DSM-IV CRITERIA FOR MAJOR DEPRES             | Not Covered         | INFO |                   | ALL                         |
| 1050F | HISTORY OBTAINED REAGRDNING NEW              | Not Covered         | INFO |                   | ALL                         |
| 1052F | Type, anatomic location, and activity all as | Not Covered         | INFO |                   | ALL                         |
| 1055F | VISUAL FUNCTIONAL STATUS ASSESS              | Not Covered         | INFO |                   | ALL                         |
| 1060F | DOCUMENTATION OF PERMANENT OR                | Not Covered         | INFO |                   | ALL                         |
| 1061F | DOCUMENTATION OF ABSCENCE OF F               | Not Covered         | INFO |                   | ALL                         |
| 1065F | ISCHEMIC STROKE SYMPTOM ONSET                | Not Covered         | INFO |                   | ALL                         |
| 1066F | ISCHEMIC STROKE SYMPTOM ONSET                | Not Covered         | INFO |                   | ALL                         |
| 1070F | ALARM SYMPTOMS (INVOLUNTARY W                | Not Covered         | INFO |                   | ALL                         |
| 1071F | ALARM SYMPTOMS (INVOLUNTARY W                | Not Covered         | INFO |                   | ALL                         |
| 1090F | PRESENCE OR ABSENCE OF URINARY               | Not Covered         | INFO |                   | ALL                         |
| 1091F | URINARY INCONTINENCE CHARACTER               | Not Covered         | INFO |                   | ALL                         |
| 1100F | PATIENT SCREENED FOR FUTURE FAI              | Not Covered         | INFO |                   | ALL                         |
| 1101F | PATIENT SCREENED FOR FUTURE FAI              | Not Covered         | INFO |                   | ALL                         |
| 1110F | PATIENT DISCHARGED FROM AN INPT              | Not Covered         | INFO |                   | ALL                         |
| 1111F | DISCHARGE MEDICATIONS RECONCIL               | Not Covered         | INFO |                   | ALL (except for MED/PRICHO) |
| 1111F | DISCHARGE MEDICATIONS RECONCIL               | No                  |      |                   | MED/PRICHO                  |
| 1116F | Auricular or periauricular pain assessed     | Not Covered         | INFO |                   | ALL                         |
| 1118F | GERD symptoms assessed after 12 month        | Not Covered         | INFO |                   | ALL                         |
| 1119F | Initial evaluation for condition             | Not Covered         | INFO |                   | ALL                         |
| 1121F | Subsequent evaluation for condition          | Not Covered         | INFO |                   | ALL                         |
| 1123F | Advance Care Planning discussed and do       | Not Covered         | INFO |                   | ALL                         |
| 1124F | Advance Care Planning discussed and do       | Not Covered         | INFO |                   | ALL                         |
| 1125F | Pain severity quantified; pain present       | Not Covered         | INFO |                   | ALL                         |
| 1126F | Pain severity quantified; no pain present    | Not Covered         | INFO |                   | ALL                         |
| 1127F | New episode for condition (NMA – No Mea      | Not Covered         | INFO |                   | ALL                         |
| 1128F | Subsequent episode for condition (NMA –      | Not Covered         | INFO |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 1130F | Back pain and function assessed, including   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1134F | Episode of back pain lasting six weeks or    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1135F | Episode of back pain lasting longer than si  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1136F | Episode of back pain lasting 12 weeks or l   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1137F | Episode of back pain lasting longer than 1   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1150F | Documentation that a patient has a substa    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1151F | Documentation that a patient does not hav    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1152F | Documentation of advanced disease diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1153F | Documentation of advanced disease diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1157F | Advance care plan or similar legal docum     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1158F | Advance care planning discussion docum       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1159F | Medication list documented in medical rec    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1160F | Review of all medications by a prescribing   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1170F | Functional status assessed                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1175F | Functional status for dementia assessed a    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1180F | All specified thromboembolic risk factors a  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1181F | Neuropsychiatric symptoms assessed and       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1182F | Neuropsychiatric symptoms, one or more       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1183F | Neuropsychiatric symptoms, absent            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1200F | Seizure type(s) and current seizure frequ    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1205F | Etiology of epilepsy or epilepsy syndrome    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1220F | Patient screened for depression              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1450F | Symptoms improved or remained consiste       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1451F | Symptoms demonstrated clinically importa     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1460F | Qualifying cardiac event/diagnosis in previ  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1461F | No qualifying cardiac event/diagnosis in pr  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1490F | Dementia severity classified, mild           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1491F | Dementia severity classified, moderate       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1493F | Dementia severity classified, severe         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1494F | Cognition assessed and reviewed              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 1500F | Symptoms and signs of distal symmetric p     | Not Covered         |                      |                   | ALL           |
| 1501F | Not initial evaluation for condition (DSP)   | Not Covered         |                      |                   | ALL           |
| 1502F | Patient queried about pain and pain interfe  | Not Covered         |                      |                   | ALL           |
| 1503F | Patient queried about symptoms of respira    | Not Covered         |                      |                   | ALL           |
| 1504F | Patient has respiratory insufficiency (DSP)  | Not Covered         |                      |                   | ALL           |
| 1505F | Patient does not have respiratory insufficie | Not Covered         |                      |                   | ALL           |
| 2000F | BLOOD PRESSURE MEASURED                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2001F | WEIGHT RECORDED (CHF, PAG) (DES              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2002F | CLINICAL SIGNS OF VOLUME OVERLO              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2004F | INITIAL EXAM OF THE INVOLVED JOINT           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2010F | VITAL SIGNS (TEMPERATURE, PULSE,             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2014F | MENTAL STATUS ASSESSED (NORMAL               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2015F | Asthma impairment assessed                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2016F | Asthma risk assessed                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2018F | HYDRATION STATUS ASSESSED (NOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2019F | DILATED MACULAR EXAM PERFORME                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2020F | Dilated fundus evaluation performed withir   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2021F | DILATED MACULAR AND FUNDUS EXA               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2022F | DILATED RETINAL EYE EXAM WITH INT            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2023F | Dilated retinal eye exam with interpretation | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2024F | SEVEN STANDARD FIELD STEREOSCOP              | No                  |                      |                   | ALL           |
| 2024F | SEVEN STANDARD FIELD STEREOSCOP              | Not Covered         |                      |                   | CAID          |
| 2025F | 7 standard field stereoscopic retinal phot   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2026F | EYE IMAGING VALIDATED TO MATCH I             | No                  |                      |                   | ALL           |
| 2026F | EYE IMAGING VALIDATED TO MATCH I             | Not Covered         |                      |                   | CAID          |
| 2027F | OPTIC NERVE HEAD EVALUATION PER              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2028F | FOOT EXAMINATION PERFORMED (DM               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2029F | COMPLETE PHYSICAL SKIN EXAM PER              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2030F | HYDRATION STATUS DOCUMENTED, N               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2031F | HYDRATION STATUS DOCUMENTED, D               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2033F | Eye imaging validated to match diagnosis     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2035F | Tympanic membrane mobility assessed w        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2040F | Physical examination on the date of the ini  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2044F | Documentation of mental health assessme      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2050F | Wound characteristics including size AND     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 2060F | Patient interviewed directly by evaluating c | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3006F | CHEST X-RAY RESULTS DOCUMENTE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3008F | Body Mass Index (BMI), documented            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3011F | LIPID PANEL RESULTS DOCUMENTED               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3014F | SCREENING MAMMOGRAPHY RESULT                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3015F | Cervical cancer screening results docum      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

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| Code  | Description                                    | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 3016F | Patient screened for unhealthy alcohol use     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3017F | COLORECTAL CANCER SCREENING R                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3018F | Pre-procedure risk assessment AND dept         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3019F | Left ventricular ejection fraction (LVEF) as   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3020F | LEFT VENTRICULAR FUNCTION (LFV) A              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3021F | LEFT VENTRICULAR EJECTION FRACT                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3022F | LEFT VENTRICULAR EJECTION FRACT                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3023F | SPIROMETRY RESULTS DOCUMENTED                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3025F | SPIROMETRY TEST RESULTS DEMONS                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3027F | SPIROMETRY TEST RESULTS DEMONS                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3028F | OXYGEN SATURATION RESULTS DOC                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3035F | OXYGEN SATURATION =< 88% OR A P                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3037F | OXYGEN SATURATION > 88% OR PA02                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3038F | Pulmonary function test performed within       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3040F | FUNCTIONAL EXPIRATORY VOLUME (F                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3042F | FUNCTIONAL EXPIRATORY VOLUME (F                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3044F | MOST RECENT HEMOGLOBIN A1C LEV                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3046F | MOST RECENT HEMOGLOBIN A1C LEV                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3048F | MOST RECENT LDL-C < 100MG/DL (DM               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3049F | MOST RECENT LDL-C 100- 129 MG/DL (             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3050F | MOST RECENT LDL-C >= 130 MG/DL (D              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3051F | Most recent hemoglobin A1c (HbA1c) level grea  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3052F | Most recent hemoglobin A1c (HbA1c) level grea  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3055F | Left ventricular ejection fraction (LVEF) les  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3056F | Left ventricular ejection fraction (LVEF) gre  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3060F | POSITIVE MICROALBUMINURIA TEST R               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3061F | NEGATIVE MICROALBUMINURIA TEST                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3062F | POSITIVE MACROALBUMINURIA TEST R               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3066F | DOCUMENTATION OF TREATMENT FO                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3072F | LOW RISK FOR RETINOPATHY (NO EVI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3073F | PRE-SURG (CATARACT) AXIAL LENGTH               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3074F | MOST RECENT SYSTLIC BLOOD PRES                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3075F | MOST RECENT SYSTOLIC BLOOD PRE                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3077F | MOST RECENT SYSTOLIC BLOOD PRE                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3078F | MOST RECENT DIASTOLIC BLOOD PR                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3079F | MOST RECENT DIASTOLIC BLOOD PR                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3080F | MOST RECENT DIASTOLIC BLOOD PR                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3082F | KT/V < 1.2 (CLEARANCE OF UREA (KT)             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3083F | KT/V EQUAL TO OR GREATER THAN 1.               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3084F | KT/V >= 1.7 (CLEARANCE OF UREA (KT)            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3085F | SUICIDE RISK ASSESSED                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3088F | MAJOR DEPRESSIVE DISORDER, MILD                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3089F | MAJOR DEPRESSIVE DISORDER, MOD                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3090F | MAJOR DEPRESSIVE DISORDER, SEVE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3091F | MAJOR DEPRESSIVE DISORDER, SEVE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3092F | MAJOR DEPRESSIVE DISORDER, IN RE               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3093F | DOCUMENTATION OF NEW DIAGNOSIS                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3095F | CENTRAL DUAL-ENERGY X-RAY ABSO                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3096F | CENTRAL DUAL-ENERGY X-RAY ABSO                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3100F | CAROTID IMAGING STUDY RPRT INCL                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3110F | PRESENCE OR ABSENCE OF HEMORR                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3111F | CT OR MRI OF THE BRAIN PERFORME                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3112F | CT OR MRI OF THE BRAIN PERFORME                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3115F | Quantitative results of an evaluation of cur   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3117F | Heart Failure disease specific structured a    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3118F | New York Heart Association (NYHA) Class        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3119F | No Evaluation of level of activity or clinical | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3120F | 12-LEAD ECG PERFORMED                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3126F | Patient has documented immunity to Hepa        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3130F | UPPER GASTROINTESTINAL ENDOSC                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3132F | DOCUMENTATION OF REFERRAL FOR                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3140F | UPPER GASTROINTESTINAL ENDOSC                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3141F | UPPER GASTROINTESTINAL ENDOSC                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3142F | BARIUM SWALLOW TEST ORDERED                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3150F | FORCEPS ESOPHAGEAL BIOPSY PER                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3155F | CYTOGENETIC TESTING PERFORMED                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3160F | DOCUMENTATION OF IRON STORES P                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3170F | Baseline flow cytometry studies performed      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3200F | BARIUM SWALLOW TEST NOT ORDER                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3210F | GROUP A STREP TEST PERFORMED                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3215F | Patient has documented immunity to Hepa        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

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|-------|----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 3216F | Patient has documented immunity to Hepa      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3218F | RNA testing for Hepatitis C documented a     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3220F | Hepatitis C quantitative RNA testing docu    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3230F | Documentation that hearing test was perf     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3250F | Specimen biopsy site other than anatomic     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3260F | pT category (primary tumor), pN category     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3265F | Ribonucleic acid (RNA) testing for Hepati    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3266F | Hepatitis C genotype testing documented      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3267F | Pathology report includes pT category, pN    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3268F | Prostate-specific antigen (PSA), AND prim    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3269F | Bone scan performed prior to initiation of t | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3270F | Bone scan not performed prior to initiation  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3271F | Low risk of recurrence, prostate cancer      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3272F | Intermediate risk of recurrence, prostate ca | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3273F | High risk of recurrence, prostate cancer     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3274F | Prostate cancer risk of recurrence not dete  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3278F | Serum levels of calcium, phosphorus, inta    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3279F | Hemoglobin level greater than or equal to    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3280F | Hemoglobin level 11 g/dL to 12.9 g/dL        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3281F | Hemoglobin level less than 11 g/dL           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3284F | Intraocular pressure (IOP) reduced by a va   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3285F | Intraocular pressure (IOP) reduced by a va   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3288F | Falls risk assessment documented             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3290F | Patient is D (Rh) negative and unsensitize   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3291F | Patient is D (Rh) positive or sensitized     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3292F | HIV testing ordered or documented and re     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3293F | ABO and Rh blood typing documented as        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3294F | Group B Streptococcus (GBS) screening d      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3300F | American Joint Committee on Cancer (AJC      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3301F | Cancer stage documented in medical recd      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3315F | Estrogen receptor (ER) or progesterone re    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3316F | Estrogen receptor (ER) and progesterone      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3317F | Pathology report confirming malignancy dd    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3318F | Pathology report confirming malignancy dd    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3319F | One of the following diagnostic imaging st   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3320F | None of the following diagnostic imaging s   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3321F | AJCC Cancer Stage 0 or 1A Melanoma, d        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3322F | Melanoma greater than AJCC Stage 0 or I      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3323F | Clinical tumor, node and metastases (TNN     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3324F | MRI or CT scan ordered, reviewed or requ     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3325F | Preoperative assessment of functional or r   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3328F | Performance status documented and revie      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3330F | Imaging study ordered                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3331F | Imaging study not ordered                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3340F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3341F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3342F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3343F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3344F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3345F | Breast Imaging-Reporting and Data Syste      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3350F | Mammogram assessment category of "knd        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3351F | Negative screen for depressive symptoms      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3352F | No significant depressive symptpoms as ca    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3353F | Mild to moderate depressive symptoms as      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3354F | Clinically significant depressive symptoms   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3370F | AJCC Breast Cancer Stage 0, documente        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3372F | AJCC Breast Cancer Stage I: T1mic, T1a       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3374F | AJCC Breast Cancer Stage I: T1c (tumor s     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3376F | AJCC Breast Cancer Stage II, documente       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3378F | AJCC Breast Cancer Stage III, documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3380F | AJCC Breast Cancer Stage IV, documente       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3382F | AJCC colon cancer, Stage 0, documented       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3384F | AJCC colon cancer, Stage I, documented       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3386F | AJCC colon cancer, Stage II, documented      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3388F | AJCC colon cancer, Stage III, documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3390F | AJCC colon cancer, Stage IV, documente       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3394F | Quantitative HER2 Immunohistochemistry       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3395F | Quantitative non-HER2 Immunohistochem        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3450F | Dyspnea screened, no dyspnea or mild dy      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3451F | Dyspnea screened, moderate or severe dy      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3452F | Dyspnea not screened (Pall Cr)               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3455F | TB screening performed and results interp    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3470F | Rheumatoid arthritis (RA) disease activity,  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3471F | Rheumatoid arthritis (RA) disease activity,  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3472F | Rheumatoid arthritis (RA) disease activity,  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3475F | Disease prognosis for rheumatoid arthritis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3476F | Disease prognosis for rheumatoid arthritis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 3490F | History of AIDS-defining condition (HIV)      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3491F | HIV indeterminate (infants of undetermined)   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3492F | History of nadir CD4+ cell count <350 cells   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3493F | No history of nadir CD4+ cell count <350 c    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3494F | CD4+ cell count <200 cells/mm3 (HIV)          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3495F | CD4+ cell count 200 - 499 cells/mm3 (HIV)     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3496F | CD4+ cell count >=500 cells/mm3 (HIV)         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3497F | CD4+ cell percentage <15% (HIV)               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3498F | CD4+ cell percentage >=15% (HIV)              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3500F | CD4+ cell count or CD4+ cell percentage       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3502F | HIV RNA viral load below limits of quantific  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3503F | HIV RNA viral load not below limits of qual   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3510F | Documentation that tuberculosis (TB) scre     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3511F | Chlamydia and gonorrhea screenings docu       | No                  |                      |                   | ALL           |
| 3511F | Chlamydia and gonorrhea screenings document   | Not Covered         |                      |                   | CAID          |
| 3512F | Syphilis screening documented as perform      | No                  |                      |                   | ALL           |
| 3512F | Syphilis screening documented as performed (H | Not Covered         |                      |                   | CAID          |
| 3513F | Hepatitis B screening documented as perf      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3514F | Hepatitis C screening documented as perf      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3515F | Patient has documented immunity to Hepa       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3517F | Hepatitis B Virus (HBV) status assessed a     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3520F | Clostridium difficile testing performed       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3550F | Low risk for thromboembolism (AFIB)           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3551F | Intermediate risk for thromboembolism (AF     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3552F | High risk for thromboembolism (AFIB)          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3555F | Patient had International Normalized Ratio    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3570F | Final report for bone scintigraphy study ind  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3572F | Patient considered to be potentially at risk  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3573F | Patient not considered to be potentially at   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3650F | Electroencephalogram (EEG) ordered, rev       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3700F | Psychiatric disorders or disturbances asse    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3720F | Cognitive impairment or dysfunction asses     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3725F | Screening for depression performed            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3750F | Patient not receiving dose of corticosteroid  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3751F | Electrodiagnostic studies for distal symme    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3752F | Electrodiagnostic studies for distal symme    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3753F | Patient has clear clinical symptoms and sig   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3754F | Screening tests for diabetes mellitus revie   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3755F | Cognitive and behavioral impairment scree     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3756F | Patient has pseudobulbar affect, sialorrh     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3757F | Patient does not have pseudobulbar affect     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3758F | Patient referred for pulmonary function tes   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3759F | Patient screened for dysphagia, weight los    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3760F | Patient exhibits dysphagia, weight loss, or   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3761F | Patient does not exhibit dysphagia, weight    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3762F | Patient is dysarthric (DSP)                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3763F | Patient is not dysarthric (DSP)               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3775F | Adenoma(s) or other neoplasm detected d       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 3776F | Adenoma(s) or other neoplasm not detect       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4000F | TOBACCO USE CESSATION INTERVEN                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4001F | TOBACCO USE CESSATION INTERVEN                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4002F | STATIN THERAPY, PRESCRIBED                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4003F | PATIENT EDUCATION, WRITTEN/ORAL               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4004F | Patient screened for tobacco use AND rec      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4005F | PHARMACOLOGIC THERAPY (OTHER T                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4006F | BETA-BLOCKER THERAPY, PRESCRIBI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4008F | Beta-Blocker therapy prescribed or current    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4010F | Angiotensin converting enzyme (ACE) inh       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4011F | ORAL ANTIPALTELET THERAPY, PRES               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4012F | WARFARIN THERAPY PRESCRIBED                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4013F | Statin therapy prescribed or currently being  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4014F | WRITTEN DISCH INSTR PRVD TO HEAL              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4015F | PERSISTENT ASTHMA, PREFERRED LI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4016F | ANTI-INFLAMMATORY/ANALGESIC AGE               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4017F | GASTROINTESTINAL PROPHYLAXIS FC               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4018F | THERAPEUTIC EXERCISE FOR INVOLV               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4019F | DOCUMENTATION OF RECEIPT OF CO                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4025F | INHALED BRONCHODILATOR PRESCR                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4030F | LONG TERM OXYGEN THERAPY PRES                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4033F | PULMONARY REHABILITATION EXERC                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4035F | INFLUENZA IMMUNIZATION RECOMME                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4037F | INFLUENZA IMMUNIZATION ORDERED                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4040F | PNEUMOCOCCAL IMMUNIZATION ORD                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4041F | DOCUMENTATION OF ORDER FOR CEI                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 4042F | DOCUMENTATION THAT PROPHYLACT                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4043F | DOCUMENTATION THAT AN ORDER W                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4044F | DOCUMENTATION THAT AN ORDER W                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4045F | APPROPRIATE EMPIRIC ANTIBIOTIC P              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4046F | DOCUMENTATION THAT PROPHYLACT                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4047F | DOCUMENTATION OF ORDER FOR PRI                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4048F | DOCUMENTATION THAT PROPHYLACT                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4049F | DOCUMENTATION THAT ORDER WAS                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4050F | HYPERTENSION PLAN OF CARE DOCU                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4051F | REFERRED FOR AN ARTERIO-VEINOUS               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4052F | HEMODIALYSIS VIA FUNCTIONING ART              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4053F | HEMODIALYSIS VIA FUNCTIONING ART              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4054F | HEMODIALYSIS VIA CATHETER (ESRD)              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4055F | PATIENT RECEIVING PERITONEAL DIA              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4056F | APPROPRIATE ORAL REHYDRATION S                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4058F | PEDIATRIC GASTROENTERITIS EDUCA               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4060F | PSYCHOTHERAPY SERVICES PROVIDI                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4062F | PATIENT REFERRAL FOR PSYCHOTHE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4063F | Antidepressant pharmacotherapy consider       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4064F | ANTIDEPRESSANT PHARMACOTHERA                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4065F | ANTIPSYCHOTIC PHARMACOTHERAPY                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4066F | ELECTROCONVULSIVE THERAPY (ECT)               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4067F | PATIENT REFERRAL FOR ELECTROCC                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4069F | Venous thromboembolism (VTE) prophyla         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4070F | DEEP VEIN THROMBOSIS (DVT) PROPI              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4073F | ORAL ANTIPLATELET THERAPY PRES                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4075F | ANTICOAGULANT THERAPY PRESCRIB                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4077F | DOCUMENTATION THAT TISSUE PLAS                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4079F | DOCUMENTATION THAT REHABILITAT                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4084F | ASPIRIN RECEIVED WITHIN 24 HOURS              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4086F | Aspirin or clopidogrel prescribed             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4090F | PATIENT RECEIVING ERYTHROPOIETI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4095F | PATIENT NOT RECEIVING ERYTHROPO               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4100F | BISPHOSPHONATE THERAPY, INTRAV                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4110F | INTERNAL MAMMARY ARTERY GRAFT                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4115F | BETA BLOCKER ADMINISTERED WITHI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4120F | ANTIBIOTIC PRESCRIBED OR DISPENS              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4124F | ANTIBIOTIC NEITHER PRESCRIBED NC              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4130F | Topical preparations (including OTC) pres     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4131F | Systemic antimicrobial therapy prescribed     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4132F | Systemic antimicrobial therapy not prescri    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4133F | Antihistamines or decongestants prescribe     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4134F | Antihistamines or decongestants neither p     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4135F | Systemic corticosteroids prescribed           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4136F | Systemic corticosteroids not prescribed       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4140F | Inhaled corticosteroids prescribed            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4142F | Corticosteroid sparing therapy prescribed     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4144F | Alternative long-term control medication pr   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4145F | Two or more anti-hypertensive agents pres     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4148F | Hepatitis A vaccine injection administered    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4149F | Hepatitis B vaccine injection administered    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4150F | Patient receiving antiviral treatment for He  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4151F | Patient not receiving antiviral treatment for | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4153F | Combination peginterferon and ribavirin th    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4155F | Hepatitis A vaccine series previously recei   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4157F | Hepatitis B vaccine series previously recei   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4158F | Patient counseled about risks of alcohol us   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4159F | Counseling regarding contraception receiv     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4163F | Patient counseling at a minimum on all of     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4164F | Adjuvant (ie, in combination with external t  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4165F | Three-dimensional conformal radiotherapy      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4167F | Head of bed elevation (30-45 degrees) on      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4168F | Patient receiving care in the intensive care  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4169F | Patient either not receiving care in the inte | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4171F | Patient receiving Erythropoiesis-Stimulatin   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4172F | Patient not receiving Erythropoiesis-Stimu    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4174F | Counseling about the potential impact of g    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4175F | Best-corrected visual acuity of 20/40 or be   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4176F | Counseling about value of protection from     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4177F | Counseling about the benefits and/or risks    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4178F | Anti-D immune globulin received between       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4179F | Tamoxifen or aromatase inhibitor (AI) pres    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4180F | Adjuvant chemotherapy referred, prescrib      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|---------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| 4181F | Conformal radiation therapy received              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4182F | Conformal radiation therapy not received          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4185F | Continuous (12-months) therapy with prot          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4186F | No continuous (12-months) therapy with ei         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4187F | Disease modifying anti-rheumatic drug the         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4188F | Appropriate angiotensin converting enzym          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4189F | Appropriate digoxin therapeutic monitoring        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4190F | Appropriate diuretic therapeutic monitoring       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4191F | Appropriate anticonvulsant therapeutic mo         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4192F | Patient not receiving glucocorticoid therap       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4193F | Patient receiving <10 mg daily prednisone         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4194F | Patient receiving >= 10 mg daily prednisor        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4195F | Patient receiving first-time biologic diseas      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4196F | Patient not receiving first-time biologic dis     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4200F | External beam radiotherapy as primary the         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4201F | External beam radiotherapy with or without        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4210F | Angiotensin converting enzyme (ACE) or a          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4220F | Digoxin medication therapy for 6 months o         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4221F | Diuretic medication therapy for 6 months o        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4230F | Anticonvulsant medication therapy for 6 m         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4240F | Instruction in therapeutic exercise with foll     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4242F | Counseling for supervised exercise progra         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4245F | Patient counseled during the initial visit to     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4248F | Patient counseled during the initial visit for    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4250F | Active warming used intraoperatively for th       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4255F | Duration of general or neuraxial anesthesi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4256F | Duration of general or neuraxial anesthesi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4260F | Wound surface culture technique used (C)          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4261F | Technique other than surface culture of th        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4265F | Use of wet to dry dressings prescribed or r       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4266F | Use of wet to dry dressings neither prescri       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4267F | Compression therapy prescribed (CWC)              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4268F | Patient education regarding the need for lo       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4269F | Appropriate method of offloading (pressur         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4270F | Patient receiving potent antiretroviral thera     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4271F | Patient receiving potent antiretroviral thera     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4274F | Influenza immunization administered or pr         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4275F | HEPATITIS B VACCINE INJECTION ADM                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4276F | POTENT ANTIRETROVIRAL THERAPY f                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4279F | PNEUMOCYSTIS JIROVECI PNEUMONI                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4280F | PNEUMOCUSTIS JIROVECI PNEUMONI                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4290F | PATIENT SCREENED FOR INJECTION I                  | No                  |                      |                   | ALL           |
| 4290F | Patient screened for injection drug use (HIV)     | Not Covered         |                      |                   | CAID          |
| 4293F | PATIENT SCREENED FOR HIGH-RISK S                  | No                  |                      |                   | ALL           |
| 4293F | Patient screened for high-risk sexual behavior (H | Not Covered         |                      |                   | CAID          |
| 4300F | PATIENT RECEIVING WARFARIN THER                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4301F | PATIENT NOT RECEIVING WARFARIN T                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4305F | PATIENT EDUCATION REGARDING API                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4306F | PATIENT COUNSELED REGARDING PS                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4320F | PATIENT COUNSELED REGARDING PS                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4322F | Caregiver provided with education and ref         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4324F | Patient (or caregiver) queried about Parkir       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4325F | Medical and surgical treatment options rev        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4326F | Patient (Or Caregiver) Queried About Sym          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4328F | Patient (Or Caregiver) Queried About Slee         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4330F | Counseling about epilepsy specific safety i       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4340F | Counseling for women of childbearing pote         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4350F | Counseling provided on symptom manage             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4400F | Rehabilitative therapy options discussed w        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4450F | Self-care education provided to patient           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4470F | Implantable Cardioverter-Defibrillator (ICD       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4480F | Patient receiving ACE Inhibitor/ARB Thera         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4481F | Patient receiving ACE Inhibitor/ARB Thera         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4500F | Referred to an outpatient cardiac rehabilita      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4510F | Previous cardiac rehabilitation for qualifyin     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4525F | Neuropsychiatric intervention ordered             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4526F | Neuropsychiatric intervention received            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| 4540F | Disease modifying pharmacotherapy discu           | Not Covered         |                      |                   | ALL           |
| 4541F | Patient offered treatment for pseudobulbar        | Not Covered         |                      |                   | ALL           |
| 4550F | Options for noninvasive respiratory suppor        | Not Covered         |                      |                   | ALL           |
| 4551F | Nutritional support offered (DSP)                 | Not Covered         |                      |                   | ALL           |
| 4552F | Patient offered referral to a speech langua       | Not Covered         |                      |                   | ALL           |
| 4553F | Patient offered assistance in planning for e      | Not Covered         |                      |                   | ALL           |
| 4554F | Patient received inhalational anesthetic ag       | Not Covered         |                      |                   | ALL           |
| 4555F | Patient did not receive inhalational anesth       | Not Covered         |                      |                   | ALL           |
| 4556F | Patient exhibits 3 or more risk factors for p     | Not Covered         |                      |                   | ALL           |



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|-------|-----------------------------------------------|---------------------|----------------------|-------------------|---------------------------------|
| 4557F | Patient does not exhibit 3 or more risk fact  | Not Covered         |                      |                   | ALL                             |
| 4558F | Patient received at least 2 prophylactic pha  | Not Covered         |                      |                   | ALL                             |
| 4559F | At least 1 body temperature measurement       | Not Covered         |                      |                   | ALL                             |
| 4560F | Anesthesia technique did not involve gene     | Not Covered         |                      |                   | ALL                             |
| 4561F | Patient has a coronary artery stent (Peri2)   | Not Covered         |                      |                   | ALL                             |
| 4562F | Patient does not have a coronary artery st    | Not Covered         |                      |                   | ALL                             |
| 4563F | Patient received aspirin within 24 hours pri  | Not Covered         |                      |                   | ALL                             |
| 5005F | PATIENT COUNSELED ON SELF-EXAM                | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5010F | FINDINGS OF DILATED MACULAR OR F              | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5015F | DOCUMENTATION OF COMMUNICATIO                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5020F | TREATMENT SUMMARY REPORT COM                  | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5050F | TREATMENT PLAN COMMUNICATED T                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5060F | FINDINGS FROM DIAGNOSTIC MAMMO                | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5062F | DOCUMENTATION OF DIRECT COMMU                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5100F | POTENTIAL RISK FOR FRACTURE COM               | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5200F | Consideration of referral for a neurological  | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 5250F | Asthma discharge plan present                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6005F | RATIONALE (EG, SEVERITY OF ILLNES             | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6010F | DYSPHAGIA SCREENING CONDUCTED                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6015F | PATIENT RECEIVING OR ELIGIBLE TO I            | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6020F | NPO (NOTHING BY MOUTH) ORDERED                | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6030F | ALL ELEMENTS OF MAXIMAL STERILE               | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6040F | USE OF APPROPRIATE RADIATION DO               | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6045F | RADIATION EXPOSURE OR EXPOSURE                | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6070F | Patient queried and counseled about anti-     | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6080F | Patient (or caregiver) queried about falls (f | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6090F | Patient (or caregiver) counseled about saf    | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6100F | Timeout to verify correct patient, correct si | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6101F | Safety counseling for Dementia provided       | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6102F | Safety counseling for dementia ordered        | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6110F | Counseling provided regarding risks of dri    | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 6150F | Patient not receiving a first course of anti- | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 7010F | PATIENT INFORMATION ENTERED INT               | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 7020F | Mammogram assessment category (eg, M          | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 7025F | PATIENT INFORMATION ENTERED INT               | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9001F | Aortic aneurysm less than 5.0 cm maximu       | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9002F | Aortic aneurysm 5.0 - 5.4 cm maximum dia      | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9003F | Aortic aneurysm 5.5 - 5.9 cm maximum dia      | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9004F | Aortic aneurysm 6.0 cm or greater maximu      | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9005F | Asymptomatic carotid stenosis: No history     | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9006F | Symptomatic carotid stenosis: Ipsilateral c   | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| 9007F | Other carotid stenosis: Ipsilateral TIA or st | Not Covered         | <a href="#">INFO</a> |                   | ALL                             |
| A0021 | AMBULANCE SERVICE, OUTSIDE STAT               | Not Covered         |                      |                   | ALL                             |
| A0080 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |
| A0080 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0090 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |
| A0090 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0100 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP, DSNP)    |
| A0100 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP, DSNP                 |
| A0110 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP, DSNP)    |
| A0110 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP, DSNP                 |
| A0120 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |
| A0120 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0130 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP, DSNP)    |
| A0130 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP, DSNP                 |
| A0140 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | HAP, AHL, FED, UAW, QHP         |
| A0140 | NON-EMERGENCY TRANSPORTATION                  | Yes                 |                      |                   | MED (Senior Plus & AHL MA only) |
| A0140 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | PRICHO, Caid, MMP               |
| A0160 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |
| A0160 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0170 | TRANSPORTATION ANCILLARY: PARK                | Not Covered         |                      |                   | ALL (Except Caid, MMP, DSNP)    |
| A0170 | TRANSPORTATION ANCILLARY: PARK                | No                  |                      |                   | Caid, MMP, DSNP                 |
| A0180 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0180 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | HAP, AHL, FED, UAW, QHP         |
| A0180 | NON-EMERGENCY TRANSPORTATION                  | Yes                 |                      |                   | MED (Senior Plus & AHL MA only) |
| A0180 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | PRICHO                          |
| A0190 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |
| A0190 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0200 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | Caid, MMP                       |
| A0200 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | HAP, AHL, FED, UAW, QHP         |
| A0200 | NON-EMERGENCY TRANSPORTATION                  | Yes                 |                      |                   | MED (Senior Plus & AHL MA only) |
| A0200 | NON-EMERGENCY TRANSPORTATION                  | No                  |                      |                   | PRICHO                          |
| A0210 | NON-EMERGENCY TRANSPORTATION                  | Not Covered         |                      |                   | ALL (Except Caid, MMP)          |

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|-------|------------------------------------------|---------------------|-----|-------------------|---------------------------------------------|
| A0210 | NON-EMERGENCY TRANSPORTATION             | No                  |     |                   | Caid, MMP                                   |
| A0225 | AMBULANCE SERVICE, NEONATAL TR           | No                  |     |                   | ALL                                         |
| A0380 | BLS MILEAGE (PER MILE)                   | No                  |     |                   | ALL                                         |
| A0380 | BLS MILEAGE (PER MILE)                   | Not Covered         |     |                   | CAID                                        |
| A0382 | BLS ROUTINE DISPOSABLE SUPPLIES          | No                  |     |                   | ALL                                         |
| A0382 | BLS ROUTINE DISPOSABLE SUPPLIES          | Not Covered         |     |                   | CAID                                        |
| A0384 | BLS SPECIALIZED SERVICE DISPOSAB         | No                  |     |                   | ALL                                         |
| A0384 | BLS SPECIALIZED SERVICE DISPOSABLE SU    | Not Covered         |     |                   | CAID                                        |
| A0390 | ALS MILEAGE (PER MILE)                   | No                  |     |                   | ALL                                         |
| A0390 | ALS MILEAGE (PER MILE)                   | Not Covered         |     |                   | CAID                                        |
| A0392 | ALS SPECIALIZED SERVICE DISPOSAB         | No                  |     |                   | ALL                                         |
| A0392 | ALS SPECIALIZED SERVICE DISPOSABLE SU    | Not Covered         |     |                   | CAID                                        |
| A0394 | ALS SPECIALIZED SERVICE DISPOSAB         | No                  |     |                   | ALL                                         |
| A0394 | ALS SPECIALIZED SERVICE DISPOSABLE SU    | Not Covered         |     |                   | CAID                                        |
| A0396 | ALS SPECIALIZED SERVICE DISPOSAB         | No                  |     |                   | ALL                                         |
| A0396 | ALS SPECIALIZED SERVICE DISPOSABLE SU    | Not Covered         |     |                   | CAID                                        |
| A0398 | ALS ROUTINE DISPOSABLE SUPPLIES          | No                  |     |                   | ALL                                         |
| A0398 | ALS ROUTINE DISPOSABLE SUPPLIES          | Not Covered         |     |                   | CAID                                        |
| A0420 | AMBULANCE WAITING TIME (ALS OR B         | No                  |     |                   | ALL                                         |
| A0422 | AMBULANCE (ALS OR BLS) OXYGEN A          | No                  |     |                   | ALL                                         |
| A0422 | AMBULANCE (ALS OR BLS) OXYGEN AND O      | Not Covered         |     |                   | CAID                                        |
| A0424 | EXTRA AMBULANCE ATTENDANT, GR            | No                  | *   |                   | ALL                                         |
| A0425 | GROUND MILEAGE, PER STATUTE MIL          | No                  | -   |                   | ALL                                         |
| A0426 | AMBULANCE SERVICE, ADVANCED LIF          | No                  |     |                   | ALL                                         |
| A0427 | AMBULANCE SERVICE, ADVANCED LIF          | No                  |     |                   | ALL                                         |
| A0428 | AMBULANCE SERVICE, BASIC LIFE SU         | No                  |     |                   | ALL                                         |
| A0429 | AMBULANCE SERVICE, BASIC LIFE SU         | No                  |     |                   | ALL                                         |
| A0430 | AMBULANCE SERVICE, CONVENTIONA           | No                  | *   |                   | ALL                                         |
| A0431 | AMBULANCE SERVICE, CONVENTIONA           | No                  | *   |                   | ALL                                         |
| A0432 | PARAMEDIC INTERCEPT (PI), RURAL A        | Not Covered         | -   |                   | ALL (Except MMP)                            |
| A0432 | PARAMEDIC INTERCEPT (PI), RURAL A        | No                  |     |                   | MMP                                         |
| A0433 | ADVANCED LIFE SUPPORT, LEVEL 2 (A        | No                  |     |                   | ALL                                         |
| A0434 | SPECIALTY CARE TRANSPORT (SCT)           | No                  |     |                   | ALL                                         |
| A0434 | SPECIALTY CARE TRANSPORT (SCT)           | Not Covered         |     |                   | CAID                                        |
| A0435 | FIXED WING AIR MILEAGE, PER STATU        | No                  | *   |                   | ALL                                         |
| A0436 | ROTARY WING AIR MILEAGE, PER STA         | No                  | *   |                   | ALL                                         |
| A0888 | NONCOVERED AMBULANCE MILEAGE,            | Not Covered         | -   |                   | ALL                                         |
| A0998 | AMBULANCE RESPONSE AND TREATM            | No                  |     |                   | ALL                                         |
| A0999 | UNLISTED AMBULANCE SERVICE               | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)            |
| A0999 | UNLISTED AMBULANCE SERVICE               | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid                  |
| A0999 | UNLISTED AMBULANCE SERVICE               | No                  |     |                   | PRICHO                                      |
| A2001 | Innovamatrix ac, per square centimeter   | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2001 | Innovamatrix ac, per square centimeter   | Yes                 |     |                   | MED, CAID, MMP                              |
| A2001 | Innovamatrix ac, per square centimeter   | No                  |     |                   | MCWRAP, PRICHO                              |
| A2002 | Mirragen advanced wound matrix, per squ  | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2002 | Mirragen advanced wound matrix, per squ  | Yes                 |     |                   | MED, CAID, MMP                              |
| A2002 | Mirragen advanced wound matrix, per squ  | No                  |     |                   | MCWRAP, PRICHO                              |
| A2003 | Bio-connekt wound matrix, per square cen | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2003 | Bio-connekt wound matrix, per square cen | Yes                 |     |                   | MED, CAID, MMP                              |
| A2003 | Bio-connekt wound matrix, per square cen | No                  |     |                   | MCWRAP, PRICHO                              |
| A2004 | Xcellistem, per square centimeter        | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2004 | Xcellistem, per square centimeter        | Yes                 |     |                   | MED, CAID, MMP                              |
| A2004 | Xcellistem, per square centimeter        | No                  |     |                   | MCWRAP, PRICHO                              |
| A2005 | Microlyte matrix, per square centimeter  | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2005 | Microlyte matrix, per square centimeter  | Yes                 |     |                   | MED, CAID, MMP                              |
| A2005 | Microlyte matrix, per square centimeter  | No                  |     |                   | MCWRAP, PRICHO                              |
| A2006 | Novosorb synpath dermal matrix, per squa | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2006 | Novosorb synpath dermal matrix, per squa | Yes                 |     |                   | MED, CAID, MMP                              |
| A2006 | Novosorb synpath dermal matrix, per squa | No                  |     |                   | MCWRAP, PRICHO                              |
| A2007 | Restrata, per square centimeter          | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2007 | Restrata, per square centimeter          | Yes                 |     |                   | MED, CAID, MMP                              |
| A2007 | Restrata, per square centimeter          | No                  |     |                   | MCWRAP, PRICHO                              |
| A2008 | Theragenesis, per square centimeter      | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2008 | Theragenesis, per square centimeter      | Yes                 |     |                   | MED, CAID, MMP                              |
| A2008 | Theragenesis, per square centimeter      | No                  |     |                   | MCWRAP, PRICHO                              |
| A2009 | Symphony, per square centimeter          | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2009 | Symphony, per square centimeter          | Yes                 |     |                   | MED, CAID, MMP                              |
| A2009 | Symphony, per square centimeter          | No                  |     |                   | MCWRAP, PRICHO                              |
| A2010 | Apis, per square centimeter              | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| A2010 | Apis, per square centimeter              | Yes                 |     |                   | MED, CAID, MMP                              |
| A2010 | Apis, per square centimeter              | No                  |     |                   | MCWRAP, PRICHO                              |
| A2011 | Supra sdrm, per square centimeter        | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| A2011 | Supra sdrm, per square centimeter        | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                    |
| A2012 | Suprathel, per square centimeter         | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| A2012 | Suprathel, per square centimeter         | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                    |
| A2013 | Innovamatrix fs, per square centimeter   | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| A2013 | Innovamatrix fs, per square centimeter   | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                    |

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|-------|----------------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| A2022 | Innovaburn or innovamatrix xl, per square          | Yes                 |     |                   | ALL (Except MA, MCWRAP, PRICHO)       |
| A2022 | Innovaburn or innovamatrix xl, per square          | No                  |     |                   | MA, MCWRAP, PRICHO                    |
| A2023 | Innovamatrix pd, 1 mg                              | Yes                 |     |                   | ALL (Except MA, MCWRAP, PRICHO)       |
| A2023 | Innovamatrix pd, 1 mg                              | No                  |     |                   | MA, MCWRAP, PRICHO                    |
| A2024 | Resolve matrix, per square centimeter              | Yes                 |     |                   | ALL (Except MA, MCWRAP, PRICHO)       |
| A2024 | Resolve matrix, per square centimeter              | No                  |     |                   | MA, MCWRAP, PRICHO                    |
| A2025 | Miro3d, per cubic centimeter                       | Yes                 |     |                   | ALL (Except MA, MCWRAP, PRICHO)       |
| A2025 | Miro3d, per cubic centimeter                       | No                  |     |                   | MA, MCWRAP, PRICHO                    |
| A2026 | Restrata minimatrix, 5 mg                          | Yes                 |     |                   | ALL (Except McWRAP)                   |
| A2026 | Restrata minimatrix, 5 mg                          | No                  |     |                   | McWRAP                                |
| A4100 | Skin substitute, fda cleared as a device, n        | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO) |
| A4100 | Skin substitute, fda cleared as a device, n        | No                  |     |                   | MED, MMP, MCWRAP, PRICHO              |
| A4224 | Supplies for maintenance of insulin infusio        | No                  |     |                   | ALL (Except CAID)                     |
| A4224 | Supplies for maintenance of insulin infusion cath  | Not Covered         |     |                   | CAID                                  |
| A4225 | Supplies for external insulin infusion pump        | No                  |     |                   | ALL (Except CAID)                     |
| A4238 | Supply allowance for adjunctive continuou          | No                  |     |                   | ALL                                   |
| A4261 | CERVICAL CAP FOR CONTRACEPTIVE                     | No                  |     |                   | ALL                                   |
| A4262 | TEMPORARY, ABSORBABLE LACRIMAL                     | No                  |     |                   | ALL                                   |
| A4263 | PERMANENT, LONG TERM, NON-DISSO                    | No                  |     |                   | ALL                                   |
| A4264 | PERMANENT IMPLANTABLE CONTRAC                      | No                  |     | S                 | ALL                                   |
| A4266 | DIAPHRAGM FOR CONTRACEPTIVE US                     | No                  |     |                   | ALL                                   |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, f                    | No                  |     |                   | ALL Except MED)                       |
| A4267 | CONTRACEPTIVE SUPPLY, CONDOM, f                    | Not Covered         |     |                   | MED                                   |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, f                    | No                  |     |                   | ALL Except MED)                       |
| A4268 | CONTRACEPTIVE SUPPLY, CONDOM, f                    | Not Covered         |     |                   | MED                                   |
| A4269 | CONTRACEPTIVE SUPPLY, PERMICIDE                    | No                  |     |                   | ALL                                   |
| A4270 | DISPOSABLE ENDOSCOPE SHEATH, E                     | No                  |     |                   | ALL                                   |
| A4271 | Integrated lancing and blood sample testin         | No                  |     |                   | ALL                                   |
| A4281 | TUBING FOR BREAST PUMP, REPLACEMEN                 | No                  |     |                   | ALL                                   |
| A4290 | SACRAL NERVE STIMULATION TEST LI                   | No                  |     |                   | ALL                                   |
| A4300 | IMPLANTABLE ACCESS CATHETER, EX                    | No                  |     |                   | ALL                                   |
| A4301 | IMPLANTABLE ACCESS TOTAL CATHE                     | No                  |     |                   | ALL                                   |
| A4337 | Incontinence supply, rectal insert, any type, each | No                  |     |                   | ALL                                   |
| A4467 | Belt, strap, sleeve, garment, or covering, a       | Not Covered         |     |                   | ALL (Except Caid, MMP)                |
| A4467 | Belt, strap, sleeve, garment, or covering, a       | No                  |     |                   | CAID, MMP                             |
| A4470 | GRAVLEE JET WASHER                                 | No                  |     |                   | ALL                                   |
| A4480 | VABRA ASPIRATOR                                    | No                  |     |                   | ALL                                   |
| A4553 | Non-disposable underpads, all sizes                | Not Covered         |     |                   | ALL                                   |
| A4555 | Electrode/transducer for use with electrica        | Yes                 |     |                   | ALL                                   |
| A4555 | Electrode/transducer for use with electrica        | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| A4561 | PESSARY, RUBBER, ANY TYPE                          | No                  |     |                   | ALL (Except Caid, MMP)                |
| A4561 | PESSARY, RUBBER, ANY TYPE                          | Yes                 |     |                   | Caid, MMP                             |
| A4562 | PESSARY, NON RUBBER, ANY TYPE                      | No                  |     |                   | ALL (Except Caid, MMP)                |
| A4562 | PESSARY, NON RUBBER, ANY TYPE                      | Yes                 |     |                   | Caid, MMP                             |
| A4563 | Rectal control system for vaginal insertion, for   | No                  |     |                   | ALL                                   |
| A4641 | RADIOPHARMACEUTICAL, DIAGNOSTIC                    | No                  |     |                   | ALL (Except Caid)                     |
| A4641 | RADIOPHARMACEUTICAL, DIAGNOSTIC                    | Yes                 |     |                   | Caid                                  |
| A4642 | INDIUM IN-111 SATUMOMAB PENDETID                   | No                  |     |                   | ALL (Except Caid)                     |
| A4642 | INDIUM IN-111 SATUMOMAB PENDETID                   | Yes                 |     |                   | Caid                                  |
| A4648 | TISSUE MARKER, IMPLANTABLE, ANY                    | No                  |     |                   | ALL                                   |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS                     | Yes                 |     |                   | ALL                                   |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS                     | No                  |     |                   | MEDICARE COMP/MCWRAP                  |
| A4649 | SURGICAL SUPPLY; MISCELLANEOUS                     | No                  |     |                   | PRICHO                                |
| A4650 | IMPLANTABLE RADIATION DOSIMETER                    | No                  |     |                   | ALL                                   |
| A4651 | CALIBRATED MICROCAPILLARY TUBE,                    | No                  |     |                   | ALL                                   |
| A4651 | CALIBRATED MICROCAPILLARY TUBE, EACH               | Not Covered         |     |                   | CAID                                  |
| A4652 | MICROCROCAPILLARY TUBE SEALANT                     | No                  |     |                   | ALL                                   |
| A4652 | MICROCROCAPILLARY TUBE SEALANT                     | Not Covered         |     |                   | CAID                                  |
| A4653 | PERITONEAL DIALYSIS CATHETER AN                    | No                  |     |                   | ALL                                   |
| A4653 | PERITONEAL DIALYSIS CATHETER ANCHOR                | Not Covered         |     |                   | CAID                                  |
| A4657 | SYRINGE, WITH OR WITHOUT NEEDLE                    | No                  |     |                   | ALL                                   |
| A4671 | DISPOSABLE CYCLER SET USED WITH                    | No                  |     |                   | ALL                                   |
| A4671 | DISPOSABLE CYCLER SET USED WITH CYC                | Not Covered         |     |                   | CAID                                  |
| A4672 | DRAINAGE EXTENSION LINE, STERILE                   | No                  |     |                   | ALL                                   |
| A4672 | DRAINAGE EXTENSION LINE, STERILE, FOR              | Not Covered         |     |                   | CAID                                  |
| A4673 | EXTENSION LINE WITH EASY LOCK CO                   | No                  |     |                   | ALL                                   |
| A4673 | EXTENSION LINE WITH EASY LOCK CONNEC               | Not Covered         |     |                   | CAID                                  |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION I                   | No                  |     |                   | ALL                                   |
| A4674 | CHEMICALS/ANTISEPTICS SOLUTION USED                | Not Covered         |     |                   | CAID                                  |
| A4680 | ACTIVATED CARBON FILTER FOR HEM                    | No                  |     |                   | ALL                                   |
| A4680 | ACTIVATED CARBON FILTER FOR HEMODIA                | Not Covered         |     |                   | CAID                                  |
| A4690 | DIALYZERS (ARTIFICIAL KIDNEYS), ALL                | No                  |     |                   | ALL                                   |
| A4690 | DIALYZERS (ARTIFICIAL KIDNEYS), ALL TYP            | Not Covered         |     |                   | CAID                                  |
| A4706 | BICARBINATE CONCENTRATE, SOLUT                     | No                  |     |                   | ALL                                   |
| A4706 | BICARBINATE CONCENTRATE, SOLUTION, F               | Not Covered         |     |                   | CAID                                  |
| A4707 | BICARBINATE CONCENTRATE, POWDE                     | No                  |     |                   | ALL                                   |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key | Rider Requirement | Product Lines          |
|-------|---------------------------------------------------|---------------------|-----|-------------------|------------------------|
| A4707 | BICARBINATE CONCENTRATE, POWDER, FOR              | Not Covered         |     |                   | CAID                   |
| A4708 | ACETATE CONCENTRATE SOLUTION, FOR                 | No                  |     |                   | ALL                    |
| A4708 | ACETATE CONCENTRATE SOLUTION, FOR H               | Not Covered         |     |                   | CAID                   |
| A4709 | ACID CONCENTRATE, SOLUTION FOR                    | No                  |     |                   | ALL                    |
| A4709 | ACID CONCENTRATE, SOLUTION FOR HEMO               | Not Covered         |     |                   | CAID                   |
| A4714 | TREATED WATER (DEIONIZED, DISTILL                 | No                  |     |                   | ALL                    |
| A4714 | TREATED WATER (DEIONIZED, DISTILLED, F            | Not Covered         |     |                   | CAID                   |
| A4719 | Y SET TUBING FOR PERITONEAL DIAL                  | No                  |     |                   | ALL                    |
| A4719 | Y SET TUBING FOR PERITONEAL DIALYSIS              | Not Covered         |     |                   | CAID                   |
| A4720 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4720 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4721 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4721 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4722 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4722 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4723 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4723 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4724 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4724 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4725 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4725 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4726 | DIALYSATE SOLUTION, ANY CONCENT                   | No                  |     |                   | ALL                    |
| A4726 | DIALYSATE SOLUTION, ANY CONCENTRATI               | Not Covered         |     |                   | CAID                   |
| A4728 | DIALYSATE SOLUTION, NON-DEXTROS                   | No                  |     |                   | ALL                    |
| A4728 | DIALYSATE SOLUTION, NON-DEXTROSE CO               | Not Covered         |     |                   | CAID                   |
| A4730 | FISTULA CANNULATION SET FOR HEMO                  | No                  |     |                   | ALL                    |
| A4730 | FISTULA CANNULATION SET FOR HEMODIA               | Not Covered         |     |                   | CAID                   |
| A4736 | TOPICAL ANESTHETIC, FOR DIALYSIS,                 | Not Covered         |     |                   | ALL                    |
| A4737 | INJECTABLE ANESTHETIC, FOR DIALY                  | Not Covered         |     |                   | ALL                    |
| A4740 | SHUNT ACCESSORY, FOR HEMODIALY                    | No                  |     |                   | ALL                    |
| A4740 | SHUNT ACCESSORY, FOR HEMODIALYSIS, J              | Not Covered         |     |                   | CAID                   |
| A4750 | BLOOD TUBING, ARTERIAL OR VENOU                   | No                  |     |                   | ALL                    |
| A4750 | BLOOD TUBING, ARTERIAL OR VENOUS, FO              | Not Covered         |     |                   | CAID                   |
| A4755 | BLOOD TUBING, ARTERIAL AND VENO                   | No                  |     |                   | ALL                    |
| A4755 | BLOOD TUBING, ARTERIAL AND VENOUS CO              | Not Covered         |     |                   | CAID                   |
| A4760 | DIALYSATE SOLUTION TEST KIT, FOR                  | No                  |     |                   | ALL                    |
| A4760 | DIALYSATE SOLUTION TEST KIT, FOR PERIT            | Not Covered         |     |                   | CAID                   |
| A4765 | DIALYSATE CONCENTRATE, POWDER                     | No                  |     |                   | ALL                    |
| A4765 | DIALYSATE CONCENTRATE, POWDER, ADD                | Not Covered         |     |                   | CAID                   |
| A4766 | DIALYSATE CONCENTRATE, SOLUTION                   | No                  |     |                   | ALL                    |
| A4766 | DIALYSATE CONCENTRATE, SOLUTION, ADI              | Not Covered         |     |                   | CAID                   |
| A4770 | BLOOD COLLECTION TUBE, VACUUM,                    | No                  |     |                   | ALL                    |
| A4770 | BLOOD COLLECTION TUBE, VACUUM, FOR I              | Not Covered         |     |                   | CAID                   |
| A4771 | SERUM CLOTTING TIME TUBE, FOR DI                  | No                  |     |                   | ALL                    |
| A4771 | SERUM CLOTTING TIME TUBE, FOR DIALYS              | Not Covered         |     |                   | CAID                   |
| A4772 | BLOOD GLUCOSE TEST STRIPS, FOR I                  | No                  |     |                   | ALL                    |
| A4772 | BLOOD GLUCOSE TEST STRIPS, FOR DIALY              | Not Covered         |     |                   | CAID                   |
| A4773 | OCCULT BLOOD TEST STRIPS, FOR DI                  | No                  |     |                   | ALL                    |
| A4773 | OCCULT BLOOD TEST STRIPS, FOR DIALYS              | Not Covered         |     |                   | CAID                   |
| A4774 | AMMONIA TEST STRIPS, FOR DIALYSIS                 | No                  |     |                   | ALL                    |
| A4774 | AMMONIA TEST STRIPS, FOR DIALYSIS, PEF            | Not Covered         |     |                   | CAID                   |
| A4802 | PROTAMINE SULFATE, FOR HEMODIAL                   | Not Covered         |     |                   | ALL                    |
| A4860 | DISPOSABLE CATHETER TIPS FOR PE                   | No                  |     |                   | ALL                    |
| A4860 | DISPOSABLE CATHETER TIPS FOR PERITON              | Not Covered         |     |                   | CAID                   |
| A4870 | PLUMBING AND/OR ELECTRICAL WOR                    | No                  |     |                   | ALL                    |
| A4870 | PLUMBING AND/OR ELECTRICAL WORK FOR               | Not Covered         |     |                   | CAID                   |
| A4890 | CONTRACTS, REPAIR AND MAINTENAN                   | No                  |     |                   | ALL                    |
| A4890 | CONTRACTS, REPAIR AND MAINTENANCE, I              | Not Covered         |     |                   | CAID                   |
| A4911 | DRAIN BAG/BOTTLE, FOR DIALYSIS, EA                | No                  |     |                   | ALL                    |
| A4911 | DRAIN BAG/BOTTLE, FOR DIALYSIS, EACH              | Not Covered         |     |                   | CAID                   |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES,                  | No                  |     |                   | ALL                    |
| A4913 | MISCELLANEOUS DIALYSIS SUPPLIES, NOT              | Not Covered         |     |                   | CAID                   |
| A4918 | VENOUS PRESSURE CLAMPS, FOR HE                    | No                  |     |                   | ALL                    |
| A4918 | VENOUS PRESSURE CLAMPS, FOR HEMOD                 | Not Covered         |     |                   | CAID                   |
| A4929 | TOURNIQUET FOR DIALYSIS, EACH                     | No                  |     |                   | ALL                    |
| A4929 | TOURNIQUET FOR DIALYSIS, EACH                     | Not Covered         |     |                   | CAID                   |
| A6460 | Synthetic resorbable wound dressing, sterile,     | No                  |     |                   | ALL                    |
| A6461 | Synthetic resorbable wound dressing, sterile,     | No                  |     |                   | ALL                    |
| A6545 | GRADIENT COMPRESSION WRAP, NO                     | No                  |     |                   | ALL (Except Caid, MMP) |
| A6545 | GRADIENT COMPRESSION WRAP, NO                     | Yes                 |     |                   | Caid, MMP              |
| A7047 | Oral interface used with respiratory suction      | No                  |     |                   | ALL (Except CAID)      |
| A7047 | Oral interface used with respiratory suction pump | Not Covered         |     |                   | CAID                   |
| A7048 | Vacuum drainage collection unit and tubing kit, i | Not Covered         |     |                   | CAID                   |
| A9150 | NON-PRESCRIPTION DRUGS                            | Not Covered         |     |                   | ALL                    |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines                              |
|-------|------------------------------------------------|---------------------|-----|-------------------|--------------------------------------------|
| A9152 | SINGLE VITAMIN/MINERAL/TRACE ELE               | Not Covered         |     |                   | ALL                                        |
| A9153 | MULTIPLE VITAMINS, WITH OR WITHO               | Not Covered         |     |                   | ALL                                        |
| A9155 | ARTIFICIAL SALIVA, 30 ML                       | Not Covered         |     |                   | CAID                                       |
| A9180 | PEDICULOSIS (LICE INFESTATION) TR              | Not Covered         |     |                   | ALL                                        |
| A9268 | Programmer for transient, orally ingested d    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                |
| A9268 | Programmer for transient, orally ingested d    | No                  |     |                   | MCWRAP, PRICHO                             |
| A9269 | Programable, transient, orally ingested cap    | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                |
| A9269 | Programable, transient, orally ingested cap    | No                  |     |                   | MCWRAP, PRICHO                             |
| A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEI              | Yes                 | *   |                   | ALL (Except McWRAP, MED, PRICHO, CAID, MMF |
| A9276 | SENSOR; INVASIVE (E.G. SUBCUTANEI              | No                  | *   |                   | McWRAP, MED, PRICHO, CAID, MMP             |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE V               | Yes                 | *   |                   | ALL (Except McWRAP, MED, PRICHO, CAID, MMF |
| A9277 | TRANSMITTER; EXTERNAL, FOR USE V               | No                  | *   |                   | McWRAP, MED, PRICHO, CAID, MMP             |
| A9278 | RECEIVER (MONITOR); EXTERNAL, FO               | Yes                 | *   |                   | ALL (Except McWRAP, MED, PRICHO, CAID, MMF |
| A9278 | 'RECEIVER (MONITOR); EXTERNAL, FO              | No                  | *   |                   | McWRAP, MED, PRICHO, CAID, MMP             |
| A9282 | WIG, ANY TYPE, EACH                            | Not Covered         |     |                   | CAID                                       |
| A9284 | SPIROMETER, NON-ELECTRONIC, INCI               | No                  |     |                   | ALL                                        |
| A9285 | Inversion/eversion correction device           | Not Covered         |     |                   | ALL                                        |
| A9286 | Hygienic item or device, disposable or non     | Not Covered         |     |                   | ALL                                        |
| A9291 | Prescription digital behavioral therapy, fda   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                |
| A9291 | Prescription digital behavioral therapy, fda   | No                  |     |                   | MCWRAP, PRICHO                             |
| A9293 | Fertility cycle (contraception & conception)   | Yes                 |     |                   | ALL (Except MED)                           |
| A9293 | Fertility cycle (contraception & conception)   | No                  |     |                   | MED                                        |
| A9500 | TECHNETIUM TC 99M SESTAMIBI, DIAG              | No                  |     |                   | ALL                                        |
| A9501 | TECHNETIUM TC-99M TEBOROXIME, D                | No                  |     |                   | ALL                                        |
| A9502 | TECHNETIUM TC 99M TETROFOSMIN, I               | No                  |     |                   | ALL                                        |
| A9503 | TECHNETIUM TC99M, MEDRONATE, DI                | No                  |     |                   | ALL                                        |
| A9504 | TECHNETIUM TC-99M APCITIDE, DIAG               | No                  |     |                   | ALL                                        |
| A9505 | THALLIUM TL-201 THALLOUS CHLORID               | No                  |     |                   | ALL                                        |
| A9506 | Graphite crucible for preparation of techne    | No                  |     |                   | ALL                                        |
| A9507 | INDIUM IN-111 CAPROMAB PENDETITE               | No                  |     |                   | ALL                                        |
| A9508 | IODINE I-131 IOBENGUANE SULFATE, I             | No                  |     |                   | ALL                                        |
| A9509 | IODINE I-123 SODIUM IODIDE, DIAGNO             | No                  |     |                   | ALL                                        |
| A9510 | TECHNETIUM TC-99M DISOFENIN, DIA               | No                  |     |                   | ALL                                        |
| A9512 | TECHNETIUM TC-99M PERTECHNETAT                 | No                  |     |                   | ALL                                        |
| A9513 | Lutetium lu 177 dotatat ther                   | Yes                 |     |                   | ALL (Except McWrap/PRICHO)                 |
| A9513 | Lutetium lu 177 dotatat ther                   | No                  |     |                   | McWRAP/PRICHO                              |
| A9515 | Choline c-11, diagnostic, per study dose u     | No                  |     |                   | ALL (Except Caid)                          |
| A9515 | Choline c-11, diagnostic, per study dose u     | Yes                 |     |                   | Caid                                       |
| A9516 | IODINE I-123 SODIUM IODIDE, DIAGNO             | No                  |     |                   | ALL (Except Caid)                          |
| A9516 | IODINE I-123 SODIUM IODIDE, DIAGNO             | Yes                 |     |                   | Caid                                       |
| A9517 | IODINE I-131 SODIUM IODIDE CAPSULE             | No                  |     |                   | ALL                                        |
| A9517 | IODINE I-131 SODIUM IODIDE CAPSULE(S), T       | Not Covered         |     |                   | CAID                                       |
| A9520 | Technetium tc-99m, tilmanocept, diagnost       | No                  |     |                   | ALL                                        |
| A9520 | Technetium tc-99m, tilmanocept, diagnostic, up | Not Covered         |     |                   | CAID                                       |
| A9521 | TECHNETIUM TC-99M EXAMETAZIME, I               | No                  |     |                   | ALL (Except Caid)                          |
| A9521 | TECHNETIUM TC-99M EXAMETAZIME, I               | Yes                 |     |                   | Caid                                       |
| A9524 | IODINE I-131 IODINATED SERUM ALBU              | No                  |     |                   | ALL (Except Caid)                          |
| A9524 | IODINE I-131 IODINATED SERUM ALBU              | Yes                 |     |                   | Caid                                       |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOST                | No                  |     |                   | ALL (Except Caid)                          |
| A9526 | NITROGEN N-13 AMMONIA, DIAGNOST                | Yes                 |     |                   | Caid                                       |
| A9527 | IODINE I-125, SODIUM IODIDE SOLUTIO            | No                  |     |                   | ALL (Except Caid)                          |
| A9527 | IODINE I-125, SODIUM IODIDE SOLUTIO            | Yes                 |     |                   | Caid                                       |
| A9528 | IODINE I-131 SODIUM IODIDE CAPSULE             | No                  |     |                   | ALL (Except Caid)                          |
| A9528 | IODINE I-131 SODIUM IODIDE CAPSULE             | Yes                 |     |                   | Caid                                       |
| A9529 | IODINE I-131 SODIUM IODIDE SOLUTIO             | No                  |     |                   | ALL (Except Caid)                          |
| A9529 | IODINE I-131 SODIUM IODIDE SOLUTIO             | Yes                 |     |                   | Caid                                       |
| A9530 | IODINE I-131 SODIUM IODIDE SOLUTIO             | No                  |     |                   | ALL                                        |
| A9530 | IODINE I-131 SODIUM IODIDE SOLUTION, TH        | Not Covered         |     |                   | CAID                                       |
| A9531 | IODINE I-131 SODIUM IODIDE, DIAGNO             | No                  |     |                   | ALL (Except Caid)                          |
| A9531 | IODINE I-131 SODIUM IODIDE, DIAGNO             | Yes                 |     |                   | Caid                                       |
| A9532 | IODINE I-125 SERUM ALBUMIN, DIAGNO             | No                  |     |                   | ALL (Except Caid)                          |
| A9532 | IODINE I-125 SERUM ALBUMIN, DIAGNO             | Yes                 |     |                   | Caid                                       |
| A9536 | TECHNETIUM TC-99M DEPPEOTIDE, D                | No                  |     |                   | ALL                                        |
| A9536 | TECHNETIUM TC-99M DEPPEOTIDE, DIAGN            | Not Covered         |     |                   | CAID                                       |
| A9537 | TECHNETIUM TC-99M MEBROFENIN, D                | No                  |     |                   | ALL                                        |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHA                  | No                  |     |                   | ALL (Except Caid)                          |
| A9538 | TECHNETIUM TC-99M PYROPHOSPHA                  | Yes                 |     |                   | Caid                                       |
| A9539 | TECHNETIUM TC-99M PENTETATE, DIA               | No                  |     |                   | ALL (Except Caid)                          |
| A9539 | TECHNETIUM TC-99M PENTETATE, DIA               | Yes                 |     |                   | Caid                                       |
| A9540 | TECHNETIUM TC-99M MACROAGGREG                  | No                  |     |                   | ALL (Except Caid)                          |
| A9540 | TECHNETIUM TC-99M MACROAGGREG                  | Yes                 |     |                   | Caid                                       |
| A9541 | TECHNETIUM TC-99M SULFUR COLLOI                | No                  |     |                   | ALL (Except Caid)                          |
| A9541 | TECHNETIUM TC-99M SULFUR COLLOI                | Yes                 |     |                   | Caid                                       |
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETA              | No                  |     |                   | ALL                                        |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines     |
|-------|---------------------------------------------|---------------------|-----|-------------------|-------------------|
| A9542 | INDIUM IN-111 IBRITUMOMAB TIUXETAN, DIA     | Not Covered         |     |                   | CAID              |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETA            | No                  |     |                   | ALL               |
| A9543 | YTTRIUM Y-90 IBRITUMOMAB TIUXETAN, TH       | Not Covered         |     |                   | CAID              |
| A9546 | COBALT CO-57/58, CYANOCOBALAMIN             | No                  |     |                   | ALL               |
| A9546 | COBALT CO-57/58, CYANOCOBALAMIN, DIA        | Not Covered         |     |                   | CAID              |
| A9547 | INDIUM IN-111 OXYQUINOLINE, DIAGNO          | No                  |     |                   | ALL (Except Caid) |
| A9547 | INDIUM IN-111 OXYQUINOLINE, DIAGNO          | Yes                 |     |                   | Caid              |
| A9548 | INDIUM IN-111 PENTETATE, DIAGNOST           | No                  |     |                   | ALL (Except Caid) |
| A9548 | INDIUM IN-111 PENTETATE, DIAGNOST           | Yes                 |     |                   | Caid              |
| A9550 | TECHNETIUM TC-99M SODIUM GLUCEP             | No                  |     |                   | ALL               |
| A9550 | TECHNETIUM TC-99M SODIUM GLUCEPTAT          | Not Covered         |     |                   | CAID              |
| A9551 | TECHNETIUM TC-99M SUCCIMER, DIA             | No                  |     |                   | ALL (Except Caid) |
| A9551 | TECHNETIUM TC-99M SUCCIMER, DIA             | Yes                 |     |                   | Caid              |
| A9552 | FLUORODEOXYGLUCOSE F-18 FDG, D              | No                  |     |                   | ALL               |
| A9553 | CHROMIUM CR-51 SODIUM CHROMATE              | No                  |     |                   | ALL (Except Caid) |
| A9553 | CHROMIUM CR-51 SODIUM CHROMATE              | Yes                 |     |                   | Caid              |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, D          | No                  |     |                   | ALL (Except Caid) |
| A9554 | IODINE I-125 SODIUM IOTHALAMATE, D          | Yes                 |     |                   | Caid              |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER S           | No                  |     |                   | ALL (Except Caid) |
| A9555 | RUBIDIUM RB-82, DIAGNOSTIC, PER S           | Yes                 |     |                   | Caid              |
| A9556 | GALLIUM GA-67 CITRATE, DIAGNOSTIC           | No                  |     |                   | ALL (Except Caid) |
| A9556 | GALLIUM GA-67 CITRATE, DIAGNOSTIC           | Yes                 |     |                   | Caid              |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGN           | No                  |     |                   | ALL (Except Caid) |
| A9557 | TECHNETIUM TC-99M BICISATE, DIAGN           | Yes                 |     |                   | Caid              |
| A9558 | XENON XE-133 GAS, DIAGNOSTIC, PER           | No                  |     |                   | ALL (Except Caid) |
| A9558 | XENON XE-133 GAS, DIAGNOSTIC, PER           | Yes                 |     |                   | Caid              |
| A9559 | COBALT CO-57 CYANOCOBALAMIN, OR             | No                  |     |                   | ALL               |
| A9559 | COBALT CO-57 CYANOCOBALAMIN, ORAL, I        | Not Covered         |     |                   | CAID              |
| A9560 | TECHNETIUM TC-99M LABELED RED B             | No                  |     |                   | ALL               |
| A9561 | TECHNETIUM TC-99M OXIDRONATE, D             | No                  |     |                   | ALL (Except Caid) |
| A9561 | TECHNETIUM TC-99M OXIDRONATE, D             | Yes                 |     |                   | Caid              |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIA           | No                  |     |                   | ALL (Except Caid) |
| A9562 | TECHNETIUM TC-99M MERTIATIDE, DIA           | Yes                 |     |                   | Caid              |
| A9563 | SODIUM PHOSPHATE P-32, THERAPEU             | No                  |     |                   | ALL (Except Caid) |
| A9563 | SODIUM PHOSPHATE P-32, THERAPEU             | Yes                 |     |                   | Caid              |
| A9564 | CHROMIC PHOSPHATE P-32 SUSPENS              | No                  |     |                   | ALL (Except Caid) |
| A9564 | CHROMIC PHOSPHATE P-32 SUSPENS              | Yes                 |     |                   | Caid              |
| A9566 | TECHNETIUM TC-99M FANOLESOMAB,              | No                  |     |                   | ALL               |
| A9566 | TECHNETIUM TC-99M FANOLESOMAB, DIA          | Not Covered         |     |                   | CAID              |
| A9567 | TECHNETIUM TC-99M PENTETATE, DIA            | No                  |     |                   | ALL (Except Caid) |
| A9567 | TECHNETIUM TC-99M PENTETATE, DIA            | Yes                 |     |                   | Caid              |
| A9568 | TECHNETIUM TC-99M ARCITUMOMAB,              | No                  |     |                   | ALL               |
| A9568 | TECHNETIUM TC-99M ARCITUMOMAB, DIA          | Not Covered         |     |                   | CAID              |
| A9569 | TECHNETIUM TC-99M EXAMETAZIME L             | No                  |     |                   | ALL (Except Caid) |
| A9569 | TECHNETIUM TC-99M EXAMETAZIME L             | Yes                 |     |                   | Caid              |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS            | No                  |     |                   | ALL (Except Caid) |
| A9570 | INDIUM IN-111 LABELED AUTOLOGOUS            | Yes                 |     |                   | Caid              |
| A9571 | INDIUM IN-111 LABELED AUTOLOGOUS            | No                  |     |                   | ALL (Except Caid) |
| A9571 | INDIUM IN-111 LABELED AUTOLOGOUS            | Yes                 |     |                   | Caid              |
| A9572 | INDIUM IN-111 PENTETREOTIDE, DIAG           | No                  |     |                   | ALL (Except Caid) |
| A9572 | INDIUM IN-111 PENTETREOTIDE, DIAG           | Yes                 |     |                   | Caid              |
| A9573 | Injection, gadopliclenol, 1 ml              | No                  |     |                   | ALL               |
| A9574 | Air polymer-type a intrauterine foam, 0.1 m | No                  |     |                   | ALL               |
| A9575 | Injection, gadoterate meglumine, 0.1 ml     | No                  |     |                   | ALL               |
| A9576 | INJECTION, GADOTERIDOL, (PROHANC            | No                  |     |                   | ALL               |
| A9576 | INJECTION, GADOTERIDOL, (PROHANCE ML        | Not Covered         |     |                   | CAID              |
| A9577 | INJECTION, GADOBENATE DIMEGLUM              | No                  |     |                   | ALL               |
| A9577 | INJECTION, GADOBENATE DIMEGLUMINE (N        | Not Covered         |     |                   | CAID              |
| A9578 | INJECTION, GADOBENATE DIMEGLUM              | No                  |     |                   | ALL               |
| A9578 | INJECTION, GADOBENATE DIMEGLUMINE (N        | Not Covered         |     |                   | CAID              |
| A9579 | INJECTION, GADOLINIUM-BASED MAGI            | No                  |     |                   | ALL               |
| A9580 | SODIUM FLUORIDE F-18, DIAGNOSTIC,           | No                  |     |                   | ALL               |
| A9580 | SODIUM FLUORIDE F-18, DIAGNOSTIC, PER       | Not Covered         |     |                   | CAID              |
| A9581 | INJECTION, GADOXETATE DISODIUM,             | No                  |     |                   | ALL               |
| A9582 | IODINE I-123 IOBENGUANE, DIAGNOST           | No                  |     |                   | ALL (Except Caid) |
| A9582 | IODINE I-123 IOBENGUANE, DIAGNOST           | Yes                 |     |                   | Caid              |
| A9583 | INJECTION, GADOFOSVESET TRISODI             | No                  |     |                   | ALL (Except Caid) |
| A9583 | INJECTION, GADOFOSVESET TRISODI             | Yes                 |     |                   | Caid              |
| A9584 | IODINE 1-123 IOFLUPANE, DIAGNOSTIC          | No                  |     |                   | ALL (Except Caid) |
| A9584 | IODINE 1-123 IOFLUPANE, DIAGNOSTIC          | Yes                 |     |                   | Caid              |
| A9585 | INJECTION, GADOBUTROL, 0.1 ML               | No                  |     |                   | ALL               |
| A9586 | Florbetapir f18, diagnostic, per study dose | No                  |     |                   | ALL               |
| A9586 | Florbetapir f18, diagnostic, per study dose | Not Covered         |     |                   | CAID              |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key         | Rider Requirement | Product Lines                             |
|-------|--------------------------------------------------|---------------------|-------------|-------------------|-------------------------------------------|
| A9587 | Gallium ga-68, dotatate, diagnostic, 0.1 m       | No                  |             |                   | ALL (Except Caid)                         |
| A9587 | Gallium ga-68, dotatate, diagnostic, 0.1 m       | Yes                 |             |                   | Caid                                      |
| A9588 | Fluciclovine f-18, diagnostic, 1 millicurie      | No                  |             |                   | ALL (Except Caid)                         |
| A9588 | Fluciclovine f-18, diagnostic, 1 millicurie      | Yes                 |             |                   | Caid                                      |
| A9589 | Instillation, hexaminolevulinate hydrochloride   | No                  |             |                   | ALL                                       |
| A9591 | Fluoroestradiol f 18, diagnostic, 1 millicurie   | No                  |             |                   | ALL                                       |
| A9592 | Copper cu-64, dotatate, diagnostic, 1 millie     | No                  |             |                   | ALL                                       |
| A9593 | Gallium ga-68 psma-11, diagnostic, (ucsf)        | No                  |             |                   | ALL                                       |
| A9594 | Gallium ga-68 psma-11, diagnostic, (ucla)        | No                  |             |                   | ALL                                       |
| A9595 | Piflufolastat f-18, diagnostic, 1 millicurie     | No                  |             |                   | ALL                                       |
| A9596 | Gallium ga-68 gozetotide, diagnostic, (illu      | No                  |             |                   | ALL                                       |
| A9597 | Positron emission tomography radiopharm          | No                  |             |                   | ALL                                       |
| A9598 | Positron emission tomography radiopharm          | No                  |             |                   | ALL                                       |
| A9600 | STRONTIUM SR-89 CHLORIDE, THERA                  | No                  |             |                   | ALL (Except Caid)                         |
| A9600 | STRONTIUM SR-89 CHLORIDE, THERA                  | Yes                 |             |                   | Caid                                      |
| A9601 | Flortaucipir f 18 injection, diagnostic, 1 mil   | No                  |             |                   | ALL                                       |
| A9602 | Fluorodopa f-18, diagnostic, per millicurie      | No                  |             |                   | ALL                                       |
| A9603 | Injection, pafolacianine, 0.1 mg                 | No                  |             |                   | ALL                                       |
| A9604 | SAMARIUM SM-153 LEXIDRONAM, THE                  | No                  |             |                   | ALL (Except Caid)                         |
| A9604 | SAMARIUM SM-153 LEXIDRONAM, THE                  | Yes                 |             |                   | Caid                                      |
| A9606 | Radium ra-223 dichloride, therapeutic, per       | No                  |             |                   | ALL                                       |
| A9606 | Radium ra-223 dichloride, therapeutic, per micro | Not Covered         |             |                   | CAID                                      |
| A9607 | Lutetium lu 177 vipivotide tetraxetan,           | Yes                 |             |                   | ALL (Except MCWRAP, PRICHO)               |
| A9607 | Lutetium lu 177 vipivotide tetraxetan,           | No                  |             |                   | MCRAP,PRICHO                              |
| A9608 | Flotufolastat f 18, diagnostic, 1 millicurie     | No                  |             |                   | ALL                                       |
| A9609 | Fludeoxyglucose f18 up to 15 millicuries         | No                  |             |                   | ALL                                       |
| A9615 | Injection, pegulicianine, 1 mg                   | No                  |             |                   | ALL                                       |
| A9697 | Injection, carboxydextran-coated superpar        | No                  |             |                   | ALL                                       |
| A9698 | NON-RADIOACTIVE CONTRAST IMAGIN                  | No                  |             |                   | ALL (Except Caid)                         |
| A9698 | NON-RADIOACTIVE CONTRAST IMAGIN                  | Yes                 |             |                   | Caid                                      |
| A9699 | RADIOPHARMACEUTICAL, THERAPEU                    | Yes                 |             |                   | ALL                                       |
| A9699 | RADIOPHARMACEUTICAL, THERAPEU                    | No                  |             |                   | MEDICARE COMP/MCWRAP                      |
| A9699 | RADIOPHARMACEUTICAL, THERAPEU                    | No                  |             |                   | PRICHO                                    |
| A9700 | SUPPLY OF INJECTABLE CONTRAST M                  | No                  |             |                   | ALL (Except Caid)                         |
| A9700 | SUPPLY OF INJECTABLE CONTRAST M                  | Yes                 |             |                   | Caid                                      |
| A9800 | Gallium ga-68 gozetotide, diagnostic,            | No                  |             |                   | ALL                                       |
| C1052 | Hemostatic agent, gastrointestinal, topical      | No                  |             |                   | ALL                                       |
| C1062 | Intravertebral body fracture augmentation        | Yes                 | TPC-MSK     |                   | ALL (Except McWRAP)                       |
| C1062 | Intravertebral body fracture augmentation        | No                  |             |                   | MCWRAP                                    |
| C1600 | Catheter, transluminal intravascular lesion      | No                  |             |                   | ALL                                       |
| C1601 | Endoscope, single-use (i.e. disposable), pl      | No                  |             |                   | ALL                                       |
| C1602 | Orthopedic/device/drug matrix/absorbable         | No                  |             |                   | ALL                                       |
| C1603 | Retrieval device, insertable, laser (used to     | No                  |             |                   | ALL                                       |
| C1604 | Graft, transmural transvenous arterial bypa      | No                  |             |                   | ALL                                       |
| C1605 | Pacemaker, leadless, dual chamber (right         | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)                       |
| C1605 | Pacemaker, leadless, dual chamber (right         | No                  |             |                   | MCWRAP                                    |
| C1606 | Adapter, single-use (i.e. disposable), for a     | No                  |             |                   | ALL                                       |
| C1713 | ANCHOR/SCREW FOR OPPOSING BON                    | No                  |             |                   | ALL                                       |
| C1714 | CATHETER, TRANSLUMINAL ATHEREC                   | No                  |             |                   | ALL                                       |
| C1715 | BRACHYTHERAPY NEEDLE                             | No                  |             |                   | ALL                                       |
| C1716 | BRACHYTHERAPY SOURCE, NON-STR                    | No                  |             |                   | ALL                                       |
| C1717 | BRACHYTHERAPY SOURCE, NON-STR                    | No                  |             |                   | ALL                                       |
| C1719 | BRACHYTHERAPY SOURCE, NON-STR                    | No                  |             |                   | ALL                                       |
| C1721 | CARDIOVERTER-DEFIBRILLATOR, DUA                  | Yes                 | TPC-CARDIAC |                   | ALL (Except McWRAP)                       |
| C1721 | CARDIOVERTER-DEFIBRILLATOR, DUA                  | No                  |             |                   | MCWRAP                                    |
| C1722 | CARDIOVERTER-DEFIBRILLATOR, SING                 | Yes                 | TPC-CARDIAC |                   | ALL (Except McWRAP)                       |
| C1722 | CARDIOVERTER-DEFIBRILLATOR, SING                 | No                  |             |                   | MCWRAP                                    |
| C1724 | CATHETER, TRANSLUMINAL ATHEREC                   | No                  |             |                   | ALL                                       |
| C1725 | CATHETER, TRANSLUMINAL ANGIOPL                   | No                  |             |                   | ALL                                       |
| C1726 | CATHETER, BALLOON DILATATION, NC                 | No                  |             |                   | ALL                                       |
| C1727 | CATHETER, BALLOON TISSUE DISSEC                  | No                  |             |                   | ALL                                       |
| C1728 | CATHETER, BRACHYTHERAPY SEED A                   | No                  |             |                   | ALL                                       |
| C1728 | CATHETER, BRACHYTHERAPY SEED ADMIN               | Not Covered         |             |                   | CAID                                      |
| C1729 | CATHETER, DRAINAGE                               | No                  |             |                   | ALL                                       |
| C1729 | CATHETER, DRAINAGE                               | Not Covered         |             |                   | CAID                                      |
| C1730 | CATHETER, ELECTROPHYSIOLOGY, D                   | No                  |             |                   | ALL                                       |
| C1730 | CATHETER, ELECTROPHYSIOLOGY, DIAGN               | Not Covered         |             |                   | CAID                                      |
| C1731 | CATHETER, ELECTROPHYSIOLOGY, D                   | No                  |             |                   | ALL                                       |
| C1731 | CATHETER, ELECTROPHYSIOLOGY, DIAGN               | Not Covered         |             |                   | CAID                                      |
| C1732 | CATHETER, ELECTROPHYSIOLOGY, D                   | No                  |             |                   | ALL                                       |
| C1732 | CATHETER, ELECTROPHYSIOLOGY, DIAGN               | Not Covered         |             |                   | CAID                                      |
| C1733 | CATHETER, ELECTROPHYSIOLOGY, D                   | No                  |             |                   | ALL                                       |
| C1733 | CATHETER, ELECTROPHYSIOLOGY, DIAGN               | Not Covered         |             |                   | CAID                                      |
| C1734 | Orthopedic/device/drug matrix for opposin        | YES                 |             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| C1734 | Orthopedic/device/drug matrix for opposin        | No                  |             |                   | MCWRAP                                    |
| C1734 | Orthopedic/device/drug matrix for opposin        | Not Covered         |             |                   | CAID                                      |

**Services that require Prior Authorization List**

| Code  | Description                                              | Prior Auth Required | Key                         | Rider Requirement | Product Lines               |
|-------|----------------------------------------------------------|---------------------|-----------------------------|-------------------|-----------------------------|
| C1737 | Joint fusion and fixation device(s), sacroiliac          | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP)         |
| C1737 | Joint fusion and fixation device(s), sacroiliac          | No                  |                             |                   | MCWRAP                      |
| C1739 | Tissue marker, imaging and non-imaging catheter          | No                  |                             |                   | ALL                         |
| C1747 | Endoscope, single-use (i.e. disposable), urologic        | No                  |                             |                   | ALL                         |
| C1748 | Endoscope, single-use (i.e. disposable), urologic        | No                  |                             |                   | ALL                         |
| C1749 | ENDOSCOPE, RETROGRADE IMAGING                            | No                  |                             |                   | ALL                         |
| C1749 | ENDOSCOPE, RETROGRADE IMAGING/ILLUMINATION               | Not Covered         |                             |                   | CAID                        |
| C1750 | CATHETER, HEMODIALYSIS, LONG-TERM                        | No                  |                             |                   | ALL                         |
| C1750 | CATHETER, HEMODIALYSIS, LONG-TERM                        | Not Covered         |                             |                   | CAID                        |
| C1751 | CATHETER, INFUSION, INSERTED PERIPHERALLY                | No                  |                             |                   | ALL                         |
| C1751 | CATHETER, INFUSION, INSERTED PERIPHERALLY                | Not Covered         |                             |                   | CAID                        |
| C1752 | CATHETER, HEMODIALYSIS, SHORT-TERM                       | No                  |                             |                   | ALL                         |
| C1752 | CATHETER, HEMODIALYSIS, SHORT-TERM                       | Not Covered         |                             |                   | CAID                        |
| C1753 | CATHETER, INTRAVASCULAR ULTRASOUND                       | No                  |                             |                   | ALL                         |
| C1753 | CATHETER, INTRAVASCULAR ULTRASOUND                       | Not Covered         |                             |                   | CAID                        |
| C1754 | CATHETER, INTRADISCAL                                    | No                  |                             |                   | ALL                         |
| C1754 | CATHETER, INTRADISCAL                                    | Not Covered         |                             |                   | CAID                        |
| C1755 | CATHETER, INTRASPINAL                                    | No                  |                             |                   | ALL                         |
| C1755 | CATHETER, INTRASPINAL                                    | Not Covered         |                             |                   | CAID                        |
| C1756 | CATHETER, PACING, TRANSESOPHAGEAL                        | No                  |                             |                   | ALL                         |
| C1756 | CATHETER, PACING, TRANSESOPHAGEAL                        | Not Covered         |                             |                   | CAID                        |
| C1757 | CATHETER, THROMBECTOMY/EMBOLECTOMY                       | No                  |                             |                   | ALL                         |
| C1757 | CATHETER, THROMBECTOMY/EMBOLECTOMY                       | Not Covered         |                             |                   | CAID                        |
| C1758 | CATHETER, URETERAL                                       | No                  |                             |                   | ALL                         |
| C1758 | CATHETER, URETERAL                                       | Not Covered         |                             |                   | CAID                        |
| C1759 | CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY                  | No                  |                             |                   | ALL                         |
| C1759 | CATHETER, INTRACARDIAC ECHOCARDIOGRAPHY                  | Not Covered         |                             |                   | CAID                        |
| C1760 | CLOSURE DEVICE, VASCULAR (IMPLANTABLE)                   | No                  |                             |                   | ALL                         |
| C1760 | CLOSURE DEVICE, VASCULAR (IMPLANTABLE)                   | Not Covered         |                             |                   | CAID                        |
| C1761 | Catheter, transluminal intravascular lithotripsy         | No                  |                             |                   | ALL                         |
| C1762 | CONNECTIVE TISSUE, HUMAN (INCLUDES FRODOGEN)             | No                  |                             |                   | ALL                         |
| C1762 | CONNECTIVE TISSUE, HUMAN (INCLUDES FRODOGEN)             | Not Covered         |                             |                   | CAID                        |
| C1763 | CONNECTIVE TISSUE, NON-HUMAN (INCLUDES FRODOGEN)         | No                  |                             |                   | ALL                         |
| C1763 | CONNECTIVE TISSUE, NON-HUMAN (INCLUDES FRODOGEN)         | Not Covered         |                             |                   | CAID                        |
| C1764 | EVENT RECORDER, CARDIAC (IMPLANTABLE)                    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)         |
| C1764 | EVENT RECORDER, CARDIAC (IMPLANTABLE)                    | No                  |                             |                   | MCWRAP                      |
| C1765 | ADHESION BARRIER                                         | No                  |                             |                   | ALL                         |
| C1765 | ADHESION BARRIER                                         | Not Covered         |                             |                   | CAID                        |
| C1766 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC                 | No                  |                             |                   | ALL                         |
| C1766 | INTRODUCER/SHEATH, GUIDING, INTRACARDIAC                 | Not Covered         |                             |                   | CAID                        |
| C1767 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)                 | No                  |                             |                   | ALL                         |
| C1767 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)                 | Not Covered         |                             |                   | CAID                        |
| C1768 | GRAFT, VASCULAR                                          | Not Covered         |                             |                   | ALL                         |
| C1769 | GUIDE WIRE                                               | No                  |                             |                   | ALL                         |
| C1770 | IMAGING COIL, MAGNETIC RESONANCE                         | No                  |                             |                   | ALL                         |
| C1771 | REPAIR DEVICE, URINARY, INCONTINENCE                     | No                  |                             |                   | ALL                         |
| C1772 | INFUSION PUMP, PROGRAMMABLE (IMPLANTABLE)                | No                  |                             |                   | ALL                         |
| C1773 | RETRIEVAL DEVICE, INSERTABLE (USING CATHETER)            | No                  |                             |                   | ALL                         |
| C1776 | JOINT DEVICE (IMPLANTABLE)                               | No                  |                             |                   | ALL                         |
| C1777 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)         |
| C1777 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | No                  |                             |                   | MCWRAP                      |
| C1778 | LEAD, NEUROSTIMULATOR (IMPLANTABLE)                      | No                  |                             |                   | ALL                         |
| C1779 | LEAD, PACEMAKER, TRANSVENOUS VENTRICULAR                 | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)         |
| C1779 | LEAD, PACEMAKER, TRANSVENOUS VENTRICULAR                 | No                  |                             |                   | MCWRAP                      |
| C1780 | LENS, INTRAOCULAR (NEW TECHNOLOGY)                       | No                  |                             |                   | ALL                         |
| C1781 | MESH (IMPLANTABLE)                                       | No                  |                             |                   | ALL                         |
| C1782 | MORCELLATOR                                              | No                  |                             |                   | ALL                         |
| C1783 | OCULAR IMPLANT, AQUEOUS DRAINAGE                         | No                  |                             |                   | ALL                         |
| C1784 | OCULAR DEVICE, INTRAOPERATIVE, DRAINAGE                  | No                  |                             |                   | ALL                         |
| C1785 | PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE                 | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)         |
| C1785 | PACEMAKER, DUAL CHAMBER, RATE-RESPONSIVE                 | No                  |                             |                   | MCWRAP                      |
| C1786 | PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE               | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)         |
| C1786 | PACEMAKER, SINGLE CHAMBER, RATE-RESPONSIVE               | No                  |                             |                   | MCWRAP                      |
| C1787 | PATIENT PROGRAMMER, NEUROSTIMULATOR                      | No                  |                             |                   | ALL                         |
| C1788 | PORT, INDWELLING (IMPLANTABLE)                           | No                  |                             |                   | ALL                         |
| C1789 | PROSTHESIS, BREAST (IMPLANTABLE)                         | No                  |                             |                   | ALL                         |
| C1813 | PROSTHESIS, PENILE, INFLATABLE                           | No                  |                             |                   | ALL                         |
| C1815 | PROSTHESIS, URINARY SPHINCTER (IMPLANTABLE)              | No                  |                             |                   | ALL                         |
| C1816 | RECEIVER AND/OR TRANSMITTER, NEUROSTIMULATOR             | No                  |                             |                   | ALL                         |
| C1817 | SEPTAL DEFECT IMPLANT SYSTEM, INTERVENTIONAL             | No                  |                             |                   | ALL                         |
| C1818 | INTEGRATED KERATOPROSTHESIS                              | No                  |                             |                   | ALL                         |
| C1819 | SURGICAL TISSUE LOCALIZATION AND TRACKING                | No                  |                             |                   | ALL                         |
| C1820 | GENERATOR, NEUROSTIMULATOR (IMPLANTABLE)                 | No                  |                             |                   | ALL                         |
| C1821 | INTERSPINOUS PROCESS DISTRACTOR                          | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO) |
| C1821 | INTERSPINOUS PROCESS DISTRACTOR                          | No                  |                             |                   | McWrap, PRICHO              |
| C1822 | Generator, neurostimulator (implantable), high frequency | No                  |                             |                   | ALL                         |



**Services that require Prior Authorization List**

| Code  | Description                                              | Prior Auth Required | Key                         | Rider Requirement | Product Lines                             |
|-------|----------------------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------------|
| C1822 | Generator, neurostimulator (implantable), high fr        | Not Covered         |                             |                   | CAID                                      |
| C1823 | Generator, neurostimulator (implantable), not            | No                  |                             |                   | ALL                                       |
| C1824 | Generator, cardiac contractility modulation              | Not Covered         |                             |                   | ALL                                       |
| C1825 | Generator, neurostimulator (implantable),                | Not Covered         |                             |                   | ALL                                       |
| C1826 | Generator, neurostimulator (implantable),                | No                  |                             |                   | ALL                                       |
| C1827 | Generator, neurostimulator (implantable),                | No                  |                             |                   | ALL                                       |
| C1830 | POWERED BONE MARROW BIOPSY NEEDLE                        | No                  |                             |                   | ALL                                       |
| C1830 | Powered bone marrow biopsy needle                        | Not Covered         |                             |                   | CAID                                      |
| C1831 | Personalized, anterior and lateral interbody             | No                  |                             |                   | ALL                                       |
| C1832 | Autograft suspension, including cell processing          | Yes                 |                             |                   | ALL (Except McWRAP, PRICHO)               |
| C1832 | Autograft suspension, including cell processing          | No                  |                             |                   | MCWRAP, PRICHO                            |
| C1833 | Monitor, cardiac, including intracardiac lead            | Not Covered         |                             |                   | ALL                                       |
| C1839 | Iris prosthesis                                          | YES                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| C1839 | Iris prosthesis                                          | No                  |                             |                   | MCWRAP                                    |
| C1839 | Iris prosthesis                                          | Not Covered         |                             |                   | CAID                                      |
| C1840 | LENS, INTRAOCULAR (TELESCOPIC)                           | No                  |                             |                   | ALL                                       |
| C1874 | STENT, COATED/COVERED, WITH DELIVERY                     | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1874 | STENT, COATED/COVERED, WITH DELIVERY                     | No                  |                             |                   | MCWRAP                                    |
| C1875 | STENT, COATED/COVERED, WITHOUT DELIVERY                  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1875 | STENT, COATED/COVERED, WITHOUT DELIVERY                  | No                  |                             |                   | MCWRAP                                    |
| C1876 | STENT, NON-COATED/NON-COVERED, WITH DELIVERY             | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1876 | STENT, NON-COATED/NON-COVERED, WITH DELIVERY             | No                  |                             |                   | MCWRAP                                    |
| C1877 | STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1877 | STENT, NON-COATED/NON-COVERED, WITHOUT DELIVERY          | No                  |                             |                   | MCWRAP                                    |
| C1878 | MATERIAL FOR VOCAL CORD MEDIALIZATION                    | No                  |                             |                   | ALL                                       |
| C1880 | VENA CAVA FILTER                                         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1880 | VENA CAVA FILTER                                         | No                  |                             |                   | MCWRAP                                    |
| C1881 | DIALYSIS ACCESS SYSTEM (IMPLANTABLE)                     | No                  |                             |                   | ALL                                       |
| C1882 | CARDIOVERTER-DEFIBRILLATOR, OTHER THAN                   | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1882 | CARDIOVERTER-DEFIBRILLATOR, OTHER THAN                   | No                  |                             |                   | MCWRAP                                    |
| C1883 | ADAPTOR/EXTENSION, PACING LEAD                           | No                  |                             |                   | ALL                                       |
| C1884 | EMBOLIZATION PROTECTIVE SYSTEM                           | No                  |                             |                   | ALL                                       |
| C1884 | EMBOLIZATION PROTECTIVE SYSTEM                           | Not Covered         |                             |                   | CAID                                      |
| C1885 | CATHETER, TRANSLUMINAL ANGIOPLASTY                       | No                  |                             |                   | ALL                                       |
| C1885 | CATHETER, TRANSLUMINAL ANGIOPLASTY                       | Not Covered         |                             |                   | CAID                                      |
| C1886 | CATHETER, EXTRAVASCULAR TISSUE ABLATION                  | No                  |                             |                   | ALL                                       |
| C1886 | CATHETER, EXTRAVASCULAR TISSUE ABLATION                  | Not Covered         |                             |                   | CAID                                      |
| C1887 | CATHETER, GUIDING (MAY INCLUDE INFUSION)                 | No                  |                             |                   | ALL                                       |
| C1887 | CATHETER, GUIDING (MAY INCLUDE INFUSION)                 | Not Covered         |                             |                   | CAID                                      |
| C1888 | CATHETER, ABLATION, NON-CARDIAC                          | No                  |                             |                   | ALL                                       |
| C1888 | CATHETER, ABLATION, NON-CARDIAC, END                     | Not Covered         |                             |                   | CAID                                      |
| C1889 | Implantable/insertable device, not otherwise             | No                  |                             |                   | ALL                                       |
| C1889 | Implantable/insertable device for device intensification | Not Covered         |                             |                   | CAID                                      |
| C1889 | Implantable/insertable device, not otherwise classified  | Not Covered         |                             |                   | CAID                                      |
| C1891 | INFUSION PUMP, NON-PROGRAMMABLE                          | No                  |                             |                   | ALL                                       |
| C1891 | INFUSION PUMP, NON-PROGRAMMABLE, PERCUTANEOUS            | Not Covered         |                             |                   | CAID                                      |
| C1892 | INTRODUCER/SHEATH, GUIDING, INTRACAVITY                  | No                  |                             |                   | ALL                                       |
| C1892 | INTRODUCER/SHEATH, GUIDING, INTRACAVITY                  | Not Covered         |                             |                   | CAID                                      |
| C1893 | INTRODUCER/SHEATH, GUIDING, INTRACAVITY                  | No                  |                             |                   | ALL                                       |
| C1893 | INTRODUCER/SHEATH, GUIDING, INTRACAVITY                  | Not Covered         |                             |                   | CAID                                      |
| C1894 | INTRODUCER/SHEATH, OTHER THAN GUIDING                    | No                  |                             |                   | ALL                                       |
| C1894 | INTRODUCER/SHEATH, OTHER THAN GUIDING                    | Not Covered         |                             |                   | CAID                                      |
| C1895 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1895 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | No                  |                             |                   | MCWRAP                                    |
| C1896 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1896 | LEAD, CARDIOVERTER-DEFIBRILLATOR                         | No                  |                             |                   | MCWRAP                                    |
| C1897 | LEAD, NEUROSTIMULATOR TEST KIT (NON-IMPLANTABLE)         | No                  |                             |                   | ALL                                       |
| C1898 | LEAD, PACEMAKER, OTHER THAN TRANSCATHETER                | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1898 | LEAD, PACEMAKER, OTHER THAN TRANSCATHETER                | No                  |                             |                   | MCWRAP                                    |
| C1899 | LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR               | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1899 | LEAD, PACEMAKER/CARDIOVERTER-DEFIBRILLATOR               | No                  |                             |                   | MCWRAP                                    |
| C1900 | LEAD, LEFT VENTRICULAR CORONARY                          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C1900 | LEAD, LEFT VENTRICULAR CORONARY                          | No                  |                             |                   | MCWRAP                                    |
| C1982 | Catheter, pressure-generating, one-way valve             | YES                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| C1982 | Catheter, pressure-generating, one-way valve             | No                  |                             |                   | MCWRAP                                    |
| C1982 | Catheter, pressure-generating, one-way valve             | Not Covered         |                             |                   | CAID                                      |
| C2596 | Probe, image-guided, robotic, waterjet ablation          | No                  |                             |                   | ALL                                       |
| C2613 | Lung Biopsy plug with delivery system                    | No                  |                             |                   | ALL                                       |
| C2613 | Lung Biopsy plug with delivery system                    | Not Covered         |                             |                   | CAID                                      |
| C2614 | PROBE, PERCUTANEOUS LUMBAR DISC                          | Not Covered         |                             |                   | ALL                                       |
| C2615 | SEALANT, PULMONARY, LIQUID                               | No                  |                             |                   | ALL                                       |
| C2615 | SEALANT, PULMONARY, LIQUID                               | Not Covered         |                             |                   | CAID                                      |
| C2616 | BRACHYTHERAPY SOURCE, NON-STRANDABLE                     | No                  |                             |                   | ALL                                       |
| C2616 | BRACHYTHERAPY SOURCE, NON-STRANDABLE                     | Not Covered         |                             |                   | CAID                                      |
| C2616 | BRACHYTHERAPY SOURCE, NON-STRANDABLE                     | Not Covered         |                             |                   | CAID                                      |
| C2617 | STENT, NON-CORONARY, TEMPORARY                           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C2617 | STENT, NON-CORONARY, TEMPORARY                           | No                  |                             |                   | MCWRAP                                    |

**Services that require Prior Authorization List**

| Code  | Description                                          | Prior Auth Required | Key                         | Rider Requirement | Product Lines                       |
|-------|------------------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------|
| C2618 | PROBE, CRYOABLATION                                  | No                  |                             |                   | ALL                                 |
| C2618 | PROBE, CRYOABLATION                                  | Not Covered         |                             |                   | CAID                                |
| C2619 | PACEMAKER, DUAL CHAMBER, NON R                       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                 |
| C2619 | PACEMAKER, DUAL CHAMBER, NON R                       | No                  |                             |                   | MCWRAP                              |
| C2620 | PACEMAKER, SINGLE CHAMBER, NON                       | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                 |
| C2620 | PACEMAKER, SINGLE CHAMBER, NON                       | No                  |                             |                   | MCWRAP                              |
| C2621 | PACEMAKER, OTHER THAN SINGLE OI                      | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                 |
| C2621 | PACEMAKER, OTHER THAN SINGLE OI                      | No                  |                             |                   | MCWRAP                              |
| C2622 | PROSTHESIS, PENILE, NON-INFLATABI                    | No                  |                             |                   | ALL                                 |
| C2622 | PROSTHESIS, PENILE, NON-INFLATABI                    | Not Covered         |                             |                   | CAID                                |
| C2623 | Catheter, transluminal angioplasty, drug-co          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                 |
| C2623 | Catheter, transluminal angioplasty, drug-co          | No                  |                             |                   | MCWRAP                              |
| C2624 | Implantable wireless pulmonary artery pres           | Yes                 |                             |                   | ALL (Except MCWRAP, PRICHO, PRIQHP) |
| C2624 | Implantable wireless pulmonary artery pres           | No                  |                             |                   | MCWRAP                              |
| C2625 | STENT, NON-CORONARY, TEMPORAR                        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                 |
| C2625 | STENT, NON-CORONARY, TEMPORAR                        | No                  |                             |                   | MCWRAP                              |
| C2626 | INFUSION PUMP, NON-PROGRAMMABLE                      | No                  |                             |                   | ALL                                 |
| C2626 | INFUSION PUMP, NON-PROGRAMMABLE, TE                  | Not Covered         |                             |                   | CAID                                |
| C2627 | CATHETER, SUPRAPUBIC/CYSTOSCOPI                      | No                  |                             |                   | ALL                                 |
| C2627 | CATHETER, SUPRAPUBIC/CYSTOSCOPI                      | Not Covered         |                             |                   | CAID                                |
| C2628 | CATHETER, OCCLUSION                                  | No                  |                             |                   | ALL                                 |
| C2628 | CATHETER, OCCLUSION                                  | Not Covered         |                             |                   | CAID                                |
| C2629 | INTRODUCER/SHEATH, INTRACARDIA                       | No                  |                             |                   | ALL                                 |
| C2629 | INTRODUCER/SHEATH, INTRACARDIA                       | Not Covered         |                             |                   | CAID                                |
| C2630 | CATHETER, ELECTROPHYSIOLOGY, D                       | No                  |                             |                   | ALL                                 |
| C2630 | CATHETER, ELECTROPHYSIOLOGY, DIAGN                   | Not Covered         |                             |                   | CAID                                |
| C2631 | REPAIR DEVICE, URINARY, INCONTINE                    | No                  |                             |                   | ALL                                 |
| C2631 | REPAIR DEVICE, URINARY, INCONTINENCE,                | Not Covered         |                             |                   | CAID                                |
| C2634 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2634 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2635 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2635 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2636 | BRACHYTHERAPY LINEAR SOURCE, N                       | No                  |                             |                   | ALL                                 |
| C2636 | BRACHYTHERAPY LINEAR SOURCE, NON-S                   | Not Covered         |                             |                   | CAID                                |
| C2637 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2637 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2638 | BRACHYTHERAPY SOURCE, STRANDE                        | No                  |                             |                   | ALL                                 |
| C2638 | BRACHYTHERAPY SOURCE, STRANDED, IO                   | Not Covered         |                             |                   | CAID                                |
| C2639 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2639 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2640 | BRACHYTHERAPY SOURCE, STRANDE                        | No                  |                             |                   | ALL                                 |
| C2640 | BRACHYTHERAPY SOURCE, STRANDED, PA                   | Not Covered         |                             |                   | CAID                                |
| C2641 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2641 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2642 | BRACHYTHERAPY SOURCE, STRANDE                        | No                  |                             |                   | ALL                                 |
| C2642 | BRACHYTHERAPY SOURCE, STRANDED, CE                   | Not Covered         |                             |                   | CAID                                |
| C2643 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2643 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C2644 | Brachytherapy source, cesium-131 chlorid             | No                  |                             |                   | ALL                                 |
| C2644 | Brachytherapy source, cesium-131 chloride solu       | Not Covered         |                             |                   | CAID                                |
| C2645 | Brachytherapy planar source, palladium-103, pe       | No                  |                             |                   | ALL                                 |
| C2645 | per square millimeter                                | Not Covered         |                             |                   | CAID                                |
| C2698 | BRACHYTHERAPY SOURCE, STRANDE                        | No                  |                             |                   | ALL                                 |
| C2698 | BRACHYTHERAPY SOURCE, STRANDED, NC                   | Not Covered         |                             |                   | CAID                                |
| C2699 | BRACHYTHERAPY SOURCE, NON-STR                        | No                  |                             |                   | ALL                                 |
| C2699 | BRACHYTHERAPY SOURCE, NON-STRANDE                    | Not Covered         |                             |                   | CAID                                |
| C5271 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5271 | Application of low cost skin substitute graft to tru | Not Covered         |                             |                   | CAID                                |
| C5272 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5272 | Application of low cost skin substitute graft to tru | Not Covered         |                             |                   | CAID                                |
| C5273 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5273 | Application of low cost skin substitute graft to tru | Not Covered         |                             |                   | CAID                                |
| C5274 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5274 | Application of low cost skin substitute graft to tru | Not Covered         |                             |                   | CAID                                |
| C5275 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5275 | Application of low cost skin substitute graft to fad | Not Covered         |                             |                   | CAID                                |
| C5276 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5276 | Application of low cost skin substitute graft to fad | Not Covered         |                             |                   | CAID                                |
| C5277 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5277 | Application of low cost skin substitute graft to fad | Not Covered         |                             |                   | CAID                                |
| C5278 | Application of low cost skin substitute graft        | No                  |                             |                   | ALL                                 |
| C5278 | Application of low cost skin substitute graft to fad | Not Covered         |                             |                   | CAID                                |
| C7500 | Debridement, bone including epidermis, d             | No                  |                             |                   | ALL                                 |
| C7501 | Percutaneous breast biopsies using stere             | No                  |                             |                   | ALL                                 |
| C7502 | Percutaneous breast biopsies using magn              | No                  |                             |                   | ALL                                 |
| C7503 | Open biopsy or excision of deep cervical n           | No                  |                             |                   | ALL                                 |
| C7504 | Percutaneous vertebroplasties (bone biop             | No                  |                             |                   | ALL                                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key         | Rider Requirement | Product Lines              |
|-------|------------------------------------------------|---------------------|-------------|-------------------|----------------------------|
| C7505 | Percutaneous vertebroplasties (bone biops      | No                  |             |                   | ALL                        |
| C7506 | Arthrodesis, interphalangeal joints, with or   | No                  |             |                   | ALL                        |
| C7507 | Percutaneous vertebral augmentations, fir      | No                  |             |                   | ALL                        |
| C7508 | Percutaneous vertebral augmentations, fir      | No                  |             |                   | ALL                        |
| C7509 | Bronchoscopy, rigid or flexible, diagnostic    | No                  |             |                   | ALL                        |
| C7510 | Bronchoscopy, rigid or flexible, with bronch   | No                  |             |                   | ALL                        |
| C7511 | Bronchoscopy, rigid or flexible, with single   | No                  |             |                   | ALL                        |
| C7512 | Bronchoscopy, rigid or flexible, with single   | No                  |             |                   | ALL                        |
| C7513 | Dialysis circuit, introduction of needle(s) ar | No                  |             |                   | ALL                        |
| C7514 | Dialysis circuit, introduction of needle(s) ar | No                  |             |                   | ALL                        |
| C7515 | Dialysis circuit, introduction of needle(s) ar | No                  |             |                   | ALL                        |
| C7516 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | ALL                        |
| C7517 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | ALL                        |
| C7518 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7519 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7520 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7521 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7522 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7523 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7524 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7525 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7526 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7527 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7528 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7529 | Catheter placement in coronary artery(ies)     | No                  |             |                   | ALL                        |
| C7530 | Dialysis circuit, introduction of needle(s) ar | No                  |             |                   | ALL                        |
| C7531 | Revascularization, endovascular, open or       | No                  |             |                   | ALL                        |
| C7532 | Transluminal balloon angioplasty (except I     | No                  |             |                   | ALL                        |
| C7533 | Percutaneous transluminal coronary angio       | No                  |             |                   | ALL                        |
| C7534 | Revascularization, endovascular, open or       | No                  |             |                   | ALL                        |
| C7535 | Revascularization, endovascular, open or       | No                  |             |                   | ALL                        |
| C7537 | Insertion of new or replacement of perman      | No                  |             |                   | ALL                        |
| C7538 | Insertion of new or replacement of perman      | No                  |             |                   | ALL                        |
| C7539 | Insertion of new or replacement of perman      | No                  |             |                   | ALL                        |
| C7540 | Removal of permanent pacemaker pulse g         | No                  |             |                   | ALL                        |
| C7541 | Diagnostic endoscopic retrograde cholang       | No                  |             |                   | ALL                        |
| C7542 | Endoscopic retrograde cholangiopancreat        | No                  |             |                   | ALL                        |
| C7543 | Endoscopic retrograde cholangiopancreat        | No                  |             |                   | ALL                        |
| C7544 | Endoscopic retrograde cholangiopancreat        | No                  |             |                   | ALL                        |
| C7545 | Percutaneous exchange of biliary drainage      | No                  |             |                   | ALL                        |
| C7546 | Removal and replacement of externally ac       | No                  |             |                   | ALL                        |
| C7547 | Convert nephrostomy catheter to nephrou        | No                  |             |                   | ALL                        |
| C7548 | Exchange nephrostomy catheter, percutan        | No                  |             |                   | ALL                        |
| C7549 | Change of ureterostomy tube or externally      | No                  |             |                   | ALL                        |
| C7550 | Cystourethroscopy, with biopsy(ies) with a     | No                  |             |                   | ALL                        |
| C7551 | Excision of major peripheral nerve neurom      | No                  |             |                   | ALL                        |
| C7552 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | ALL                        |
| C7553 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | ALL                        |
| C7554 | Cystourethroscopy with adjunctive blue lig     | No                  |             |                   | ALL                        |
| C7555 | Thyroidectomy, total or complete with para     | No                  |             |                   | ALL                        |
| C7556 | Bronchoscopy, rigid or flexible, with bronch   | No                  |             |                   | ALL                        |
| C7557 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | ALL                        |
| C7560 | Endoscopic retrograde cholangiopancreat        | No                  |             |                   | ALL                        |
| C7561 | Debridement, bone (includes epidermis, d       | No                  |             |                   | ALL                        |
| C7562 | Catheter placement in coronary artery(s) fo    | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)        |
| C7562 | Catheter placement in coronary artery(s) fo    | No                  |             |                   | MCWRAP                     |
| C7563 | Transluminal balloon angioplasty (except I     | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)        |
| C7563 | Transluminal balloon angioplasty (except I     | No                  |             |                   | MCWRAP                     |
| C7564 | Percutaneous transluminal mechanical thr       | Yes                 | TPC-CARDIAC |                   | ALL (Except McWRAP)        |
| C7564 | Percutaneous transluminal mechanical thr       | No                  |             |                   | MCWRAP                     |
| C7565 | Repair of anterior abdominal hernia(s) (ie,    | Yes                 | TPC-CARDIAC |                   | ALL (Except MCWRAP)        |
| C7565 | Repair of anterior abdominal hernia(s) (ie,    | No                  |             |                   | MCWRAP                     |
| C8002 | Preparation of skin cell suspension autogr     | No                  |             |                   | ALL                        |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPH                  | Yes                 | CCN         |                   | ALL (Except Medicare Comp) |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | MEDICARE COMP/MCWRAP       |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | PRICHO                     |
| C8900 | MAGNETIC RESONANCE ANGIOGRAPHY WI              | Not Covered         |             |                   | CAID                       |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPH                  | Yes                 | CCN         |                   | ALL (Except Medicare Comp) |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | MEDICARE COMP/MCWRAP       |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | PRICHO                     |
| C8901 | MAGNETIC RESONANCE ANGIOGRAPHY WI              | Not Covered         |             |                   | CAID                       |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPH                  | Yes                 | CCN         |                   | ALL (Except Medicare Comp) |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | MEDICARE COMP/MCWRAP       |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPH                  | No                  |             |                   | PRICHO                     |
| C8902 | MAGNETIC RESONANCE ANGIOGRAPHY WI              | Not Covered         |             |                   | CAID                       |

**Services that require Prior Authorization List**

| Code  | Description                        | Prior Auth Required | Key                 | Rider Requirement | Product Lines              |
|-------|------------------------------------|---------------------|---------------------|-------------------|----------------------------|
| C8903 | MAGNETIC RESONANCE IMAGING WIT     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8903 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8903 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | PRICHO                     |
| C8903 | MAGNETIC RESONANCE IMAGING WITH CO | Not Covered         |                     |                   | CAID                       |
| C8905 | MAGNETIC RESONANCE IMAGING WIT     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8905 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8905 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | PRICHO                     |
| C8905 | MAGNETIC RESONANCE IMAGING WITHOUT | Not Covered         |                     |                   | CAID                       |
| C8906 | MAGNETIC RESONANCE IMAGING WIT     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8906 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8906 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | PRICHO                     |
| C8906 | MAGNETIC RESONANCE IMAGING WITH CO | Not Covered         |                     |                   | CAID                       |
| C8908 | MAGNETIC RESONANCE IMAGING WIT     | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8908 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8908 | MAGNETIC RESONANCE IMAGING WIT     | No                  |                     |                   | PRICHO                     |
| C8908 | MAGNETIC RESONANCE IMAGING WITHOUT | Not Covered         |                     |                   | CAID                       |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8909 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8910 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8911 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8912 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8913 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8914 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8918 | MAGNETIC RESONANCE ANGIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8919 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | PRICHO                     |
| C8920 | MAGNETIC RESONANCE ANGIOGRAPHY WI  | Not Covered         |                     |                   | CAID                       |
| C8921 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8921 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8922 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8922 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8923 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8923 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8924 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8924 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8925 | TRANSESOPHAGEAL ECHOCARDIOGF       | No                  |                     |                   | ALL                        |
| C8925 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY   | Not Covered         |                     |                   | CAID                       |
| C8926 | TRANSESOPHAGEAL ECHOCARDIOGF       | No                  |                     |                   | ALL                        |
| C8926 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY   | Not Covered         |                     |                   | CAID                       |
| C8927 | TRANSESOPHAGEAL ECHOCARDIOGF       | No                  |                     |                   | ALL                        |
| C8927 | TRANSESOPHAGEAL ECHOCARDIOGRAPHY   | Not Covered         |                     |                   | CAID                       |
| C8928 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8928 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8929 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8929 | TRANSTHORACIC ECHOCARDIOGRAPHY W   | Not Covered         |                     |                   | CAID                       |
| C8930 | TRANSTHORACIC ECHOCARDIOGRAP       | No                  |                     |                   | ALL                        |
| C8930 | TRANSTHORACIC ECHOCARDIOGRAPHY, W  | Not Covered         |                     |                   | CAID                       |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPH      | Yes                 | <a href="#">CCN</a> |                   | ALL (Except Medicare Comp) |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPH      | No                  |                     |                   | MEDICARE COMP/MCWRAP       |

**Services that require Prior Authorization List**

| Code  | Description                                                              | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|--------------------------------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| C8931 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8931 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Yes                 | <a href="#">CCN</a>       |                   | ALL (Except Medicare Comp)                  |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | MEDICARE COMP/MCWRAP                        |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8932 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Yes                 | <a href="#">CCN</a>       |                   | ALL (Except Medicare Comp)                  |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | MEDICARE COMP/MCWRAP                        |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8933 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Yes                 | <a href="#">CCN</a>       |                   | ALL (Except Medicare Comp)                  |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | MEDICARE COMP/MCWRAP                        |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8934 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Yes                 | <a href="#">CCN</a>       |                   | ALL (Except Medicare Comp)                  |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | MEDICARE COMP/MCWRAP                        |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8935 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Yes                 | <a href="#">CCN</a>       |                   | ALL (Except Medicare Comp)                  |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | MEDICARE COMP/MCWRAP                        |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | No                  |                           |                   | PRICHO                                      |
| C8936 | MAGNETIC RESONANCE ANGIOGRAPHY WITH CONTRAST                             | Not Covered         |                           |                   | CAID                                        |
| C8937 | Computer-aided detection, including computer-aided detection             | Yes                 |                           |                   | ALL (Except McWrap/PRICHO)                  |
| C8937 | Computer-aided detection, including computer-aided detection             | No                  |                           |                   | McWRAP/PRICHO                               |
| C8957 | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSTIC                              | No                  |                           |                   | ALL                                         |
| C8957 | INTRAVENOUS INFUSION FOR THERAPY/DIAGNOSTIC                              | Not Covered         |                           |                   | CAID                                        |
| C9046 | Cocaine hydrochloride nasal solution for treatment of cocaine dependence | No                  |                           |                   | ALL                                         |
| C9047 | Injection, caplacizumab-yhdp, 1 mg                                       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, McWrap)                    |
| C9047 | Injection, caplacizumab-yhdp, 1 mg                                       | No                  |                           |                   | MED, McWrap                                 |
| C9060 | Fluoroestradiol f18, diagnostic, 1 mci                                   | No                  |                           |                   | ALL                                         |
| C9062 | Injection, daratumumab 10 mg and hyaluronidase 10 mg                     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| C9062 | Injection, daratumumab 10 mg and hyaluronidase 10 mg                     | No                  |                           |                   | CAID, MED, MMP, PRICHO, MCWRAP              |
| C9064 | Mitomycin pyelocalyceal instillation, 1 mg                               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| C9064 | Mitomycin pyelocalyceal instillation, 1 mg                               | No                  |                           |                   | CAID, MED, MMP, PRICHO, MCWRAP              |
| C9067 | Gallium ga-68, dotatoc, diagnostic, 0.01 mci                             | No                  |                           |                   | ALL                                         |
| C9088 | Instillation, bupivacaine and meloxicam, 1 mg/10 mg                      | No                  |                           |                   | ALL                                         |
| C9089 | Bupivacaine, collagen-matrix implant, 1 mg                               | No                  |                           |                   | ALL                                         |
| C9090 | Injection, plasminogen, human-tvmh, 1 mg                                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| C9090 | Injection, plasminogen, human-tvmh, 1 mg                                 | No                  |                           |                   | MED, MMP, MCWRAP, PRICHO                    |
| C9091 | Injection, sirolimus protein-bound particles                             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| C9091 | Injection, sirolimus protein-bound particles                             | No                  |                           |                   | MED, MMP, MCWRAP, PRICHO                    |
| C9092 | Injection, triamcinolone acetonide, supracil                             | No                  |                           |                   | ALL                                         |
| C9093 | Injection, ranibizumab, via sustained release                            | Yes                 |                           |                   | ALL (Except MCWRAP, PRICHO)                 |
| C9093 | Injection, ranibizumab, via sustained release                            | No                  |                           |                   | MCWRAP, PRICHO                              |
| C9101 | Injection, oliceridine, 0.1 mg                                           | No                  |                           |                   | ALL                                         |
| C9132 | PROTHROMBIN COMPLEX CONCENTRATE                                          | No                  |                           |                   | ALL                                         |
| C9132 | PROTHROMBIN COMPLEX CONCENTRATE                                          | Not Covered         |                           |                   | CAID                                        |
| C9143 | Cocaine hydrochloride nasal solution (numax)                             | No                  |                           |                   | ALL                                         |
| C9144 | Injection, bupivacaine (posimir), 1 mg                                   | No                  |                           |                   | ALL                                         |
| C9145 | Injection, aprepitant, (aponvie), 1 mg                                   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| C9145 | Injection, aprepitant, (aponvie), 1 mg                                   | No                  |                           |                   | MCWRAP, MED                                 |
| C9150 | Xenon xe-129 hyperpolarized gas, diagnostic                              | No                  |                           |                   | ALL                                         |
| C9173 | Injection, filgrastim-txid (nypozi), biosimilar                          | No                  |                           |                   | ALL                                         |
| C9248 | INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG                                    | No                  |                           |                   | ALL                                         |
| C9248 | INJECTION, CLEVIDIPIEN BUTYRATE, 1 MG                                    | Not Covered         |                           |                   | CAID                                        |
| C9250 | HUMAN PLASMA FIBRIN SEALANT, VAF                                         | No                  |                           |                   | ALL                                         |
| C9250 | HUMAN PLASMA FIBRIN SEALANT, VAF                                         | Not Covered         |                           |                   | CAID                                        |
| C9254 | INJECTION, LACOSAMIDE, 1 MG                                              | No                  |                           |                   | ALL                                         |
| C9254 | INJECTION, LACOSAMIDE, 1 MG                                              | Not Covered         |                           |                   | CAID                                        |
| C9257 | INJECTION, BEVACIZUMAB, 0.25 MG                                          | No                  |                           |                   | ALL                                         |
| C9257 | INJECTION, BEVACIZUMAB, 0.25 MG                                          | Not Covered         |                           |                   | CAID                                        |
| C9285 | Lidocaine 70 mg/tetracaine 70 mg, per patient                            | No                  |                           |                   | ALL                                         |
| C9285 | Lidocaine 70 mg/tetracaine 70 mg, per patient                            | Not Covered         |                           |                   | CAID                                        |
| C9293 | INJECTION, GLUCARPIDASE                                                  | No                  |                           |                   | ALL                                         |
| C9293 | Injection, glucarpidase                                                  | Not Covered         |                           |                   | CAID                                        |
| C9352 | MICROPOROUS COLLAGEN IMPLANT                                             | No                  |                           |                   | ALL                                         |
| C9353 | MICROPOROUS COLLAGEN IMPLANT                                             | No                  |                           |                   | ALL                                         |
| C9354 | ACCELLULAR PERICARDIAL TISSUE MATRIX                                     | No                  |                           |                   | ALL                                         |
| C9355 | COLLAGEN NERVE CUFF (NEUROMAT)                                           | No                  |                           |                   | ALL                                         |
| C9356 | TENDON, POROUS MATRIX OF CROSS-LINKED COLLAGEN                           | No                  |                           |                   | ALL                                         |
| C9358 | DERMAL SUBSTITUTE, NATIVE, NON-DERIVED                                   | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                         | Rider Requirement | Product Lines                             |
|-------|----------------------------------------------------|---------------------|-----------------------------|-------------------|-------------------------------------------|
| C9359 | POROUS PURIFIED COLLAGEN MATRIX                    | No                  |                             |                   | ALL                                       |
| C9360 | DERMAL SUBSTITUTE, NATIVE, NON-D                   | No                  |                             |                   | ALL                                       |
| C9361 | COLLAGEN MATRIX NERVE WRAP (NE                     | No                  |                             |                   | ALL                                       |
| C9361 | COLLAGEN MATRIX NERVE WRAP (NEURON                 | Not Covered         |                             |                   | CAID                                      |
| C9362 | POROUS PURIFIED COLLAGEN MATRIX                    | No                  |                             |                   | ALL                                       |
| C9362 | POROUS PURIFIED COLLAGEN MATRIX BON                | Not Covered         |                             |                   | CAID                                      |
| C9363 | SKIN SUBSTITUTE, INTEGRA MESHED                    | No                  |                             |                   | ALL                                       |
| C9363 | SKIN SUBSTITUTE, INTEGRA MESHED BILAY              | Not Covered         |                             |                   | CAID                                      |
| C9364 | PORCINE IMPLANT, PERMACOL, PER S                   | No                  |                             |                   | ALL                                       |
| C9367 | Skin substitute, Endoform Dermal Templa            | Not Covered         |                             |                   | ALL                                       |
| C9399 | UNCLASSIFIED DRUGS OR BIOLOGICA                    | No                  | <a href="#">NTM POLICY</a>  |                   | ALL                                       |
| C9460 | Injection, cangrelor, 1 mg                         | No                  |                             |                   | ALL                                       |
| C9460 | Injection, cangrelor, 1 mg                         | Not Covered         |                             |                   | CAID                                      |
| C9462 | Injection, delafloxacin, 1 mg                      | No                  |                             |                   | ALL                                       |
| C9462 | Injection, delafloxacin, 1 mg                      | Not Covered         |                             |                   | CAID                                      |
| C9482 | Injection, sotalol hydrochloride, 1 mg             | No                  |                             |                   | ALL                                       |
| C9482 | Injection, sotalol hydrochloride, 1 mg             | Not Covered         |                             |                   | CAID                                      |
| C9488 | Injection, conivaptan hydrochloride, 1 mg          | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except McWrap, CAID, MMP, MED)       |
| C9488 | Injection, conivaptan hydrochloride, 1 mg          | No                  |                             |                   | MCWRAP, MED, MMP, PRICHO                  |
| C9488 | Injection, conivaptan hydrochloride, 1 mg          | Not Covered         |                             |                   | CAID                                      |
| C9507 | Fresh frozen plasma, high titer COVID-19           | No                  |                             |                   | ALL                                       |
| C9600 | Percutaneous transcatheter placement of            | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9600 | Percutaneous transcatheter placement of            | No                  |                             |                   | MCWRAP                                    |
| C9601 | Percutaneous transcatheter placement of            | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9601 | Percutaneous transcatheter placement of            | No                  |                             |                   | MCWRAP                                    |
| C9602 | Percutaneous transluminal coronary ather           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9602 | Percutaneous transluminal coronary ather           | No                  |                             |                   | MCWRAP                                    |
| C9603 | Percutaneous transluminal coronary ather           | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9603 | Percutaneous transluminal coronary ather           | No                  |                             |                   | MCWRAP                                    |
| C9604 | Percutaneous transluminal revascularizati          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9604 | Percutaneous transluminal revascularizati          | No                  |                             |                   | MCWRAP                                    |
| C9605 | Percutaneous transluminal revascularizati          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9605 | Percutaneous transluminal revascularizati          | No                  |                             |                   | MCWRAP                                    |
| C9606 | Percutaneous transluminal revascularizati          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9606 | Percutaneous transluminal revascularizati          | No                  |                             |                   | MCWRAP                                    |
| C9607 | Percutaneous transluminal revascularizati          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9607 | Percutaneous transluminal revascularizati          | No                  |                             |                   | MCWRAP                                    |
| C9608 | Percutaneous transluminal revascularizati          | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                       |
| C9608 | Percutaneous transluminal revascularizati          | No                  |                             |                   | MCWRAP                                    |
| C9610 | Catheter, transluminal drug delivery with o        | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except MCWRAP)                       |
| C9610 | Catheter, transluminal drug delivery with o        | No                  |                             |                   | MCWRAP                                    |
| C9716 | CREATIONS OF THERMAL ANAL LESIO                    | Not Covered         |                             |                   | ALL                                       |
| C9725 | PLACEMENT OF ENDORECTAL INTRAC                     | No                  |                             |                   | ALL                                       |
| C9725 | PLACEMENT OF ENDORECTAL INTRACAVIT                 | Not Covered         |                             |                   | CAID                                      |
| C9726 | PLACEMENT AND REMOVAL (IF PERFC                    | No                  |                             |                   | ALL                                       |
| C9726 | PLACEMENT AND REMOVAL (IF PERFORME                 | Not Covered         |                             |                   | CAID                                      |
| C9727 | INSERTION OF IMPLANTS INTO THE SC                  | Not Covered         |                             |                   | ALL                                       |
| C9728 | PLACEMENT OF INTERSTITIAL DEVICE                   | No                  |                             |                   | ALL                                       |
| C9728 | PLACEMENT OF INTERSTITIAL DEVICE(S) F              | Not Covered         |                             |                   | CAID                                      |
| C9733 | Non-ophthalmic fluorescent vascular angi           | No                  |                             |                   | ALL                                       |
| C9733 | Non-ophthalmic fluorescent vascular angiogr        | Not Covered         |                             |                   | CAID                                      |
| C9737 | Laparoscopy, surgical, esophageal sphinc           | No                  |                             |                   | ALL                                       |
| C9738 | Adjunctive blue light cystoscopy with fluore       | No                  |                             |                   | ALL                                       |
| C9738 | Adjunctive blue light cystoscopy with fluorescent  | Not Covered         |                             |                   | CAID                                      |
| C9739 | Cystourethroscopy, with insertion of transp        | No                  |                             |                   | ALL                                       |
| C9739 | Cystourethroscopy, with insertion of transprost    | Not Covered         |                             |                   | CAID                                      |
| C9740 | Cystourethroscopy, with insertion of transp        | No                  |                             |                   | ALL                                       |
| C9740 | Cystourethroscopy, with insertion of transprost    | Not Covered         |                             |                   | CAID                                      |
| C9745 | Nasal endoscopy, surgical; balloon dilator         | Yes                 |                             |                   | ALL (Except Medicare Comp, CAID, MMP)     |
| C9745 | Nasal endoscopy, surgical; balloon dilator         | No                  |                             |                   | MEDICARE COMP/MCWRAP                      |
| C9745 | Nasal endoscopy, surgical; balloon dilator         | Not Covered         |                             |                   | CAID, MMP                                 |
| C9745 | Nasal endoscopy, surgical; balloon dilator         | No                  |                             |                   | PRICHO                                    |
| C9745 | Nasal endoscopy, surgical; balloon dilation of eu  | Not Covered         |                             |                   | CAID                                      |
| C9747 | Ablation of prostate, transrectal, high inten      | No                  |                             |                   | ALL                                       |
| C9747 | Ablation of prostate, transrectal, high inten      | Not Covered         |                             |                   | CAID                                      |
| C9749 | Repair of nasal vestibular lateral wall stenc      | No                  |                             |                   | ALL                                       |
| C9749 | Repair of nasal vestibular lateral wall stenosis w | Not Covered         |                             |                   | CAID                                      |
| C9751 | Bronchoscopy, rigid or flexible, transbronc        | Yes                 |                             |                   | ALL (Except McWrap/PRICHO)                |
| C9751 | Bronchoscopy, rigid or flexible, transbronc        | No                  |                             |                   | McWRAP/PRICHO                             |
| C9756 | Intraoperative near-infrared fluorescence lymph    | No                  |                             |                   | ALL (Except CAID)                         |
| C9756 | Intraoperative near-infrared fluorescence lymph    | Not Covered         |                             |                   | CAID                                      |
| C9757 | Laminotomy (hemilaminectomy), with decc            | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP)                       |
| C9757 | Laminotomy (hemilaminectomy), with decc            | No                  |                             |                   | MCWRAP                                    |
| C9758 | Blinded procedure for nyha class iii/iv hear       | YES                 |                             |                   | ALL (Except PRICHO, PRIQHP, MCWRAP, CAID) |
| C9758 | Blinded procedure for nyha class iii/iv hear       | No                  |                             |                   | MCWRAP                                    |
| C9758 | Blinded procedure for nyha class iii/iv hear       | Not Covered         |                             |                   | CAID                                      |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                               |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------------------------------|
| C9759 | Transcatheter intraoperative blood vessel    | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9759 | Transcatheter intraoperative blood vessel    | No                  |     |                   | MCWRAP                                      |
| C9760 | Non-randomized, non-blinded procedure f      | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9760 | Non-randomized, non-blinded procedure f      | No                  |     |                   | MCWRAP                                      |
| C9761 | Cystourethroscopy, with ureteroscopy and     | No                  |     |                   | ALL                                         |
| C9762 | Cardiac magnetic resonance imaging for n     | Yes                 |     |                   | ALL (Except MCWRAP)                         |
| C9762 | Cardiac magnetic resonance imaging for n     | No                  |     |                   | MCWRAP                                      |
| C9763 | Cardiac magnetic resonance imaging for n     | Yes                 |     |                   | ALL (Except MCWRAP)                         |
| C9763 | Cardiac magnetic resonance imaging for n     | No                  |     |                   | MCWRAP                                      |
| C9764 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9764 | Revascularization, endovascular, open or     | No                  |     |                   | MCWRAP                                      |
| C9765 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9765 | Revascularization, endovascular, open or     | No                  |     |                   | MCWRAP                                      |
| C9766 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9766 | Revascularization, endovascular, open or     | No                  |     |                   | MCWRAP                                      |
| C9767 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO, PRIQHP)         |
| C9767 | Revascularization, endovascular, open or     | No                  |     |                   | MCWRAP                                      |
| C9768 | Endoscopic ultrasound-guided direct meas     | No                  |     |                   | ALL                                         |
| C9772 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO)                 |
| C9772 | Revascularization, endovascular, open or     | No                  |     |                   | McWrap, PRICHO                              |
| C9773 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO)                 |
| C9773 | Revascularization, endovascular, open or     | No                  |     |                   | McWrap, PRICHO                              |
| C9774 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO)                 |
| C9774 | Revascularization, endovascular, open or     | No                  |     |                   | McWrap, PRICHO                              |
| C9775 | Revascularization, endovascular, open or     | Yes                 |     |                   | ALL (Except McWrap, PRICHO)                 |
| C9775 | Revascularization, endovascular, open or     | No                  |     |                   | McWrap, PRICHO                              |
| C9776 | Intraoperative near-infrared fluorescence i  | No                  |     |                   | ALL                                         |
| C9777 | Esophageal mucosal integrity testing by el   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                 |
| C9777 | Esophageal mucosal integrity testing by el   | No                  |     |                   | MCWRAP, PRICHO                              |
| C9778 | Colpopexy, vaginal; minimally invasive ext   | No                  |     |                   | ALL                                         |
| C9779 | Endoscopic submucosal dissection (esd),      | No                  |     |                   | ALL                                         |
| C9780 | Insertion of central venous catheter throug  | No                  |     |                   | ALL                                         |
| C9781 | Arthroscopy, shoulder, surgical; with impla  | Not Covered         |     |                   | ALL                                         |
| C9782 | Blinded procedure for new york heart asso    | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP)         |
| C9782 | Blinded procedure for new york heart asso    | Yes                 |     |                   | MED, PRICHO, CAID, MMP)                     |
| C9783 | Blinded procedure for transcatheter implar   | Not Covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP)         |
| C9783 | Blinded procedure for transcatheter implar   | Yes                 |     |                   | MED, PRICHO, CAID, MMP)                     |
| C9784 | Gastric restrictive procedure, endoscopic s  | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                 |
| C9784 | Gastric restrictive procedure, endoscopic s  | No                  |     |                   | McWrap, PRICHO                              |
| C9785 | Endoscopic outlet reduction, gastric pouch   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                 |
| C9785 | Endoscopic outlet reduction, gastric pouch   | No                  |     |                   | McWrap, PRICHO                              |
| C9789 | Instillation of anti-neoplastic pharmacologi | No                  |     |                   | ALL                                         |
| C9792 | Blinded or nonblinded procedure for sympt    | Not covered         |     |                   | ALL (Except MED, PRICHO, CAID, MMP, MCWRAP) |
| C9792 | Blinded or nonblinded procedure for sympt    | Yes                 |     |                   | MED, PRICHO, CAID, MMP                      |
| C9792 | Blinded or nonblinded procedure for sympt    | No                  |     |                   | MCWRAP                                      |
| C9796 | Repair of enterocutaneous fistula small int  | No                  |     |                   | ALL                                         |
| C9797 | Vascular embolization or occlusion proced    | No                  |     |                   | ALL                                         |
| C9807 | Nerve stimulator, percutaneous, periphera    | Not Covered         |     |                   | ALL                                         |
| C9898 | RADIOLABELED PRODUCT PROVIDED                | No                  |     |                   | ALL                                         |
| C9898 | Radiolabeled product provided during a hc    | Not Covered         |     |                   | CAID                                        |
| C9899 | IMPLANTED PROSTHETIC DEVICE, PA              | Not Covered         |     |                   | ALL                                         |
| D0120 | PERIODIC ORAL EVALUATION-ESTABL              | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0120 | PERIODIC ORAL EVALUATION-ESTABL              | No                  |     |                   | MMP                                         |
| D0140 | LIMITED ORAL EVALUATION - PROBLE             | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0140 | LIMITED ORAL EVALUATION - PROBLE             | No                  |     |                   | MMP                                         |
| D0145 | ORAL EVALUATION FOR A PATIENT UN             | Not Covered         |     |                   | ALL                                         |
| D0150 | COMPREHENSIVE ORAL EVALUATION                | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0150 | COMPREHENSIVE ORAL EVALUATION                | No                  |     |                   | MMP                                         |
| D0160 | DETAILED AND EXTENSIVE ORAL EVA              | Not Covered         |     |                   | ALL                                         |
| D0170 | REEVALUATION LIMITED, PROBLEM FC             | Not Covered         |     |                   | ALL                                         |
| D0171 | Re-eval post-op visit                        | Not Covered         |     |                   | ALL                                         |
| D0180 | COMPREHENSIVE PERIDONATAL EVAL               | Not Covered         |     |                   | ALL                                         |
| D0190 | Screening of a patient                       | Not Covered         |     |                   | ALL (Except Caid)                           |
| D0190 | Screening of a patient                       | No                  |     |                   | Caid                                        |
| D0190 | Screening of a patient                       | Yes                 |     |                   | MMP                                         |
| D0191 | Assessment of a patient                      | Not Covered         |     |                   | ALL                                         |
| D0210 | INTRAORAL-COMPLETE SERIES (INCL              | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0210 | INTRAORAL-COMPLETE SERIES (INCL              | No                  |     |                   | MMP                                         |
| D0220 | INTRAORAL-PERIAPICAL-FIRST FILM              | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0220 | INTRAORAL-PERIAPICAL-FIRST FILM              | No                  |     |                   | MMP                                         |
| D0230 | INTRAORAL-PERIAPICAL-EACH ADDITI             | Not Covered         |     |                   | ALL (Except MMP)                            |
| D0230 | INTRAORAL-PERIAPICAL-EACH ADDITI             | No                  |     |                   | MMP                                         |
| D0240 | INTRAORAL-OCCLUSAL FILM                      | Not Covered         |     |                   | ALL                                         |
| D0250 | EXTRAORAL-FIRST FILM                         | Not Covered         |     |                   | ALL                                         |
| D0270 | BITEWING-SINGLE FILM                         | Not Covered         |     |                   | ALL                                         |
| D0272 | BITEWINGS-TWO FILMS                          | Not Covered         |     |                   | ALL (Except MMP)                            |

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|-------|----------------------------------------------|---------------------|-----|-------------------|------------------|
| D0272 | BITEWINGS-TWO FILMS                          | No                  |     |                   | MMP              |
| D0273 | BITEWINGS - THREE FILMS                      | Not Covered         |     |                   | ALL              |
| D0274 | BITEWINGS-FOUR FILMS                         | Not Covered         |     |                   | ALL (Except MMP) |
| D0274 | BITEWINGS-FOUR FILMS                         | No                  |     |                   | MMP              |
| D0277 | VERTICAL BITEWINGS 7 TO 8 FILMS              | Not Covered         |     |                   | ALL              |
| D0310 | SIALOGRAPHY                                  | Not Covered         |     |                   | ALL              |
| D0320 | TEMPOROMANDIBULAR JOINT ARTHR                | Not Covered         |     |                   | ALL              |
| D0321 | OTHER TEMPOROMANDIBULAR JOINT                | Not Covered         |     |                   | ALL              |
| D0322 | TOMOGRAPHIC SURVEY                           | Not Covered         |     |                   | ALL              |
| D0330 | PANORAMIC FILM                               | Not Covered         |     |                   | ALL (Except MMP) |
| D0330 | PANORAMIC FILM                               | No                  |     |                   | MMP              |
| D0340 | CEPHALOMETRIC FILM                           | Not Covered         |     |                   | ALL              |
| D0350 | ORAL/FACIAL PHOTOGRAPHIC IMAGES              | Not Covered         |     |                   | ALL              |
| D0351 | 3d photographic image                        | Not Covered         |     |                   | ALL              |
| D0360 | CONE BEAM CT - CRANIOFACIAL DATA             | Not Covered         |     |                   | ALL              |
| D0362 | CONE BEAM - TWO-DIMENSIONAL IMA              | Not Covered         |     |                   | ALL              |
| D0363 | CONE BEAM - THREE-DIMENSIONAL IM             | Not Covered         |     |                   | ALL              |
| D0364 | Cone beam ct capt & interp                   | Not Covered         |     |                   | ALL              |
| D0365 | Cone beam ct interpret man                   | Not Covered         |     |                   | ALL              |
| D0366 | Cone beam ct interpret max                   | Not Covered         |     |                   | ALL              |
| D0367 | Cone beam ct interp both jaw                 | Not Covered         |     |                   | ALL              |
| D0368 | Cone beam ct interpret tmj                   | Not Covered         |     |                   | ALL              |
| D0369 | Max mri capture & interpret                  | Not Covered         |     |                   | ALL              |
| D0370 | Max ultrasound capt & interp                 | Not Covered         |     |                   | ALL              |
| D0371 | Sialoendoscopy capt & interp                 | Not Covered         |     |                   | ALL              |
| D0372 | intraoral tomosynthesis - comprehensive s    | Not Covered         |     |                   | ALL              |
| D0373 | intraoral tomosynthesis - bitewing radiogra  | Not Covered         |     |                   | ALL              |
| D0374 | intraoral tomosynthesis - periapical radiogr | Not Covered         |     |                   | ALL              |
| D0380 | Cone beam ct capture limited                 | Not Covered         |     |                   | ALL              |
| D0381 | Cone beam ct capt mandible                   | Not Covered         |     |                   | ALL              |
| D0382 | Cone beam ct capt maxilla                    | Not Covered         |     |                   | ALL              |
| D0383 | Cone beam ct both jaws                       | Not Covered         |     |                   | ALL              |
| D0384 | Cone beam ct capture tmj                     | Not Covered         |     |                   | ALL              |
| D0385 | Max mri image capture                        | Not Covered         |     |                   | ALL              |
| D0386 | Max ultrasound image capture                 | Not Covered         |     |                   | ALL              |
| D0387 | intraoral tomosynthesis - comprehensive s    | Not Covered         |     |                   | ALL              |
| D0388 | intraoral tomosynthesis - bitewing radiogra  | Not Covered         |     |                   | ALL              |
| D0389 | intraoral tomosynthesis-periapical radiogra  | Not Covered         |     |                   | ALL              |
| D0391 | Interprete diagnostic image                  | Not Covered         |     |                   | ALL              |
| D0393 | Trtmnt simulation 3d image                   | Not Covered         |     |                   | ALL              |
| D0394 | Digital sub 2 or more images                 | Not Covered         |     |                   | ALL              |
| D0395 | Fusion 2 or more 3d images                   | Not Covered         |     |                   | ALL              |
| D0396 | 3D printing of a 3D dental surface scan      | Not Covered         |     |                   | ALL              |
| D0415 | COLLECTION OF MICROORGANISMS F               | Not Covered         |     |                   | ALL              |
| D0416 | VIRAL CULTURE                                | Not Covered         |     |                   | ALL              |
| D0417 | COLLECTION AND PREPARATION OF S              | Not Covered         |     |                   | ALL              |
| D0418 | ANALYSIS OF SALIVA SAMPLE                    | Not Covered         |     |                   | ALL              |
| D0419 | Assessment of salivary flow by measurem      | Not Covered         |     |                   | ALL              |
| D0425 | CARIES SUSCEPTIBILITY TESTS                  | Not Covered         |     |                   | ALL              |
| D0431 | ADJUNCTIVE PRE-DIAGNOSTIC TEST               | Not Covered         |     |                   | ALL              |
| D0460 | PULP VITALITY TESTS                          | Not Covered         |     |                   | ALL              |
| D0470 | DIAGNOSTIC CASTS                             | Not Covered         |     |                   | ALL              |
| D0472 | ACCESSION OF TISSUE, GROSS EXAM              | Not Covered         |     |                   | ALL              |
| D0473 | ACCESSION OF TISSUE, GROSS AND I             | Not Covered         |     |                   | ALL              |
| D0474 | ACCESSION OF TISSUE, GROSS AND I             | Not Covered         |     |                   | ALL              |
| D0475 | DECALCIFICATION PROCEDURE                    | Not Covered         |     |                   | ALL              |
| D0476 | SPECIAL STAINS FOR MICROORGANIS              | Not Covered         |     |                   | ALL              |
| D0477 | SPECIAL STAINS, NOT FOR MICROORG             | Not Covered         |     |                   | ALL              |
| D0478 | IMMUNOHISTOCHEMICAL STAINS                   | Not Covered         |     |                   | ALL              |
| D0479 | TISSUE IN-SITU HYBRIDIZATION, INCLU          | Not Covered         |     |                   | ALL              |
| D0480 | ACCESSION OF EXFOLIATIVE CYTOLO              | Not Covered         |     |                   | ALL              |
| D0481 | ELECTRON MICROSCOPY - DIAGNOST               | Not Covered         |     |                   | ALL              |
| D0482 | DIRECT IMMUNOFLUORESCENCE                    | Not Covered         |     |                   | ALL              |
| D0483 | INDIRECT IMMUNOFLUORESCENCE                  | Not Covered         |     |                   | ALL              |
| D0484 | CONSULTATION ON SLIDES PREPARE               | Not Covered         |     |                   | ALL              |
| D0485 | CONSULTATION, INCLUDING PREPARA              | Not Covered         |     |                   | ALL              |
| D0486 | ACCESSION OF BRUSH BIOPSY SAMPL              | Not Covered         |     |                   | ALL              |
| D0502 | OTHER ORAL PATHOLOGY PROCEDUR                | Not Covered         |     |                   | ALL              |
| D0601 | Neurological with Motor >47.75comorbidity    | Not Covered         |     |                   | ALL              |
| D0602 | Neurological with Motor >37.35 & Motor <4    | Not Covered         |     |                   | ALL              |
| D0603 | Neurological with Motor >25.85 & Motor <3    | Not Covered         |     |                   | ALL              |
| D0801 | 3D dental surface scan - direct              | Not Covered         |     |                   | ALL              |
| D0802 | 3D dental surface scan - indirect            | Not Covered         |     |                   | ALL              |
| D0803 | 3D facial surface scan - direct              | Not Covered         |     |                   | ALL              |
| D0804 | 3D facial surface scan - indirect            | Not Covered         |     |                   | ALL              |
| D0999 | UNSPECIFIED DIAGNOSTIC PROCEDU               | Not Covered         |     |                   | ALL              |
| D1110 | PROPHYLAXIS-ADULT                            | Not Covered         |     |                   | ALL (Except MMP) |



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|-------|----------------------------------------------|---------------------|-----|-------------------|------------------|
| D1110 | PROPHYLAXIS-ADULT                            | No                  |     |                   | MMP              |
| D1120 | PROPHYLAXIS-CHILD                            | Not Covered         |     |                   | ALL (Except MMP) |
| D1120 | PROPHYLAXIS-CHILD                            | No                  |     |                   | MMP              |
| D1203 | TOPICAL APPLICATION OF FLUORIDE              | Not Covered         |     |                   | ALL              |
| D1204 | TOPICAL APPLICATION OF FLUORIDE              | Not Covered         |     |                   | ALL              |
| D1206 | TOPICAL FLUORIDE VARNISH; THERAP             | Not Covered         |     |                   | ALL              |
| D1208 | Topical app fluorid ex vrmsh                 | Not Covered         |     |                   | ALL              |
| D1301 | immunization counseling                      | Not Covered         |     |                   | ALL              |
| D1310 | NUTRITIONAL COUNSELING FOR THE               | Not Covered         |     |                   | ALL              |
| D1320 | TOBACCO COUNSELING FOR THE COU               | Not Covered         |     |                   | ALL              |
| D1330 | ORAL HYGIENE INSTRUCTION                     | Not Covered         |     |                   | ALL              |
| D1351 | SEALANT-PER TOOTH                            | Not Covered         |     |                   | ALL              |
| D1352 | Prev resin rest, perm tooth                  | Not Covered         |     |                   | ALL              |
| D1353 | Sealant repair per tooth                     | Not Covered         |     |                   | ALL              |
| D1510 | SPACE MAINTAINER-FIXED UNILATERA             | Not Covered         |     |                   | ALL              |
| D1520 | SPACE MAINTAINER-REMOVABLE UNIL              | Not Covered         |     |                   | ALL              |
| D1525 | SPACE MAINTAINER-REMOVABLE BILA              | Not Covered         |     |                   | ALL              |
| D1551 | Re-cement or re-bond bilateral space main    | Not Covered         |     |                   | ALL              |
| D1552 | Re-cement or re-bond bilateral space main    | Not Covered         |     |                   | ALL              |
| D1553 | Re-cement or re-bond unilateral space ma     | Not Covered         |     |                   | ALL              |
| D1556 | Removal of fixed unilateral space maintai    | Not Covered         |     |                   | ALL              |
| D1557 | Removal of fixed bilateral space maintaine   | Not Covered         |     |                   | ALL              |
| D1558 | Removal of fixed bilateral space maintaine   | Not Covered         |     |                   | ALL              |
| D1781 | vaccine administration-human papillomavi     | Not Covered         |     |                   | ALL              |
| D1782 | vaccine administration-human papillomavi     | Not Covered         |     |                   | ALL              |
| D1783 | vaccine administration-human papillomavi     | Not Covered         |     |                   | ALL              |
| D1999 | Unspecified preventive proc                  | Not Covered         |     |                   | ALL              |
| D2140 | AMALGAM-ONE SURFACE, PRIMARY O               | Not Covered         |     |                   | ALL              |
| D2150 | AMALGAM-TWO SURFACES, PRIMARY                | Not Covered         |     |                   | ALL              |
| D2160 | AMALGAM-THREE SURFACES, PRIMAR               | Not Covered         |     |                   | ALL              |
| D2161 | AMALGAM-FOUR OR MORE SURFACES                | Not Covered         |     |                   | ALL              |
| D2330 | RESIN-ONE SURFACE, ANTERIOR                  | Not Covered         |     |                   | ALL              |
| D2331 | RESIN-TWO SURFACES, ANTERIOR                 | Not Covered         |     |                   | ALL              |
| D2332 | RESIN-THREE SURFACES, ANTERIOR               | Not Covered         |     |                   | ALL              |
| D2335 | RESIN-FOUR OR MORE SURFACES OR               | Not Covered         |     |                   | ALL              |
| D2390 | RESIN-BASED COMPOSITE CROWN, A               | Not Covered         |     |                   | ALL              |
| D2391 | RESIN-BASED COMPOSITE - ONE SUR              | Not Covered         |     |                   | ALL              |
| D2392 | RESIN-BASED COMPOSITE - TWO SUR              | Not Covered         |     |                   | ALL              |
| D2393 | RESIN-BASED COMPOSITE - THREE SU             | Not Covered         |     |                   | ALL              |
| D2394 | RESIN-BASED COMPOSITE - FOUR OR              | Not Covered         |     |                   | ALL              |
| D2410 | GOLD FOIL-ONE SURFACE                        | Not Covered         |     |                   | ALL              |
| D2420 | GOLD FOIL-TWO SURFACES                       | Not Covered         |     |                   | ALL              |
| D2430 | GOLD FOIL-THREE SURFACES                     | Not Covered         |     |                   | ALL              |
| D2510 | INLAY-METALLIC-ONE SURFACE                   | Not Covered         |     |                   | ALL              |
| D2520 | INLAY-METALLIC-TWO SURFACES                  | Not Covered         |     |                   | ALL              |
| D2530 | INLAY-METALLIC-THREE OR MORE SU              | Not Covered         |     |                   | ALL              |
| D2542 | ONLAY-METALLIC-TWO SURFACES                  | Not Covered         |     |                   | ALL              |
| D2543 | ONLAY - METALLIC - THREE SURFACE             | Not Covered         |     |                   | ALL              |
| D2544 | ONLAY - METALLIC - FOUR OR MORE S            | Not Covered         |     |                   | ALL              |
| D2610 | INLAY-PORCELAIN/CERAMIC-ONE SUR              | Not Covered         |     |                   | ALL              |
| D2620 | INLAY-PORCELAIN/CERAMIC-TWO SUR              | Not Covered         |     |                   | ALL              |
| D2630 | INLAY-PORCELAIN/CERAMIC-THREE O              | Not Covered         |     |                   | ALL              |
| D2642 | ONLAY - PORCELAIN/CERAMIC - TWO              | Not Covered         |     |                   | ALL              |
| D2643 | ONLAY - PORCELAIN/CERAMIC - THRE             | Not Covered         |     |                   | ALL              |
| D2644 | ONLAY - PORCELAIN/CERAMIC - FOUR             | Not Covered         |     |                   | ALL              |
| D2650 | INLAY - RESIN-BASED COMPOSITE - OI           | Not Covered         |     |                   | ALL              |
| D2651 | INLAY - RESIN-BASED COMPOSITE - T            | Not Covered         |     |                   | ALL              |
| D2652 | INLAY - RESIN-BASED COMPOSITE - TH           | Not Covered         |     |                   | ALL              |
| D2662 | ONLAY - RESIN-BASED COMPOSITE - T            | Not Covered         |     |                   | ALL              |
| D2663 | ONLAY - RESIN-BASED COMPOSITE - T            | Not Covered         |     |                   | ALL              |
| D2664 | ONLAY - - RESIN-BASED COMPOSITE -            | Not Covered         |     |                   | ALL              |
| D2710 | CROWN - RESIN-BASED COMPOSITE (              | Not Covered         |     |                   | ALL              |
| D2712 | CROWN - 3/4 RESIN-BASED COMPOSIT             | Not Covered         |     |                   | ALL              |
| D2720 | CROWN-RESIN WITH HIGH NOBLE MET              | Not Covered         |     |                   | ALL              |
| D2721 | CROWN-RESIN WITH PREDOMINANTLY               | Not Covered         |     |                   | ALL              |
| D2722 | CROWN-RESIN WITH NOBLE METAL                 | Not Covered         |     |                   | ALL              |
| D2740 | CROWN-PORCELAIN/CERAMIC SUBST                | Not Covered         |     |                   | ALL              |
| D2750 | CROWN-PORCELAIN FUSED TO HIGH                | Not Covered         |     |                   | ALL              |
| D2751 | CROWN-PROCELAIN FUSED TO PRED                | Not Covered         |     |                   | ALL              |
| D2752 | CROWN-PORCELAIN FUSED TO NOBLI               | Not Covered         |     |                   | ALL              |
| D2753 | Crown - porcelain fused to titanium and tita | Not Covered         |     |                   | ALL              |
| D2780 | CROWN - 3/4 CAST HIGH NOBLE META             | Not Covered         |     |                   | ALL              |
| D2781 | CROWN - 3/4 CAST PREDOMINANTLY               | Not Covered         |     |                   | ALL              |
| D2782 | CROWN - 3/4 CAST NOBLE METAL                 | Not Covered         |     |                   | ALL              |
| D2783 | CROWN - 3/4 PORCELAIN/CERAMIC                | Not Covered         |     |                   | ALL              |
| D2790 | CROWN-FULL CAST HIGH NOBLE MET               | Not Covered         |     |                   | ALL              |
| D2791 | CROWN-FULL CAST PREDOMINANTLY                | Not Covered         |     |                   | ALL              |

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| D2792 | CROWN-FULL CAST NOBLE METAL                  | Not Covered         |     |                   | ALL              |
| D2794 | CROWN-TITANIUM                               | Not Covered         |     |                   | ALL              |
| D2799 | PROVISIONAL CROWN                            | Not Covered         |     |                   | ALL              |
| D2910 | RECEMENT INLAY, ONLY OR PARTIAL              | Not Covered         |     |                   | ALL              |
| D2915 | RECEMENT CAST OR PREFABRICATED               | Not Covered         |     |                   | ALL              |
| D2920 | RECEMENT CROWN                               | Not Covered         |     |                   | ALL              |
| D2921 | Reattach tooth fragment                      | Not Covered         |     |                   | ALL              |
| D2929 | Prefab porc/ceram crown pri                  | Not Covered         |     |                   | ALL              |
| D2930 | PREFABRICATED STAINLESS STEEL C              | Not Covered         |     |                   | ALL              |
| D2931 | PREFABRICATED STAINLESS STEEL C              | Not Covered         |     |                   | ALL              |
| D2932 | PREFABRICATED RESIN CROWN                    | Not Covered         |     |                   | ALL              |
| D2933 | PREFABRICATED STAINLESS STEEL C              | Not Covered         |     |                   | ALL              |
| D2934 | PREFABRICATED ESTHETIC COATED S              | Not Covered         |     |                   | ALL              |
| D2940 | SEDATIVE FILLING                             | Not Covered         |     |                   | ALL              |
| D2941 | Int therapeutic restoration                  | Not Covered         |     |                   | ALL              |
| D2949 | Restorative foundation                       | Not Covered         |     |                   | ALL              |
| D2950 | CORE BUILD-UP, INCLUDING ANY PINS            | Not Covered         |     |                   | ALL              |
| D2951 | PIN RETENTION-PER TOOTH, IN ADDIT            | Not Covered         |     |                   | ALL              |
| D2952 | POST AND CORE IN ADDITION TO CRO             | Not Covered         |     |                   | ALL              |
| D2953 | EACH ADDITIONAL INDIRECTLY FABRI             | Not Covered         |     |                   | ALL              |
| D2954 | PREFABRICATED POST AND CORE IN               | Not Covered         |     |                   | ALL              |
| D2955 | POST REMOVAL (NOT IN CONJUCTION              | Not Covered         |     |                   | ALL              |
| D2957 | EACH ADDITIONAL PREFABRICATED P              | Not Covered         |     |                   | ALL              |
| D2960 | LABIAL VENEER (LAMINATE)-CHAIRSID            | Not Covered         |     |                   | ALL              |
| D2961 | LABIAL VENEER (RESIN LAMINATE)-LA            | Not Covered         |     |                   | ALL              |
| D2962 | LABIAL VENEER (PORCELAIN LAMINAT             | Not Covered         |     |                   | ALL              |
| D2971 | ADDITIONAL PROCEDURES TO CONST               | Not Covered         |     |                   | ALL              |
| D2975 | COPING                                       | Not Covered         |     |                   | ALL              |
| D2976 | band stabilization - per tooth               | Not Covered         |     |                   | ALL              |
| D2980 | CROWN REPAIR, BY REPORT                      | Not Covered         |     |                   | ALL              |
| D2981 | Inlay repair                                 | Not Covered         |     |                   | ALL              |
| D2982 | Onlay repair                                 | Not Covered         |     |                   | ALL              |
| D2983 | Veneer repair                                | Not Covered         |     |                   | ALL              |
| D2989 | excavation of a tooth resulting in the deter | Not Covered         |     |                   | ALL              |
| D2990 | Resin infiltration of lesion                 | Not Covered         |     |                   | ALL              |
| D2991 | application of hydroxyapatite regeneration   | Not Covered         |     |                   | ALL              |
| D2999 | UNSPECIFIED RESTORATIVE PROCED               | Not Covered         |     |                   | ALL              |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL             | Not Covered         |     |                   | ALL (Except MMP) |
| D3110 | PULP CAP-DIRECT (EXCLUDING FINAL             | No                  |     |                   | MMP              |
| D3120 | PULP CAP-INDIRECT (EXCLUDING FIN             | Not Covered         |     |                   | ALL (Except MMP) |
| D3120 | PULP CAP-INDIRECT (EXCLUDING FIN             | No                  |     |                   | MMP              |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDI               | Not Covered         |     |                   | ALL (Except MMP) |
| D3220 | THERAPEUTIC PULPOTOMY (EXCLUDI               | No                  |     |                   | MMP              |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND              | Not Covered         |     |                   | ALL (Except MMP) |
| D3221 | PULPAL DEBRIDEMENT, PRIMARY AND              | No                  |     |                   | MMP              |
| D3222 | PARTIAL PULPOTOMY FOR APEXOGEN               | Not Covered         |     |                   | ALL (Except MMP) |
| D3222 | PARTIAL PULPOTOMY FOR APEXOGEN               | No                  |     |                   | MMP              |
| D3230 | PULPAL THERAPY (RESORBABLE FILL              | Not Covered         |     |                   | ALL              |
| D3240 | PULPAL THERAPY (RESORBABLE FILL              | Not Covered         |     |                   | ALL              |
| D3310 | ANTERIOR (EXCLUDING FINAL RESTOR             | Not Covered         |     |                   | ALL (Except MMP) |
| D3310 | ANTERIOR (EXCLUDING FINAL RESTOR             | No                  |     |                   | MMP              |
| D3320 | BICUSPID (EXCLUDING FINAL RESTOR             | Not Covered         |     |                   | ALL (Except MMP) |
| D3320 | BICUSPID (EXCLUDING FINAL RESTOR             | No                  |     |                   | MMP              |
| D3330 | MOLAR (EXCLUDING FINAL RESTORAT              | Not Covered         |     |                   | ALL (Except MMP) |
| D3330 | MOLAR (EXCLUDING FINAL RESTORAT              | No                  |     |                   | MMP              |
| D3331 | TREATMENT OF ROOT CANAL OBSTRU               | Not Covered         |     |                   | ALL              |
| D3332 | INCOMPLETE ENDODONTIC THERAPY                | Not Covered         |     |                   | ALL              |
| D3333 | INTERNAL ROOT REPAIR OF PERFORA              | Not Covered         |     |                   | ALL              |
| D3346 | RETREATMENT OF PREVIOUS ROOT C               | Not Covered         |     |                   | ALL              |
| D3347 | RETREATMENT OF PREVIOUS ROOT C               | Not Covered         |     |                   | ALL              |
| D3348 | RETREATMENT OF PREVIOUS ROOT C               | Not Covered         |     |                   | ALL              |
| D3351 | APEXIFICATION/RECALCIFICATION-INT            | Not Covered         |     |                   | ALL              |
| D3352 | APEXIFICATION/RECALCIFICATION-INT            | Not Covered         |     |                   | ALL              |
| D3353 | APEXIFICATION/RECALCIFICATION-FIN            | Not Covered         |     |                   | ALL              |
| D3355 | Pulpal regeneration initial                  | Not Covered         |     |                   | ALL              |
| D3356 | Pulpal regeneration interim                  | Not Covered         |     |                   | ALL              |
| D3357 | Pulpal regeneration complete                 | Not Covered         |     |                   | ALL              |
| D3410 | APICOECTOMY/PERIRADICULAR SURG               | Not Covered         |     |                   | ALL              |
| D3421 | APICOECTOMY/PERIRADICULAR SURG               | Not Covered         |     |                   | ALL              |
| D3425 | APICOECTOMY/PERIRADICULAR SURG               | Not Covered         |     |                   | ALL              |
| D3426 | APICOECTOMY/PERIRADICULAR SURG               | Not Covered         |     |                   | ALL              |
| D3427 | Periradicular surgery                        | Not Covered         |     |                   | ALL              |
| D3428 | Bone graft peri per tooth                    | Not Covered         |     |                   | ALL              |
| D3429 | Bone graft peri each addl                    | Not Covered         |     |                   | ALL              |
| D3430 | RETROGRADE FILLING-PER ROOT                  | Not Covered         |     |                   | ALL              |
| D3431 | Biological materials                         | Not Covered         |     |                   | ALL              |
| D3432 | Guided tissue regeneration                   | Not Covered         |     |                   | ALL              |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines    |
|-------|-----------------------------------------------|---------------------|-----|-------------------|------------------|
| D3450 | ROOT AMPUTATION-PER ROOT                      | Not Covered         |     |                   | ALL              |
| D3460 | ENDODONTIC ENDOSSEOUS IMPLANT                 | Not Covered         |     |                   | ALL              |
| D3470 | INTENTIONAL REPLANTATION (INCLUD              | Not Covered         |     |                   | ALL              |
| D3910 | SURGICAL PROCEDURE FOR ISOLATIO               | Not Covered         |     |                   | ALL              |
| D3911 | Intraorifice barrier                          | Not Covered         |     |                   | ALL              |
| D3920 | HEMISECTION (INCLUDING ANY ROOT               | Not Covered         |     |                   | ALL              |
| D3921 | Decoronation or submergence of an erupt       | Not Covered         |     |                   | ALL              |
| D3950 | CANAL PREPARATION AND FITTING OF              | Not Covered         |     |                   | ALL              |
| D3999 | UNSPECIFIED ENDODONTIC PROCEDU                | Not Covered         |     |                   | ALL              |
| D4210 | GINGIVECTOMY OR GINGIVOPLASTY -               | Not Covered         |     |                   | ALL              |
| D4211 | GINGIVECTOMY OR GINGIVOPLASTY -               | Not Covered         |     |                   | ALL              |
| D4212 | Gingivectomy/plasty rest                      | Not Covered         |     |                   | ALL              |
| D4230 | ANATOMICAL CROWN EXPOSURE - FC                | Not Covered         |     |                   | ALL              |
| D4231 | ANATOMICAL CROWN EXPOSURE - ON                | Not Covered         |     |                   | ALL              |
| D4240 | GINGIVAL FLAP PROCEDURE, INCLUD               | Not Covered         |     |                   | ALL              |
| D4241 | GINGIVAL FLAP PROCEDURE, INCLUD               | Not Covered         |     |                   | ALL              |
| D4245 | APICALLY POSITIONED FLAP                      | Not Covered         |     |                   | ALL              |
| D4249 | CLINICAL CROWN LENGTHENING-HAR                | Not Covered         |     |                   | ALL              |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP               | Not Covered         |     |                   | ALL (Except MMP) |
| D4260 | OSSEOUS SURGERY (INCLUDING FLAP               | No                  |     |                   | MMP              |
| D4261 | BONE REPLACEMENT GRAFT - FIRST                | Not Covered         |     |                   | ALL              |
| D4263 | BONE REPLACEMENT GRAFT - EACH                 | Not Covered         |     |                   | ALL              |
| D4264 | BIOLOGIC MATERIALS TO AID IN SOFT             | Not Covered         |     |                   | ALL              |
| D4265 | GUIDED TISSUE REGENERATION - RES              | Not Covered         |     |                   | ALL              |
| D4266 | GUIDED TISSUE REGENERATION - NO               | Not Covered         |     |                   | ALL              |
| D4267 | SURGICAL REVISION PROCEDURE, PE               | Not Covered         |     |                   | ALL              |
| D4268 | PEDICLE SOFT TISSUE GRAFT PROCE               | Not Covered         |     |                   | ALL              |
| D4270 | FREE SOFT TISSUE GRAFT PROCEDU                | Not Covered         |     |                   | ALL              |
| D4271 | SUBEPITHELIAL CONNECTIVE TISSUE               | Not Covered         |     |                   | ALL              |
| D4273 | DISTAL OR PROXIMAL WEDGE PROCE                | Not Covered         |     |                   | ALL              |
| D4274 | SOFT TISSUE ALLOGRAFT                         | Not Covered         |     |                   | ALL              |
| D4275 | COMBINED CONNECTIVE TISSUE AND                | Not Covered         |     |                   | ALL              |
| D4276 | PROVISIONAL SPLINTING-INTRACORO               | Not Covered         |     |                   | ALL              |
| D4277 | Soft tissue graft firsttooth                  | Not Covered         |     |                   | ALL              |
| D4278 | Soft tissue graft addl tooth                  | Not Covered         |     |                   | ALL              |
| D4286 | removal of non-resorbable barrier             | Not Covered         |     |                   | ALL              |
| D4322 | Splint – intra-coronal; natural teeth or pros | Not Covered         |     |                   | ALL              |
| D4323 | Splint – extra-coronal; natural teeth or pros | Not Covered         |     |                   | ALL              |
| D4341 | PERIODONTAL SCALING AND ROOT PI               | Not Covered         |     |                   | ALL (Except MMP) |
| D4341 | PERIODONTAL SCALING AND ROOT PI               | No                  |     |                   | MMP              |
| D4342 | FULL MOUTH DEBRIDEMENT TO ENAB                | Not Covered         |     |                   | ALL (Except MMP) |
| D4342 | FULL MOUTH DEBRIDEMENT TO ENAB                | No                  |     |                   | MMP              |
| D4355 | LOCALIZED DELIVERY OF ANTIMICROB              | Not Covered         |     |                   | ALL (Except MMP) |
| D4355 | LOCALIZED DELIVERY OF ANTIMICROB              | No                  |     |                   | MMP              |
| D4381 | PERIODONTAL MAINTENANCE                       | Not Covered         |     |                   | ALL (Except MMP) |
| D4381 | PERIODONTAL MAINTENANCE                       | No                  |     |                   | MMP              |
| D4910 | UNSCHEDULED DRESSING CHANGE (E                | Not Covered         |     |                   | ALL (Except MMP) |
| D4910 | UNSCHEDULED DRESSING CHANGE (E                | No                  |     |                   | MMP              |
| D4920 | UNSPECIFIED PERIODONTAL PROCED                | Not Covered         |     |                   | ALL              |
| D4921 | Gingival irrigation per quad                  | Not Covered         |     |                   | ALL              |
| D4999 | COMPLETE DENTURE - MAXILLARY                  | Not Covered         |     |                   | ALL              |
| D5110 | COMPLETE DENTURE - MANDIBULAR                 | Not Covered         |     |                   | ALL              |
| D5120 | IMMEDIATE DENTURE - MAXILLARY                 | Not Covered         |     |                   | ALL              |
| D5130 | IMMEDIATE DENTURE - MANDIBULAR                | Not Covered         |     |                   | ALL              |
| D5140 | UPPER PARTIAL-RESIN BASE (INCLUD              | Not Covered         |     |                   | ALL              |
| D5211 | LOWER PARTIAL-RESIN BASE (INCLUD              | Not Covered         |     |                   | ALL              |
| D5212 | MAXILLARY PARTIAL DENTURE - CAST              | Not Covered         |     |                   | ALL              |
| D5213 | MAXILLARY PARTIAL DENTURE - CAST              | Not Covered         |     |                   | ALL              |
| D5214 | MANDIBULAR PARTIAL DENTURE - CAS              | Not Covered         |     |                   | ALL              |
| D5225 | MAXILLARY PARTIAL DENTURE - FLEX              | Not Covered         |     |                   | ALL              |
| D5226 | MANDIBULAR PARTIAL DENTURE - FLE              | Not Covered         |     |                   | ALL              |
| D5227 | Immediate maxillary partial denture - flexib  | Not Covered         |     |                   | ALL              |
| D5228 | Immediate mandibular partial denture - fle    | Not Covered         |     |                   | ALL              |
| D5284 | Removable unilateral partial denture - one    | Not Covered         |     |                   | ALL              |
| D5286 | Removable unilateral partial denture - one    | Not Covered         |     |                   | ALL              |
| D5410 | ADJUST COMPLETE DENTURE - MAXIL               | Not Covered         |     |                   | ALL              |
| D5411 | ADJUST COMPLETE DENTURE - MAXIL               | Not Covered         |     |                   | ALL              |
| D5421 | ADJUST COMPLETE DENTURE - MAND                | Not Covered         |     |                   | ALL              |
| D5422 | ADJUST PARTIAL DENTURE - MAXILLA              | Not Covered         |     |                   | ALL              |
| D5520 | REPAIR BROKEN COMPLETE DENTUR                 | Not Covered         |     |                   | ALL              |
| D5630 | REPAIR CAST FRAMEWORK                         | Not Covered         |     |                   | ALL              |
| D5640 | REPAIR OR REPLACE BROKEN CLASP                | Not Covered         |     |                   | ALL              |
| D5650 | REPLACE BROKEN TEETH-PER TOOTH                | Not Covered         |     |                   | ALL              |
| D5660 | ADD TOOTH TO EXISTING PARTIAL DE              | Not Covered         |     |                   | ALL              |
| D5670 | ADD CLASP TO EXISTING PARTIAL DE              | Not Covered         |     |                   | ALL              |
| D5671 | REPLACE ALL TEETH AND ACRYLIC OF              | Not Covered         |     |                   | ALL              |
| D5710 | REPLACE ALL TEETH AND ACRYLIC OF              | Not Covered         |     |                   | ALL              |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------|
| D5711 | REBASE COMPLETE MAXILLARY DENT               | Not Covered         |     |                   | ALL           |
| D5720 | REBASE COMPLETE MANDIBULAR DE                | Not Covered         |     |                   | ALL           |
| D5721 | REBASE MAXILLARY PARTIAL DENTUR              | Not Covered         |     |                   | ALL           |
| D5725 | Rebase hybrid prosthesis                     | Not Covered         |     |                   | ALL           |
| D5730 | REBASE MANDIBULAR PARTIAL DENTU              | Not Covered         |     |                   | ALL           |
| D5731 | RELINE COMPLETE MAXILLARY DENTU              | Not Covered         |     |                   | ALL           |
| D5740 | RELINE LOWER COMPLETE MANDIBUL               | Not Covered         |     |                   | ALL           |
| D5741 | RELINE MAXILLARY PARTIAL DENTURE             | Not Covered         |     |                   | ALL           |
| D5750 | RELINE MANDIBULAR PARTIAL DENTU              | Not Covered         |     |                   | ALL           |
| D5751 | RELINE COMPLETE MAXILLARY DENTU              | Not Covered         |     |                   | ALL           |
| D5760 | RELINE COMPLETE MANDIBULAR DEN               | Not Covered         |     |                   | ALL           |
| D5761 | RELINE MAXILLARY PARTIAL DENTURE             | Not Covered         |     |                   | ALL           |
| D5765 | Soft liner for complete or partial removable | Not Covered         |     |                   | ALL           |
| D5810 | RELINE MANDIBULAR PARTIAL DENTU              | Not Covered         |     |                   | ALL           |
| D5811 | INTERIM COMPLETE DENTURE (MAXIL              | Not Covered         |     |                   | ALL           |
| D5820 | INTERIM COMPLETE DENTURE (MAND               | Not Covered         |     |                   | ALL           |
| D5821 | INTERIM PARTIAL DENTURE (MAXILLA             | Not Covered         |     |                   | ALL           |
| D5850 | INTERIM PARTIAL DENTURE (MANDIBU             | Not Covered         |     |                   | ALL           |
| D5851 | TISSUE CONDITIONING, MAXILLARY               | Not Covered         |     |                   | ALL           |
| D5860 | TISSUE CONDITIONING, MANDIBULAR              | Not Covered         |     |                   | ALL           |
| D5861 | OVERDENTURE-COMPLETE, BY REPO                | Not Covered         |     |                   | ALL           |
| D5862 | OVERDENTURE-PARTIAL, BY REPORT               | Not Covered         |     |                   | ALL           |
| D5863 | Overdenture complete max                     | Not Covered         |     |                   | ALL           |
| D5864 | Overdenture partial max                      | Not Covered         |     |                   | ALL           |
| D5865 | Overdenture complete mandib                  | Not Covered         |     |                   | ALL           |
| D5866 | Overdenture partial mandib                   | Not Covered         |     |                   | ALL           |
| D5867 | REPLACEMENT OF REPLACEABLE PA                | Not Covered         |     |                   | ALL           |
| D5875 | MODIFICATION OF REMOVABLE PROS               | Not Covered         |     |                   | ALL           |
| D5899 | MODIFICATION OF REMOVABLE PROS               | Not Covered         |     |                   | ALL           |
| D5911 | UNSPECIFIED REMOVABLE PROSTHO                | Not Covered         |     |                   | ALL           |
| D5912 | FACIAL MOULAGE (SECTIONAL)                   | Not Covered         |     |                   | ALL           |
| D5913 | FACIAL MOULAGE (COMPLETE)                    | Not Covered         |     |                   | ALL           |
| D5914 | NASAL PROSTHESIS                             | Not Covered         |     |                   | ALL           |
| D5915 | AURICULAR PROSTHESIS                         | Not Covered         |     |                   | ALL           |
| D5916 | ORBITAL PROSTHESIS                           | Not Covered         |     |                   | ALL           |
| D5919 | OCULAR PROSTHESIS                            | Not Covered         |     |                   | ALL           |
| D5922 | FACIAL PROSTHESIS                            | Not Covered         |     |                   | ALL           |
| D5923 | NASAL SEPTAL PROSTHESIS                      | Not Covered         |     |                   | ALL           |
| D5924 | OCULAR PROSTHESIS, INTERIM                   | Not Covered         |     |                   | ALL           |
| D5925 | CRANIAL PROSTHESIS                           | Not Covered         |     |                   | ALL           |
| D5926 | FACIAL AUGMENTATION IMPLANT PRO              | Not Covered         |     |                   | ALL           |
| D5927 | NASAL PROSTHESIS, REPLACEMENT                | Not Covered         |     |                   | ALL           |
| D5928 | AURICULAR PROSTHESIS, REPLACEM               | Not Covered         |     |                   | ALL           |
| D5929 | ORBITAL PROSTHESIS, REPLACEMEN               | Not Covered         |     |                   | ALL           |
| D5931 | FACIAL PROSTHESIS, REPLACEMENT               | Not Covered         |     |                   | ALL           |
| D5932 | OBTURATOR PROSTHESIS, SURGICAL               | Not Covered         |     |                   | ALL           |
| D5933 | OBTURATOR PROSTHESIS, DEFINITIV              | Not Covered         |     |                   | ALL           |
| D5934 | OBTURATOR PROSTHESIS, MODIFICA               | Not Covered         |     |                   | ALL           |
| D5935 | MANDIBULAR RESECTION PROSTHES                | Not Covered         |     |                   | ALL           |
| D5936 | MANDIBULAR RESECTION PROSTHES                | Not Covered         |     |                   | ALL           |
| D5937 | OBTURATOR/PROSTHESIS, INTERIM                | Not Covered         |     |                   | ALL           |
| D5951 | TRISMUS APPLIANCE (NOT FOR TM TR             | Not Covered         |     |                   | ALL           |
| D5952 | FEEDING AID                                  | Not Covered         |     |                   | ALL           |
| D5953 | SPEECH AID PROSTHESIS, PEDIATRIC             | Not Covered         |     |                   | ALL           |
| D5954 | SPEECH AID PROSTHESIS, ADULT                 | Not Covered         |     |                   | ALL           |
| D5955 | PALATAL AUGMENTATION PROSTHES                | Not Covered         |     |                   | ALL           |
| D5958 | PALATAL LIFT PROSTHESIS, DEFINITIV           | Not Covered         |     |                   | ALL           |
| D5959 | PALATAL LIFT PROSTHESIS, INTERIM             | Not Covered         |     |                   | ALL           |
| D5960 | PALATAL LIFT PROSTHESIS, MODIFICA            | Not Covered         |     |                   | ALL           |
| D5982 | SPEECH AID PROSTHESIS, MODIFICA              | Not Covered         |     |                   | ALL           |
| D5983 | SURGICAL STENT                               | Not Covered         |     |                   | ALL           |
| D5984 | RADIATION CARRIER                            | Not Covered         |     |                   | ALL           |
| D5985 | RADIATION SHIELD                             | Not Covered         |     |                   | ALL           |
| D5986 | RADIATION CONE LOCATOR                       | Not Covered         |     |                   | ALL           |
| D5987 | FLUORIDE GEL CARRIER                         | Not Covered         |     |                   | ALL           |
| D5988 | COMMISSURE SPLINT                            | Not Covered         |     |                   | ALL           |
| D5991 | TOPICAL MEDICAMENT CARRIER                   | Not Covered         |     |                   | ALL           |
| D5992 | Adjust max prost appliance                   | Not Covered         |     |                   | ALL           |
| D5993 | Main/clean max prosthesis                    | Not Covered         |     |                   | ALL           |
| D5994 | Peridontal medicament                        | Not Covered         |     |                   | ALL           |
| D5999 | SURGICAL SPLINT                              | Not Covered         |     |                   | ALL           |
| D6010 | UNSPECIFIED MAXILLOFACIAL PROST              | Not Covered         |     |                   | ALL           |
| D6011 | Second stage implant surgery                 | Not Covered         |     |                   | ALL           |
| D6012 | SURGICAL PLACEMENT OF INTERIM IM             | Not Covered         |     |                   | ALL           |
| D6013 | Surgical place mini implant                  | Not Covered         |     |                   | ALL           |
| D6040 | ABUTMENT PLACEMENT OR SUBSTITU               | Not Covered         |     |                   | ALL           |

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| Code  | Description                                                           | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-----------------------------------------------------------------------|---------------------|-----|-------------------|---------------|
| D6050 | SURGICAL PLACEMENT: EPOSTEAL IMPLANT                                  | Not Covered         |     |                   | ALL           |
| D6051 | Interim abutment                                                      | Not Covered         |     |                   | ALL           |
| D6052 | Semi precision attach abut                                            | Not Covered         |     |                   | ALL           |
| D6053 | SURGICAL PLACEMENT: TRANSOSTEAL IMPLANT                               | Not Covered         |     |                   | ALL           |
| D6054 | IMPLANT/ABUTMENT SUPPORTED RETAINER                                   | Not Covered         |     |                   | ALL           |
| D6055 | IMPLANT/ABUTMENT SUPPORTED RETAINER                                   | Not Covered         |     |                   | ALL           |
| D6056 | DENTAL IMPLANT SUPPORTED CONNECTION                                   | Not Covered         |     |                   | ALL           |
| D6057 | PREFABRICATED ABUTMENT - INCLUDES PLACEMENT                           | Not Covered         |     |                   | ALL           |
| D6058 | CUSTOM ABUTMENT - INCLUDES PLACEMENT                                  | Not Covered         |     |                   | ALL           |
| D6059 | ABUTMENT SUPPORTED PORCELAIN/IMPLANT                                  | Not Covered         |     |                   | ALL           |
| D6060 | ABUTMENT SUPPORTED PORCELAIN/IMPLANT                                  | Not Covered         |     |                   | ALL           |
| D6061 | ABUTMENT SUPPORTED PORCELAIN/IMPLANT                                  | Not Covered         |     |                   | ALL           |
| D6062 | ABUTMENT SUPPORTED PORCELAIN/IMPLANT                                  | Not Covered         |     |                   | ALL           |
| D6063 | ABUTMENT SUPPORTED CAST METAL/IMPLANT                                 | Not Covered         |     |                   | ALL           |
| D6064 | ABUTMENT SUPPORTED CAST METAL/IMPLANT                                 | Not Covered         |     |                   | ALL           |
| D6065 | ABUTMENT SUPPORTED CAST METAL/IMPLANT                                 | Not Covered         |     |                   | ALL           |
| D6066 | IMPLANT SUPPORTED PORCELAIN FULL ARCH                                 | Not Covered         |     |                   | ALL           |
| D6067 | IMPLANT SUPPORTED METAL CROWN                                         | Not Covered         |     |                   | ALL           |
| D6068 | IMPLANT SUPPORTED METAL CROWN                                         | Not Covered         |     |                   | ALL           |
| D6069 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6070 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6071 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6072 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6073 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6074 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6075 | ABUTMENT SUPPORTED RETAINER FOR FULL ARCH                             | Not Covered         |     |                   | ALL           |
| D6076 | IMPLANT SUPPORTED RETAINER FOR FULL ARCH                              | Not Covered         |     |                   | ALL           |
| D6077 | IMPLANT SUPPORT RETAINER FOR FULL ARCH                                | Not Covered         |     |                   | ALL           |
| D6078 | IMPLANT/ABUTMENT SUPPORTED FIXTURE                                    | Not Covered         |     |                   | ALL           |
| D6079 | IMPLANT/ABUTMENT SUPPORTED FIXTURE                                    | Not Covered         |     |                   | ALL           |
| D6080 | IMPLANT MAINTENANCE PROCEDURE                                         | Not Covered         |     |                   | ALL           |
| D6082 | Implant supported crown - porcelain fused to metal                    | Not Covered         |     |                   | ALL           |
| D6083 | Implant supported crown - porcelain fused to metal                    | Not Covered         |     |                   | ALL           |
| D6084 | Implant supported crown - porcelain fused to metal                    | Not Covered         |     |                   | ALL           |
| D6086 | Implant supported crown - predominantly titanium                      | Not Covered         |     |                   | ALL           |
| D6087 | Implant supported crown - noble alloys                                | Not Covered         |     |                   | ALL           |
| D6088 | Implant supported crown - titanium and titanium alloys                | Not Covered         |     |                   | ALL           |
| D6089 | accessing and retorquing loose implant screws                         | Not Covered         |     |                   | ALL           |
| D6090 | PROSTHESIS AND ABUTMENT REINSERTION                                   | Not Covered         |     |                   | ALL           |
| D6091 | REPLACEMENT OF SEMI-PRECISION CROWN                                   | Not Covered         |     |                   | ALL           |
| D6092 | RECEMENT IMPLANT/ABUTMENT SUPPORT                                     | Not Covered         |     |                   | ALL           |
| D6093 | RECEMENT IMPLANT/ABUTMENT SUPPORT                                     | Not Covered         |     |                   | ALL           |
| D6094 | ABUTMENT SUPPORTED CROWN - (TITANIUM)                                 | Not Covered         |     |                   | ALL           |
| D6095 | ABUTMENT SUPPORTED CROWN - (TITANIUM)                                 | Not Covered         |     |                   | ALL           |
| D6097 | Abutment supported crown - porcelain fused to metal                   | Not Covered         |     |                   | ALL           |
| D6098 | Implant supported retainer - porcelain fused to metal                 | Not Covered         |     |                   | ALL           |
| D6099 | Implant supported retainer for fixed - porcelain fused to metal       | Not Covered         |     |                   | ALL           |
| D6100 | REPAIR IMPLANT ABUTMENT, BY REPLACEMENT                               | Not Covered         |     |                   | ALL           |
| D6101 | Debridement of a periimplant                                          | Not Covered         |     |                   | ALL           |
| D6102 | Debridement & contouring                                              | Not Covered         |     |                   | ALL           |
| D6103 | Bone graft repair periimplant                                         | Not Covered         |     |                   | ALL           |
| D6104 | Bone graft time of implant                                            | Not Covered         |     |                   | ALL           |
| D6105 | removal of implant body not requiring bone graft                      | Not Covered         |     |                   | ALL           |
| D6106 | guided tissue regeneration - resorbable barrier                       | Not Covered         |     |                   | ALL           |
| D6107 | guided tissue regeneration - non-resorbable barrier                   | Not Covered         |     |                   | ALL           |
| D6110 | Implnt/abut remov dent max                                            | Not Covered         |     |                   | ALL           |
| D6111 | Implnt/abut remov dent mand                                           | Not Covered         |     |                   | ALL           |
| D6112 | Imp/abut rem dent part max                                            | Not Covered         |     |                   | ALL           |
| D6113 | Imp/abut rem dent part mand                                           | Not Covered         |     |                   | ALL           |
| D6114 | Implnt/abut fixed dent max                                            | Not Covered         |     |                   | ALL           |
| D6115 | Implnt/abut fixed dent mand                                           | Not Covered         |     |                   | ALL           |
| D6116 | Imp/abut fixed dent part max                                          | Not Covered         |     |                   | ALL           |
| D6117 | Imp/abut fixed dent part mand                                         | Not Covered         |     |                   | ALL           |
| D6120 | Implant supported retainer - porcelain fused to metal                 | Not Covered         |     |                   | ALL           |
| D6121 | Implant supported retainer for metal fixed - porcelain fused to metal | Not Covered         |     |                   | ALL           |
| D6122 | Implant supported retainer for metal fixed - porcelain fused to metal | Not Covered         |     |                   | ALL           |
| D6123 | Implant supported retainer for metal fixed - titanium                 | Not Covered         |     |                   | ALL           |
| D6190 | RADIOGRAPHIC/SURGICAL IMPLANT INSERTION                               | Not Covered         |     |                   | ALL           |
| D6194 | ABUTMENT SUPPORTED RETAINER CROWN                                     | Not Covered         |     |                   | ALL           |
| D6195 | Abutment supported retainer - porcelain fused to metal                | Not Covered         |     |                   | ALL           |
| D6197 | replacement of restorative material used to support                   | Not Covered         |     |                   | ALL           |
| D6198 | Remove interim implant component                                      | Not Covered         |     |                   | ALL           |
| D6199 | ABUTMENT SUPPORTED RETAINER CROWN                                     | Not Covered         |     |                   | ALL           |
| D6205 | PONTIC - INDIRECT RESIN BASED CONNECTION                              | Not Covered         |     |                   | ALL           |
| D6210 | UNSPECIFIED IMPLANT PROCEDURE, OTHER THAN                             | Not Covered         |     |                   | ALL           |
| D6211 | PONTIC-CAST HIGH NOBLE METAL                                          | Not Covered         |     |                   | ALL           |
| D6212 | PONTIC-CAST PREDOMINANTLY BASE METAL                                  | Not Covered         |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines    |
|-------|-----------------------------------------------|---------------------|-----|-------------------|------------------|
| D6214 | PONTIC - TITANIUM                             | Not Covered         |     |                   | ALL              |
| D6240 | PONTIC - TITANIUM                             | Not Covered         |     |                   | ALL              |
| D6241 | PONTIC-PORCELAIN FUSED TO HIGH N              | Not Covered         |     |                   | ALL              |
| D6242 | PONTIC-PORCELAIN FUSED TO PRED                | Not Covered         |     |                   | ALL              |
| D6243 | Pontic - porcelain fused to titanium and tita | Not Covered         |     |                   | ALL              |
| D6245 | PONTIC-PORCELAIN FUSED TO NOBLE               | Not Covered         |     |                   | ALL              |
| D6250 | PONTIC - PORCELAIN/CERAMIC                    | Not Covered         |     |                   | ALL              |
| D6251 | PONTIC-RESIN WITH HIGH NOBLE MET              | Not Covered         |     |                   | ALL              |
| D6252 | PONTIC-RESIN WITH PREDOMINANTLY               | Not Covered         |     |                   | ALL              |
| D6253 | PONTIC-RESIN WITH NOBLE METAL                 | Not Covered         |     |                   | ALL              |
| D6545 | PROVISIONAL PONTIC                            | Not Covered         |     |                   | ALL              |
| D6548 | RETAINER-CAST METAL FOR RESIN B               | Not Covered         |     |                   | ALL              |
| D6549 | Resin retainer                                | Not Covered         |     |                   | ALL              |
| D6600 | RETAINER - PORCELAIN/CERAMIC FOR              | Not Covered         |     |                   | ALL              |
| D6601 | INLAY-PORCELAIN/CERAMIC, TWO SU               | Not Covered         |     |                   | ALL              |
| D6602 | INLAY - PORCELAIN/CERAMIC, THREE              | Not Covered         |     |                   | ALL              |
| D6603 | INLAY - CAST HIGH NOBLE METAL, TW             | Not Covered         |     |                   | ALL              |
| D6604 | INLAY - CAST HIGH NOBLE METAL, TH             | Not Covered         |     |                   | ALL              |
| D6605 | INLAY - CAST PREDOMINANTLY BASE               | Not Covered         |     |                   | ALL              |
| D6606 | INLAY - CAST PREDOMINANTLY BASE               | Not Covered         |     |                   | ALL              |
| D6607 | INLAY - CAST NOBLE METAL, TWO SU              | Not Covered         |     |                   | ALL              |
| D6608 | INLAY - CAST NOBLE METAL, THREE C             | Not Covered         |     |                   | ALL              |
| D6609 | ONLAY - PORCELAIN/CERAMIC, TWO S              | Not Covered         |     |                   | ALL              |
| D6610 | ONLAY - PORCELAIN/CERAMIC, THREE              | Not Covered         |     |                   | ALL              |
| D6611 | ONLAY - CAST HIGH NOBLE METAL, TV             | Not Covered         |     |                   | ALL              |
| D6612 | ONLAY - CAST HIGH NOBLE METAL, TH             | Not Covered         |     |                   | ALL              |
| D6613 | ONLAY - CAST PREDOMINANTLY BASE               | Not Covered         |     |                   | ALL              |
| D6614 | ONLAY - CAST PREDOMINANTLY BASE               | Not Covered         |     |                   | ALL              |
| D6615 | ONLAY - CAST NOBLE METAL, TWO SU              | Not Covered         |     |                   | ALL              |
| D6624 | INLAY - TITANIUM                              | Not Covered         |     |                   | ALL              |
| D6634 | ONLAY - TITANIUM                              | Not Covered         |     |                   | ALL              |
| D6710 | CROWN - INDIRECT RESIN BASED CO               | Not Covered         |     |                   | ALL              |
| D6720 | CROWN - INDIRECT RESIN BASED CO               | Not Covered         |     |                   | ALL              |
| D6721 | CROWN-RESIN WITH HIGH NOBLE MET               | Not Covered         |     |                   | ALL              |
| D6722 | CROWN-RESIN WITH PREDOMINANTLY                | Not Covered         |     |                   | ALL              |
| D6740 | CROWN-RESIN WITH NOBLE METAL                  | Not Covered         |     |                   | ALL              |
| D6750 | CROWN - PORCELAIN/CERAMIC                     | Not Covered         |     |                   | ALL              |
| D6751 | CROWN-PORCELAIN FUSED TO HIGH                 | Not Covered         |     |                   | ALL              |
| D6752 | CROWN-PORCELAIN FUSED TO PRED                 | Not Covered         |     |                   | ALL              |
| D6753 | Retainer crown - porcelain fused to titanium  | Not Covered         |     |                   | ALL              |
| D6780 | CROWN-PORCELAIN FUSED TO NOBLE                | Not Covered         |     |                   | ALL              |
| D6781 | CROWN-3/4 CAST HIGH NOBLE METAL               | Not Covered         |     |                   | ALL              |
| D6782 | CROWN - 3/4 CAST PREDOMINANTLY B              | Not Covered         |     |                   | ALL              |
| D6783 | CROWN - 3/4 CAST NOBLE METAL                  | Not Covered         |     |                   | ALL              |
| D6784 | Retainer crown 3/4 - titanium and titanium    | Not Covered         |     |                   | ALL              |
| D6790 | CROWN - 3/4 PORCELAIN/CERAMIC                 | Not Covered         |     |                   | ALL              |
| D6791 | CROWN-FULL CAST HIGH NOBLE MET                | Not Covered         |     |                   | ALL              |
| D6792 | CROWN-FULL CAST PREDOMINANTLY                 | Not Covered         |     |                   | ALL              |
| D6793 | CROWN-FULL CAST NOBLE METAL                   | Not Covered         |     |                   | ALL              |
| D6794 | CROWN - TITANIUM                              | Not Covered         |     |                   | ALL              |
| D6920 | CROWN - TITANIUM                              | Not Covered         |     |                   | ALL              |
| D6930 | CONNECTOR BAR                                 | Not Covered         |     |                   | ALL              |
| D6940 | RECEMENT BRIDGE                               | Not Covered         |     |                   | ALL              |
| D6950 | STRESS BREAKER                                | Not Covered         |     |                   | ALL              |
| D6970 | POST AND CORE IN ADDITION TO FIXE             | Not Covered         |     |                   | ALL              |
| D6972 | CAST POST AS PART OF BRIDGE RETA              | Not Covered         |     |                   | ALL              |
| D6973 | PREFABRICATED POST AND CORE IN                | Not Covered         |     |                   | ALL              |
| D6975 | CORE BUILD UP FOR RETAINER, INCLU             | Not Covered         |     |                   | ALL              |
| D6976 | COPING-METAL                                  | Not Covered         |     |                   | ALL              |
| D6977 | EACH ADDITIONAL INDIRECTLY FABRI              | Not Covered         |     |                   | ALL              |
| D6980 | EACH ADDITIONAL PREFABRICATED P               | Not Covered         |     |                   | ALL              |
| D6985 | BRIDGE REPAIR, BY REPORT                      | Not Covered         |     |                   | ALL              |
| D6999 | PEDIATRIC PARTIAL DENTURE, FIXED              | Not Covered         |     |                   | ALL              |
| D7111 | UNSPECIFIED FIXED PROSTHODONTIC               | Not Covered         |     |                   | ALL (Except MMP) |
| D7111 | UNSPECIFIED FIXED PROSTHODONTIC               | No                  |     |                   | MMP              |
| D7140 | EXTRACTION, CORONAL REMNANTS -                | Not Covered         |     |                   | ALL (Except MMP) |
| D7140 | EXTRACTION, CORONAL REMNANTS -                | No                  |     |                   | MMP              |
| D7210 | SURGICAL REMOVAL OF ERUPTED TO                | Not Covered         |     |                   | ALL (Except MMP) |
| D7210 | SURGICAL REMOVAL OF ERUPTED TO                | No                  |     |                   | MMP              |
| D7220 | AND REMOVAL OF BONE AND/OR SEC                | Not Covered         |     |                   | ALL (Except MMP) |
| D7220 | AND REMOVAL OF BONE AND/OR SEC                | No                  |     |                   | MMP              |
| D7230 | REMOVAL OF IMPACTED TOOTH-SOFT                | Not Covered         |     |                   | ALL (Except MMP) |
| D7230 | REMOVAL OF IMPACTED TOOTH-SOFT                | No                  |     |                   | MMP              |
| D7240 | REMOVAL OF IMPACTED TOOTH-PART                | Not Covered         |     |                   | ALL (Except MMP) |
| D7240 | REMOVAL OF IMPACTED TOOTH-PART                | No                  |     |                   | MMP              |
| D7241 | REMOVAL OF IMPACTED TOOTH-COM                 | Not Covered         |     |                   | ALL              |
| D7250 | REMOVAL OF IMPACTED TOOTH-COM                 | Not Covered         |     |                   | ALL (Except MMP) |

| Services that require Prior Authorization List |                                            |                     |     |                   |               |
|------------------------------------------------|--------------------------------------------|---------------------|-----|-------------------|---------------|
| Code                                           | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines |
| D7250                                          | REMOVAL OF IMPACTED TOOTH-COM              | No                  |     |                   | MMP           |
| D7251                                          | Coronectomy                                | Not Covered         |     |                   | ALL           |
| D7260                                          | SURGICAL REMOVAL OF RESIDUAL TO            | Not Covered         |     |                   | ALL           |
| D7261                                          | ORAL ANTRAL FISTULA CLOSURE                | Not Covered         |     |                   | ALL           |
| D7270                                          | TOOTH RE-IMPLANTATION AND/OR ST            | Not Covered         |     |                   | ALL           |
| D7272                                          | TOOTH TRANSPLANTATION (INCLUDE             | Not Covered         |     |                   | ALL           |
| D7280                                          | SPLINTING AND/OR STABILIZATION)            | Not Covered         |     |                   | ALL           |
| D7282                                          | SURGICAL EXPOSURE OF IMPACTED (            | Not Covered         |     |                   | ALL           |
| D7283                                          | PLACEMENT OF DEVICE TO FACILITAT           | Not Covered         |     |                   | ALL           |
| D7284                                          | excisional biopsy of minor salivary glands | Not Covered         |     |                   | ALL           |
| D7285                                          | PLACEMENT OF DEVICE TO FACILITAT           | Not Covered         |     |                   | ALL           |
| D7286                                          | BIOPSY OF ORAL TISSUE - HARD (BON          | Not Covered         |     |                   | ALL           |
| D7287                                          | BIOPSY OF ORAL TISSUE - SOFT               | Not Covered         |     |                   | ALL           |
| D7288                                          | BRUSH BIOPSY - TRANSEPIHELIAL S/           | Not Covered         |     |                   | ALL           |
| D7290                                          | BRUSH BIOPSY - TRANSEPIHELIAL S/           | Not Covered         |     |                   | ALL           |
| D7291                                          | SURGICAL REPOSITIONING OF TEETH            | Not Covered         |     |                   | ALL           |
| D7292                                          | SURGICAL PLACEMENT: TEMPORARY              | Not Covered         |     |                   | ALL           |
| D7293                                          | SURGICAL PLACEMENT: TEMPORARY              | Not Covered         |     |                   | ALL           |
| D7294                                          | SURGICAL PLACEMENT: TEMPORARY              | Not Covered         |     |                   | ALL           |
| D7295                                          | Bone harvest,auto graft proc               | Not Covered         |     |                   | ALL           |
| D7298                                          | Removal of temporary anchorage device [    | Not Covered         |     |                   | ALL           |
| D7299                                          | Removal of temporary anchorage device,     | Not Covered         |     |                   | ALL           |
| D7300                                          | Removal of temporary anchorage device v    | Not Covered         |     |                   | ALL           |
| D7310                                          | ALVEOLOPLASTY IN CONJUNCTION W             | Not Covered         |     |                   | ALL           |
| D7311                                          | ALVEOLOPLASTY IN CONJUNCTION W             | Not Covered         |     |                   | ALL           |
| D7320                                          | ALVEOLOPLASTY NOT IN CONJUNCTIO            | Not Covered         |     |                   | ALL           |
| D7321                                          | ALVEOLOPLASTY NOT IN CONJUNCTIO            | Not Covered         |     |                   | ALL           |
| D7340                                          | VESTIBULOPLASTY-RIDGE EXTENSION            | Not Covered         |     |                   | ALL           |
| D7350                                          | VESTIBULOPLASTY-RIDGE EXTENSION            | Not Covered         |     |                   | ALL           |
| D7410                                          | HYPERTROPHIED AND HYPERPLASTIC             | Not Covered         |     |                   | ALL           |
| D7411                                          | EXCISION OF BENIGN LESION UP TO 1          | Not Covered         |     |                   | ALL           |
| D7412                                          | EXCISION OF BENIGN LESION GREATE           | Not Covered         |     |                   | ALL           |
| D7413                                          | EXCISION OF BENIGN LESION, COMPL           | Not Covered         |     |                   | ALL           |
| D7414                                          | EXCISION OF MALIGNANT LESION UP T          | Not Covered         |     |                   | ALL           |
| D7415                                          | EXCISION OF MALIGNANT LESION GRE           | Not Covered         |     |                   | ALL           |
| D7440                                          | EXCISION OF MALIGNANT LESION, CO           | Not Covered         |     |                   | ALL           |
| D7441                                          | EXCISION OF MALIGNANT TUMOR-LES            | Not Covered         |     |                   | ALL           |
| D7450                                          | EXCISION OF MALIGNANT TUMOR-LES            | Not Covered         |     |                   | ALL           |
| D7451                                          | REMOVAL OF BENIGN ODONTOGENIC              | Not Covered         |     |                   | ALL           |
| D7460                                          | REMOVAL OF BENIGN ODONTOGENIC              | Not Covered         |     |                   | ALL           |
| D7461                                          | REMOVAL OF NONODONTOGENIC CYS              | Not Covered         |     |                   | ALL           |
| D7465                                          | DESTRUCTION OF LESION(S) BY PHYS           | Not Covered         |     |                   | ALL           |
| D7471                                          | DESTRUCTION OF LESION(S) BY PHYS           | Not Covered         |     |                   | ALL           |
| D7472                                          | REMOVAL OF LATERAL EXOSTOSIS (M            | Not Covered         |     |                   | ALL           |
| D7473                                          | REMOVAL OF TORUS PALATINUS                 | Not Covered         |     |                   | ALL           |
| D7485                                          | REMOVAL OF TORUS MANDIBULARIS              | Not Covered         |     |                   | ALL           |
| D7490                                          | SURGICAL REDUCTION OF OSSEOUS              | Not Covered         |     |                   | ALL           |
| D7509                                          | marsupialization of odontogenic cyst       | Not Covered         |     |                   | ALL           |
| D7510                                          | RADICAL RESECTION OF MAXILLA OR            | Not Covered         |     |                   | ALL           |
| D7511                                          | INCISION AND DRAINAGE OF ABSCESS           | Not Covered         |     |                   | ALL           |
| D7520                                          | (INCLUDES DRAINAGE OF MULTIPLE F           | Not Covered         |     |                   | ALL           |
| D7521                                          | INCISION AND DRAINAGE OF ABSCESS           | Not Covered         |     |                   | ALL           |
| D7530                                          | (INCLUDES DRAINAGE OF MULTIPLE F           | Not Covered         |     |                   | ALL           |
| D7540                                          | REMOVAL OF FOREIGN BODY FROM M             | Not Covered         |     |                   | ALL           |
| D7550                                          | REMOVAL OF REACTION-PRODUCING              | Not Covered         |     |                   | ALL           |
| D7560                                          | PARTIAL OSTECTOMY/SEQUESTRECT              | Not Covered         |     |                   | ALL           |
| D7610                                          | MAXILLARY SINUSOTOMY FOR REMOV             | Not Covered         |     |                   | ALL           |
| D7620                                          | MAXILLA-OPEN REDUCTION (TEETH IM           | Not Covered         |     |                   | ALL           |
| D7630                                          | MAXILLA-CLOSED REDUCTION (TEETH            | Not Covered         |     |                   | ALL           |
| D7640                                          | MANDIBLE-OPEN REDUCTION (TEETH             | Not Covered         |     |                   | ALL           |
| D7650                                          | MANDIBLE-CLOSED REDUCTION (TEET            | Not Covered         |     |                   | ALL           |
| D7660                                          | MALAR AND/OR ZYGOMATIC ARCH-OP             | Not Covered         |     |                   | ALL           |
| D7670                                          | MALAR AND/OR ZYGOMATIC ARCH-CL             | Not Covered         |     |                   | ALL           |
| D7671                                          | ALVEOLUS - CLOSED REDUCTION, MA            | Not Covered         |     |                   | ALL           |
| D7680                                          | FACIAL BONES-COMPLICATED REDUC             | Not Covered         |     |                   | ALL           |
| D7710                                          | MAXILLA-OPEN REDUCTION                     | Not Covered         |     |                   | ALL           |
| D7720                                          | MAXILLA-OPEN REDUCTION                     | Not Covered         |     |                   | ALL           |
| D7730                                          | MAXILLA-CLOSED REDUCTION                   | Not Covered         |     |                   | ALL           |
| D7740                                          | MANDIBLE-OPEN REDUCTION                    | Not Covered         |     |                   | ALL           |
| D7750                                          | MANDIBLE-CLOSED REDUCTION                  | Not Covered         |     |                   | ALL           |
| D7760                                          | MALAR AND/OR ZYGOMATIC ARCH-OP             | Not Covered         |     |                   | ALL           |
| D7770                                          | MALAR AND/OR ZYGOMATIC ARCH-CL             | Not Covered         |     |                   | ALL           |
| D7771                                          | ALVEOLUS - OPEN REDUCTION STABIL           | Not Covered         |     |                   | ALL           |
| D7780                                          | FACIAL BONES-COMPLICATED REDUC             | Not Covered         |     |                   | ALL           |
| D7810                                          | OPEN REDUCTION OF DISLOCATION              | Not Covered         |     |                   | ALL           |
| D7820                                          | CLOSED REDUCTION OF DISLOCATION            | Not Covered         |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                |
|-------|----------------------------------------------|---------------------|-----|-------------------|------------------------------|
| D7830 | MANIPULATION UNDER ANESTHESIA                | Not Covered         |     |                   | ALL                          |
| D7840 | CONDYLECTOMY                                 | Not Covered         |     |                   | ALL                          |
| D7850 | SURGICAL DISCECTOMY; WITH/WITHO              | Not Covered         |     |                   | ALL                          |
| D7852 | DISC REPAIR                                  | Not Covered         |     |                   | ALL                          |
| D7854 | SYNOVECTOMY                                  | Not Covered         |     |                   | ALL                          |
| D7856 | MYOTOMY                                      | Not Covered         |     |                   | ALL                          |
| D7858 | JOINT RECONSTRUCTION                         | Not Covered         |     |                   | ALL                          |
| D7860 | ARTHROTOMY                                   | Not Covered         |     |                   | ALL                          |
| D7865 | ARTHROPLASTY                                 | Not Covered         |     |                   | ALL                          |
| D7870 | ARTHROCENTESIS                               | Not Covered         |     |                   | ALL                          |
| D7871 | NON-ARTHROSCOPIC LYSIS AND LAVA              | Not Covered         |     |                   | ALL                          |
| D7872 | ARTHROSCOPY-DIAGNOSIS, WITH OR               | Not Covered         |     |                   | ALL                          |
| D7873 | ARTHROSCOPY-SURGICAL: LAVAGE A               | Not Covered         |     |                   | ALL                          |
| D7874 | ARTHROSCOPY-SURGICAL: DISC REP               | Not Covered         |     |                   | ALL                          |
| D7875 | ARTHROSCOPY-SURGICAL: SYNOVEC                | Not Covered         |     |                   | ALL                          |
| D7876 | ARTHROSCOPY-SURGICAL: DISCECTO               | Not Covered         |     |                   | ALL                          |
| D7877 | ARTHROSCOPY-SURGICAL: DEBRIDEN               | Not Covered         |     |                   | ALL                          |
| D7880 | OCCLUSAL ORTHOTIC APPLIANCE                  | Not Covered         |     |                   | ALL                          |
| D7899 | UNSPECIFIED TMD THERAPY, BY REP              | Not Covered         |     |                   | ALL                          |
| D7910 | SUTURE OF RECENT SMALL WOUNDS                | Not Covered         |     |                   | ALL                          |
| D7911 | COMPLICATED SUTURE-UP TO 5 CM                | Not Covered         |     |                   | ALL                          |
| D7912 | COMPLICATED SUTURE-GREATER TH                | Not Covered         |     |                   | ALL                          |
| D7920 | SKIN GRAFT (IDENTIFY DEFECT COVE             | Not Covered         |     |                   | ALL                          |
| D7921 | Collect & appl blood product                 | Not Covered         |     |                   | ALL                          |
| D7922 | Placement of intra-socket biological dressi  | Not Covered         |     |                   | ALL                          |
| D7939 | indexing for osteotomy using dynamic robd    | Not Covered         |     |                   | ALL                          |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC                 | Yes                 |     |                   | ALL ( Except MCWRAP, PRICHO) |
| D7940 | OSTEOPLASTY-FOR ORTHOGNATHIC                 | No                  |     |                   | MCWRAP, PRICHO               |
| D7941 | OSTEOTOMY - MANDIBULAR RAMI                  | Not Covered         |     |                   | ALL                          |
| D7943 | OSTEOTOMY - MANDIBULAR RAMI WIT              | Not Covered         |     |                   | ALL                          |
| D7944 | OSTEOTOMY-SEGMENTED OR SUBAP                 | Not Covered         |     |                   | ALL                          |
| D7945 | OSTEOTOMY-BODY OF MANDIBLE                   | Not Covered         |     |                   | ALL                          |
| D7946 | LEFORT I (MAXILLA-TOTAL)                     | Not Covered         |     |                   | ALL                          |
| D7947 | LEFORT I (MAXILLA-SEGMENTED)                 | Not Covered         |     |                   | ALL                          |
| D7948 | LEFORT II OR LEFORT III (OSTEOPLAS           | Not Covered         |     |                   | ALL                          |
| D7949 | LEFORT II OR LEFORT III-WITH BONE G          | Not Covered         |     |                   | ALL                          |
| D7950 | OSSEOUS, OSTEOPERIOSTEAL, OR C               | Not Covered         |     |                   | ALL                          |
| D7951 | SINUS AUGMENTATION WITH BONE O               | Not Covered         |     |                   | ALL                          |
| D7952 | Sinus augmentation vertical                  | Not Covered         |     |                   | ALL                          |
| D7953 | BONE REPLACEMENT GRAFT FOR RID               | Not Covered         |     |                   | ALL                          |
| D7955 | REPAIR OF MAXILLOFACIAL SOFT AND             | Not Covered         |     |                   | ALL                          |
| D7956 | guided tissue regeneration, edentulous are   | Not Covered         |     |                   | ALL                          |
| D7957 | guided tissue regeneration, edentulous are   | Not Covered         |     |                   | ALL                          |
| D7960 | FRENULECTOMY (FRENECTOMY OR F                | No                  |     |                   | ALL                          |
| D7963 | FRENULOPLASTY                                | Not Covered         |     |                   | ALL                          |
| D7970 | EXCISION OF HYPERPLASTIC TISSUE-             | Not Covered         |     |                   | ALL                          |
| D7971 | EXCISION OF PERICORONAL GINGIVA              | Not Covered         |     |                   | ALL                          |
| D7972 | SURGICAL REDUCTION OF FIBROUS T              | Not Covered         |     |                   | ALL                          |
| D7980 | SIALOLITHOTOMY                               | Not Covered         |     |                   | ALL                          |
| D7981 | EXCISION OF SALIVARY GLAND, BY RE            | Not Covered         |     |                   | ALL                          |
| D7982 | SIALODOCHOPLASTY                             | Not Covered         |     |                   | ALL                          |
| D7983 | CLOSURE OF SALIVARY FISTULA                  | Not Covered         |     |                   | ALL                          |
| D7990 | EMERGENCY TRACHEOTOMY                        | Not Covered         |     |                   | ALL                          |
| D7991 | CORONOIDECTOMY                               | Not Covered         |     |                   | ALL                          |
| D7995 | SYNTHETIC GRAFT-MANDIBLE OR FAC              | Not Covered         |     |                   | ALL                          |
| D7996 | IMPLANT-MANDIBLE FOR AUGMENTAT               | Not Covered         |     |                   | ALL                          |
| D7997 | APPLIANCE REMOVAL (NOT BY DENTIS             | Not Covered         |     |                   | ALL                          |
| D7998 | INTRAORAL PLACEMENT OF A FIXATIO             | Not Covered         |     |                   | ALL                          |
| D7999 | UNSPECIFIED ORAL SURGERY PROCE               | Not Covered         |     |                   | ALL                          |
| D8010 | LIMITED ORTHODONTIC TREATMENT (              | Not Covered         |     |                   | ALL                          |
| D8020 | LIMITED ORTHODONTIC TREATMENT (              | Not Covered         |     |                   | ALL                          |
| D8030 | LIMITED ORTHODONTIC TREATMENT (              | Not Covered         |     |                   | ALL                          |
| D8040 | LIMITED ORTHODONTIC TREATMENT (              | Not Covered         |     |                   | ALL                          |
| D8070 | COMPREHENSIVE ORTHODONTIC TRE                | Not Covered         |     |                   | ALL                          |
| D8080 | COMPREHENSIVE ORTHODONTIC TRE                | Not Covered         |     |                   | ALL                          |
| D8210 | REMOVABLE APPLIANCE THERAPY                  | Not Covered         |     |                   | ALL                          |
| D8220 | FIXED APPLIANCE THERAPY                      | Not Covered         |     |                   | ALL                          |
| D8660 | PRE-ORTHODONTIC VISIT                        | Not Covered         |     |                   | ALL                          |
| D8670 | PERIODIC ORTHODONTIC TREATMEN                | Not Covered         |     |                   | ALL                          |
| D8680 | ORTHODONTIC RETENTION (REMOVA                | Not Covered         |     |                   | ALL                          |
| D8690 | ORTHODONTIC TREATMENT (ALTERN                | Not Covered         |     |                   | ALL                          |
| D8696 | Repair of orthodontic appliance - maxillary  | Not Covered         |     |                   | ALL                          |
| D8697 | Repair of orthodontic appliance - mandibul   | Not Covered         |     |                   | ALL                          |
| D8698 | Re-cement or re-bond fixed retainer - max    | Not Covered         |     |                   | ALL                          |
| D8699 | Re-cement or re-bond fixed retainer - man    | Not Covered         |     |                   | ALL                          |
| D8701 | Repair of fixed retainer, includes reattachn | Not Covered         |     |                   | ALL                          |



**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key         | Rider Requirement | Product Lines               |
|-------|-----------------------------------------------|---------------------|-------------|-------------------|-----------------------------|
| D8702 | Repair of fixed retainer, includes reattachm  | Not Covered         |             |                   | ALL                         |
| D8703 | Replacement of lost or broken retainer - m    | Not Covered         |             |                   | ALL                         |
| D8704 | Replacement of lost or broken retainer - m    | Not Covered         |             |                   | ALL                         |
| D8999 | UNSPECIFIED ORTHODONTIC PROCEI                | Not Covered         |             |                   | ALL                         |
| D9110 | PALLIATIVE (EMERGENCY) TREATMEN               | Not Covered         |             |                   | ALL                         |
| D9120 | FIXED PARTIAL DENTURE SECTIONING              | Not Covered         |             |                   | ALL                         |
| D9210 | LOCAL ANESTHESIA NOT IN CONJUNC               | Not Covered         |             |                   | ALL                         |
| D9211 | REGIONAL BLOCK ANESTHESIA                     | Not Covered         |             |                   | ALL                         |
| D9212 | TRIGEMINAL DIVISION BLOCK ANESTH              | Not Covered         |             |                   | ALL                         |
| D9215 | LOCAL ANESTHESIA                              | Not Covered         |             |                   | ALL                         |
| D9219 | Eval for deep sed/gen anesth                  | Not Covered         |             |                   | ALL                         |
| D9222 | DEEP SEDATION/GENERAL ANESTHES                | Yes                 |             |                   | ALL (Except MCWRAP, PRICHO) |
| D9222 | DEEP SEDATION/GENERAL ANESTHES                | No                  |             |                   | MCWRAP, PRICHO              |
| D9223 | Deep sedation/general anesthesia — each       | Yes                 |             |                   | ALL (Except MCWRAP, PRICHO) |
| D9223 | Deep sedation/general anesthesia — each       | No                  |             |                   | MCWRAP, PRICHO              |
| D9230 | ANALGESIA, ANXIOLYSIS, INHALATION             | Not Covered         |             |                   | ALL                         |
| D9242 | INTRAVENOUS CONSCIOUS SEDATION                | Not Covered         |             |                   | ALL                         |
| D9248 | NON-INTRAVENOUS CONSCIOUS SED                 | Not Covered         |             |                   | ALL                         |
| D9310 | CONSULTATION - DIAGNOSTIC SERVIC              | Not Covered         |             |                   | ALL                         |
| D9410 | HOUSE/EXTENDED CARE FACILITY CA               | Not Covered         |             |                   | ALL                         |
| D9420 | HOSPITAL CALL                                 | Not Covered         |             |                   | ALL                         |
| D9430 | OFFICE VISIT FOR OBSERVATION (DUF             | Not Covered         |             |                   | ALL                         |
| D9440 | OFFICE VISIT-AFTER REGULARLY SCH              | Not Covered         |             |                   | ALL                         |
| D9450 | CASE PRESENTATION, DETAILED AND               | Not Covered         |             |                   | ALL                         |
| D9610 | THERAPEUTIC PARENTERAL DRUG, S                | Not Covered         |             |                   | ALL                         |
| D9612 | THERAPEUTIC PARENTERAL DRUGS,                 | Not Covered         |             |                   | ALL                         |
| D9630 | OTHER DRUGS AND/OR MEDICAMENT                 | Not Covered         |             |                   | ALL                         |
| D9910 | APPLICATION OF DESENSITIZING MED              | Not Covered         |             |                   | ALL                         |
| D9911 | APPLICATION OF DESENSITIZING RES              | Not Covered         |             |                   | ALL                         |
| D9912 | Pre-visit patient screening                   | Not Covered         |             |                   | ALL                         |
| D9920 | BEHAVIOR MANAGEMENT, BY REPORT                | Not Covered         |             |                   | ALL                         |
| D9930 | TREATMENT OF COMPLICATIONS (POS               | Not Covered         |             |                   | ALL                         |
| D9938 | fabrication of a custom removable clear pl    | Not Covered         |             |                   | ALL                         |
| D9939 | placement of a custom removable clear pl      | Not Covered         |             |                   | ALL                         |
| D9941 | FABRICATION OF ATHLETIC MOUTHGU               | Not Covered         |             |                   | ALL                         |
| D9942 | REPAIR AND/OR RELINE OF OCCLUSA               | Not Covered         |             |                   | ALL                         |
| D9947 | Custom sleep apnea appliance fabrication      | No                  |             |                   | ALL                         |
| D9948 | Adjustment of custom sleep apnea appliar      | No                  |             |                   | ALL                         |
| D9949 | Repair of custom sleep apnea appliance        | No                  |             |                   | ALL                         |
| D9950 | OCCLUSION ANALYSIS-MOUNTED CAS                | Not Covered         |             |                   | ALL                         |
| D9951 | OCCLUSAL ADJUSTMENT-LIMITED                   | Not Covered         |             |                   | ALL                         |
| D9952 | OCCLUSAL ADJUSTMENT-COMPLETE                  | Not Covered         |             |                   | ALL                         |
| D9953 | reline custom sleep apnea appliance (indir    | Not Covered         |             |                   | ALL                         |
| D9954 | fabrication and delivery of oral appliance th | Not Covered         |             |                   | ALL                         |
| D9955 | oral appliance therapy (OAT) titration visit  | Not Covered         |             |                   | ALL                         |
| D9956 | administration of home sleep apnea test       | Not Covered         |             |                   | ALL                         |
| D9957 | screening for sleep related breathing disor   | Not Covered         |             |                   | ALL                         |
| D9970 | ENAMEL MICROABRASION                          | Not Covered         |             |                   | ALL                         |
| D9971 | ODONTOPLASTY 1 - 2 TEETH; INCLUD              | Not Covered         |             |                   | ALL                         |
| D9972 | EXTERNAL BLEACHING - PER ARCH                 | Not Covered         |             |                   | ALL                         |
| D9973 | EXTERNAL BLEACHING - PER TOOTH                | Not Covered         |             |                   | ALL                         |
| D9974 | INTERNAL BLEACHING - PER TOOTH                | Not Covered         |             |                   | ALL                         |
| D9975 | External bleaching home app                   | Not Covered         |             |                   | ALL                         |
| D9985 | Sales tax                                     | Not Covered         |             |                   | ALL                         |
| D9986 | Missed appointment                            | Not Covered         |             |                   | ALL                         |
| D9987 | Cancelled appointment                         | Not Covered         |             |                   | ALL                         |
| D9997 | Dental case management - patients with s      | Not Covered         |             |                   | ALL                         |
| D9999 | UNSPECIFIED ADJUNCTIVE PROCEDU                | Not Covered         |             |                   | ALL                         |
| E0485 | ORAL DEVICE/APPLIANCE USED TO RI              | Not Covered         |             |                   | ALL                         |
| E0486 | ORAL DEVICE/APPLIANCE USED TO RI              | No                  |             |                   | ALL                         |
| E0486 | ORAL DEVICE/APPLIANCE USED TO RI              | Not Covered         |             |                   | CAID                        |
| E0616 | IMPLANTABLE CARDIAC EVENT RECO                | Yes                 | TPC-CARDIAC |                   | ALL (Except McWRAP)         |
| E0616 | IMPLANTABLE CARDIAC EVENT RECO                | No                  |             |                   | MCWRAP                      |
| E0765 | FDA APPROVED NERVE STIMULATOR,                | Not Covered         |             |                   | ALL (Except MMP, MED)       |
| E0765 | FDA APPROVED NERVE STIMULATOR,                | No                  |             |                   | MMP, MED                    |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-              | No                  |             |                   | ALL (Except CAID)           |
| E0782 | INFUSION PUMP, IMPLANTABLE, NON-              | Not Covered         |             |                   | CAID                        |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTAB               | No                  |             |                   | ALL (Except CAID)           |
| E0783 | INFUSION PUMP SYSTEM, IMPLANTAB               | Not Covered         |             |                   | CAID                        |
| E0785 | IMPLANTABLE INTRASPINAL (EPIDURA              | No                  |             |                   | ALL (Except CAID)           |
| E0785 | IMPLANTABLE INTRASPINAL (EPIDURA              | Not Covered         |             |                   | CAID                        |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUS                | No                  |             |                   | ALL (Except CAID)           |
| E0786 | IMPLANTABLE PROGRAMMABLE INFUS                | Not Covered         |             |                   | CAID                        |
| E2104 | Home blood glucose monitor for use with i     | No                  |             |                   | ALL                         |
| G0008 | ADMINISTRATION OF INFLUENZA VIRU              | No                  |             |                   | ALL                         |
| G0009 | ADMINISTRATION OF PNEUMOCOCCA                 | No                  |             |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                  | Rider Requirement | Product Lines                    |
|-------|-------------------------------------------------|---------------------|----------------------|-------------------|----------------------------------|
| G0010 | ADMINISTRATION OF HEPATITIS B VAC               | No                  |                      |                   | ALL                              |
| G0011 | Hiv prep counsel, md 15-30m                     | No                  |                      |                   | ALL                              |
| G0012 | Injection of hiv prep drug                      | No                  |                      |                   | ALL                              |
| G0013 | Hiv prep counsel, clin staff                    | No                  |                      |                   | ALL                              |
| G0017 | Psychotherapy for crisis furnished in an ap     | No                  |                      |                   | ALL                              |
| G0018 | Psychotherapy for crisis furnished in an ap     | No                  |                      |                   | ALL                              |
| G0019 | Comm hlth intg svcs sdo 60mn                    | No                  |                      |                   | ALL                              |
| G0022 | Comm hlth intg svcs add 30 m                    | No                  |                      |                   | ALL                              |
| G0023 | Pin service 60m per month                       | No                  |                      |                   | ALL                              |
| G0024 | Pin svr add 30 min pr m                         | No                  |                      |                   | ALL                              |
| G0027 | SEMEN ANALYSIS; PRESENCE AND/OR                 | Yes                 |                      |                   | ALL (Except Medicare Comp, Caid) |
| G0027 | SEMEN ANALYSIS; PRESENCE AND/OR                 | No                  |                      |                   | MEDICARE COMP/MCWRAP, Caid       |
| G0027 | SEMEN ANALYSIS; PRESENCE AND/OR                 | No                  |                      |                   | PRICHO                           |
| G0029 | Tobacco screening not performed or tobac        | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0030 | Patient screened for tobacco use and rece       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0031 | Palliative care services given to patient an    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0032 | Two or more antipsychotic prescriptions or      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0033 | Two or more benzodiazepine prescriptions        | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0034 | Patients receiving palliative care during the   | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0035 | Patient has any emergency department en         | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0036 | Patient or care partner decline assessmen       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0037 | On date of encounter, patient is not able to    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0038 | Clinician determines patient does not requ      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0039 | Patient not referred, reason not otherwise      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0040 | Patient already receiving physical/occupati     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0041 | Patient and/or care partner decline referral    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0042 | Referral to physical, occupational, speech,     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0043 | Patients with mechanical prosthetic heart v     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0044 | Patients with moderate or severe mitral ste     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0045 | Clinical follow-up and mrs score assessed       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0046 | Clinical follow-up and mrs score not asses      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0047 | Pediatric patient with minor blunt head tra     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0048 | Patients who receive palliative care servic     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0049 | With maintenance hemodialysis (in-center        | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0050 | Patients with a catheter that have limited li   | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0051 | Patients under hospice care in the current      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0052 | Patients on peritoneal dialysis for any port    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0053 | Advancing rheumatology patient care mips        | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0054 | Coordinating stroke care to promote preve       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0055 | Advancing care for heart disease mips val       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0057 | Proposed adopting best practices and prot       | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0058 | Improving care for lower extremity joint rep    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0059 | Patient safety and support of positive expe     | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0060 | Allergy/immunology mips specialty set           | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0061 | Anesthesiology mips specialty set               | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0062 | Audiology mips specialty set                    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0063 | Cardiology mips specialty set                   | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0064 | Certified nurse midwife mips specialty set      | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0065 | Chiropractic medicine mips specialty set        | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0066 | Clinical social work mips specialty set         | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0067 | Dentistry mips specialty set                    | Not Covered         | <a href="#">INFO</a> |                   | ALL                              |
| G0068 | Professional services for the administrati      | No                  |                      |                   | ALL                              |
| G0069 | Professional services for the administrati      | No                  |                      |                   | ALL                              |
| G0070 | Professional services for the administrati      | No                  |                      |                   | ALL                              |
| G0071 | Payment for communication technology-base       | No                  |                      |                   | ALL                              |
| G0076 | Brief (20 minutes) care management hom          | No                  |                      |                   | ALL                              |
| G0077 | Limited (30 minutes) care management hc         | No                  |                      |                   | ALL                              |
| G0078 | Moderate (45 minutes) care management           | No                  |                      |                   | ALL                              |
| G0079 | Comprehensive (60 minutes) care manage          | No                  |                      |                   | ALL                              |
| G0080 | Extensive (75 minutes) care management          | No                  |                      |                   | ALL                              |
| G0081 | Brief (20 minutes) care management hom          | No                  |                      |                   | ALL                              |
| G0082 | Limited (30 minutes) care management hc         | No                  |                      |                   | ALL                              |
| G0083 | Moderate (45 minutes) care management           | No                  |                      |                   | ALL                              |
| G0084 | Comprehensive (60 minutes) care manag           | No                  |                      |                   | ALL                              |
| G0085 | Extensive (75 minutes) care management          | No                  |                      |                   | ALL                              |
| G0086 | Limited (30 minutes) care management hc         | Not Covered         |                      |                   | ALL                              |
| G0087 | Comprehensive (60 minutes) care manage          | Not Covered         |                      |                   | ALL                              |
| G0088 | Professional services, initial visit, for the a | No                  |                      |                   | ALL                              |
| G0089 | Professional services, initial visit, for the a | No                  |                      |                   | ALL                              |
| G0090 | Professional services, initial visit, for the a | No                  |                      |                   | ALL                              |
| G0101 | CERVICAL OR VAGINAL CANCER SCRE                 | No                  |                      |                   | ALL                              |
| G0102 | PROSTATE CANCER SCREENING; DIG                  | No                  |                      |                   | ALL                              |
| G0103 | PROSTATE CANCER SCREENING; PRC                  | No                  |                      |                   | ALL                              |
| G0104 | COLORECTAL CANCER SCREENING; F                  | No                  |                      |                   | ALL                              |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key    | Rider Requirement | Product Lines                               |
|-------|----------------------------------------------|---------------------|--------|-------------------|---------------------------------------------|
| G0105 | COLORECTAL CANCER SCREENING; C               | No                  |        |                   | ALL                                         |
| G0108 | DIABETES OUTPATIENT SELF-MANAGI              | No                  |        |                   | ALL                                         |
| G0109 | DIABETES OUTPATIENT SELF-MANAGI              | No                  |        |                   | ALL                                         |
| G0117 | GLAUCOMA SCREENING FOR HIGH RIS              | No                  |        |                   | ALL                                         |
| G0118 | GLAUCOMA SCREENING FOR HIGH RIS              | No                  |        |                   | ALL                                         |
| G0121 | COLORECTAL CANCER SCREENING; C               | No                  |        |                   | ALL                                         |
| G0123 | SCREENING CYTOPATHOLOGY, CERV                | No                  |        |                   | ALL                                         |
| G0124 | SCREENING CYTOPATHOLOGY, CERV                | No                  |        |                   | ALL                                         |
| G0127 | TRIMMING OF DYSTROPHIC NAILS, AN             | No                  | *<br>— |                   | ALL                                         |
| G0128 | DIRECT (FACE-TO-FACE WITH PATIEN             | Not Covered         |        |                   | ALL                                         |
| G0129 | OCCUPATIONAL THERAPY REQUIRING               | No                  |        |                   | ALL                                         |
| G0130 | SINGLE ENERGY X-RAY ABSORPTIOM               | No                  |        |                   | ALL                                         |
| G0136 | Administration of a standardized, evidenc    | No                  |        |                   | ALL                                         |
| G0137 | Intensive outpatient services; weekly bund   | No                  |        |                   | ALL                                         |
| G0138 | Intravenous infusion of ciproglucosidase all | No                  |        |                   | ALL                                         |
| G0140 | Nav srv peer sup 60 min pr m                 | No                  |        |                   | ALL                                         |
| G0141 | SCREENING CYTOPATHOLOGY SMEAF                | No                  |        |                   | ALL                                         |
| G0143 | SCREENING CYTOPATHOLOGY, CERV                | No                  |        |                   | ALL                                         |
| G0144 | SCREENING CYTOPATHOLOGY, CERV                | No                  |        |                   | ALL                                         |
| G0145 | SCREENING CYTOPATHOLOGY, CERV                | No                  |        |                   | ALL                                         |
| G0146 | Nav srv peer sup add 30 pr m                 | No                  |        |                   | ALL                                         |
| G0147 | SCREENING CYTOPATHOLOGY SMEAF                | No                  |        |                   | ALL                                         |
| G0148 | SCREENING CYTOPATHOLOGY SMEAF                | No                  |        |                   | ALL                                         |
| G0151 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0152 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0153 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0155 | SERVICES OF CLINICAL SOCIAL WORK             | No                  |        |                   | ALL                                         |
| G0156 | SERVICES OF HOME HEALTH AIDE IN I            | No                  |        |                   | ALL                                         |
| G0157 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0158 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0159 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0160 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0161 | SERVICES PERFORMED BY A QUALIFI              | No                  |        |                   | ALL                                         |
| G0162 | SKILLED SERVICES BY A REGISTERED             | No                  |        |                   | ALL                                         |
| G0163 | SKILLED SERVICES OF A LICENSED NU            | No                  |        |                   | ALL                                         |
| G0164 | SKILLED SERVICES OF A LICENSED NU            | No                  |        |                   | ALL                                         |
| G0166 | EXTERNAL COUNTERPULSATION, PER               | No                  |        |                   | ALL                                         |
| G0168 | WOUND CLOSURE UTILIZING TISSUE A             | No                  |        |                   | ALL                                         |
| G0175 | SCHEDULED INTERDISCIPLINARY TEA              | Not Covered         |        |                   | ALL                                         |
| G0176 | ACTIVITY THERAPY, SUCH AS MUSIC,             | Yes                 | *<br>— |                   | ALL                                         |
| G0176 | ACTIVITY THERAPY, SUCH AS MUSIC,             | No                  |        |                   | MEDICARE COMP/MCWRAP                        |
| G0177 | TRAINING AND EDUCATIONAL SERVIC              | Yes                 |        |                   | ALL                                         |
| G0177 | TRAINING AND EDUCATIONAL SERVIC              | No                  |        |                   | MEDICARE COMP/MCWRAP                        |
| G0179 | MD RECERTIFICATION, HAA PATIENT              | Not Covered         |        |                   | HAP, AHL, FED, UAW, QHP                     |
| G0179 | MD RECERTIFICATION, HAA PATIENT              | No                  |        |                   | MED, MCWRAP                                 |
| G0180 | PHYSICIAN CERTIFICATION SERVICES             | No                  |        |                   | ALL                                         |
| G0181 | PHYSICIAN SUPERVISION OF A PATIEN            | No                  |        |                   | ALL                                         |
| G0182 | PHYSICIAN SUPERVISION OF A PATIEN            | No                  |        |                   | ALL                                         |
| G0186 | DESTRUCTION OF LOCALIZED LESION              | No                  |        |                   | ALL                                         |
| G0219 | PET IMAGING WHOLE BODY; MELANOI              | Not Covered         |        |                   | ALL                                         |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERV            | Yes                 | CCN    |                   | ALL (Except Medicare Comp)                  |
| G0235 | PET IMAGING, ANY SITE, NOT OTHERV            | No                  |        |                   | MEDICARE COMP/MCWRAP                        |
| G0237 | THERAPEUTIC PROCEDURES TO INCF               | No                  |        |                   | ALL                                         |
| G0238 | THERAPEUTIC PROCEDURES TO IMPF               | No                  |        |                   | ALL                                         |
| G0239 | THERAPEUTIC PROCEDURES TO IMPF               | No                  |        |                   | ALL                                         |
| G0245 | INITIAL PHYSICIAN EVALUATION AND I           | No                  |        |                   | ALL                                         |
| G0246 | FOLLOW-UP PHYSICIAN EVALUATION               | No                  |        |                   | ALL                                         |
| G0247 | ROUTINE FOOT CARE BY A PHYSICIAN             | No                  | *<br>— |                   | ALL                                         |
| G0248 | Demonstration, prior to initial use, of home | No                  |        |                   | ALL                                         |
| G0249 | Provision of test materials and equipment    | No                  |        |                   | ALL                                         |
| G0250 | Physician review, interpretation, and patier | No                  |        |                   | ALL                                         |
| G0252 | PET IMAGING, FULL AND PARTIAL-RIN            | Not Covered         |        |                   | ALL                                         |
| G0255 | Current Perception Threshold/Sensory Ne      | Not Covered         |        |                   | ALL                                         |
| G0257 | UNSCHEDULED OR EMERGENCY DIAL                | No                  |        |                   | ALL                                         |
| G0259 | INJECTION PROCEDURE FOR SACROI               | Yes                 | CCN    |                   | ALL (Except Medicare Comp)                  |
| G0259 | INJECTION PROCEDURE FOR SACROI               | No                  |        |                   | MEDICARE COMP/MCWRAP                        |
| G0260 | INJECTION PROCEDURE FOR SACROI               | Yes                 | CCN    |                   | ALL (Except McWRAP, PRICHO, PRIQHP, CAID, M |
| G0260 | INJECTION PROCEDURE FOR SACROI               | No                  |        |                   | MCWRAP, CAID, MMP                           |
| G0260 | INJECTION PROCEDURE FOR SACROI               | No                  |        |                   | PRICHO                                      |
| G0268 | REMOVAL OF IMPACTED CERUMEN (O               | No                  |        |                   | ALL                                         |
| G0268 | REMOVAL OF IMPACTED CERUMEN (ONE O           | Not Covered         |        |                   | CAID                                        |
| G0269 | PLACEMENT OF OCCLUSIVE DEVICE II             | No                  |        |                   | ALL                                         |
| G0269 | PLACEMENT OF OCCLUSIVE DEVICE INTO E         | Not Covered         |        |                   | CAID                                        |
| G0270 | MEDICAL NUTRITION THERAPY; REASS             | No                  |        |                   | ALL                                         |
| G0270 | MEDICAL NUTRITION THERAPY; REASS             | Not Covered         |        |                   | CAID                                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key     | Rider Requirement | Product Lines                   |
|-------|-------------------------------------------------|---------------------|---------|-------------------|---------------------------------|
| G0271 | MEDICAL NUTRITION THERAPY, REASSESS             | No                  |         |                   | ALL                             |
| G0271 | MEDICAL NUTRITION THERAPY, REASSESS             | Not Covered         |         |                   | CAID                            |
| G0276 | Blinded procedure for lumbar stenosis, per      | Yes                 |         |                   | ALL (Except Medicare Comp, MMP) |
| G0276 | Blinded procedure for lumbar stenosis, per      | No                  |         |                   | MEDICARE COMP/MCWRAP, MMP       |
| G0276 | Blinded procedure for lumbar stenosis, per      | No                  |         |                   | PRICHO                          |
| G0276 | Blinded procedure for lumbar stenosis, percutan | Not Covered         |         |                   | CAID                            |
| G0277 | Hyperbaric oxygen under pressure, full bo       | No                  |         |                   | ALL                             |
| G0278 | ILIAC ARTERY ANGIOGRAPHY PERFORM                | No                  |         |                   | ALL                             |
| G0278 | ILIAC ARTERY ANGIOGRAPHY PERFORMED              | Not Covered         |         |                   | CAID                            |
| G0279 | Diagnostic digital breast tomosynthesis, ur     | No                  |         |                   | ALL                             |
| G0281 | ELECTRICAL STIMULATION, (UNATTEN                | No                  |         |                   | ALL                             |
| G0281 | ELECTRICAL STIMULATION, (UNATTENDED)            | Not Covered         |         |                   | CAID                            |
| G0282 | ELECTRICAL STIMULATION, (UNATTEN                | Not Covered         |         |                   | ALL                             |
| G0283 | ELECTRICAL STIMULATION (UNAT                    | No                  | *       |                   | ALL                             |
| G0283 | ELECTRICAL STIMULATION (UNAT                    | Not Covered         |         |                   | CAID                            |
| G0288 | Reconstruction, computed tomograph              | No                  |         |                   | ALL                             |
| G0288 | RECONSTRUCTION, COMPUTED T                      | Not Covered         |         |                   | CAID                            |
| G0289 | SURGICAL, FOR REMOVAL OF LOOSE                  | Yes                 | TPC-MSK |                   | ALL (Except McWRAP)             |
| G0289 | SURGICAL, FOR REMOVAL OF LOOSE                  | No                  |         |                   | MCWRAP                          |
| G0293 | NONCOVERED SURGICAL PROCE                       | Not Covered         |         |                   | ALL                             |
| G0294 | NONCOVERED PROCEDURE(S) US                      | Not Covered         |         |                   | ALL                             |
| G0295 | ELECTROMAGNETIC STIMULATION                     | Not Covered         |         |                   | ALL                             |
| G0296 | Counseling visit to discuss need for lu         | No                  |         |                   | ALL                             |
| G0296 | Counseling visit to discuss need for lu         | Not Covered         |         |                   | CAID                            |
| G0299 | Direct skilled nursing services of a register   | No                  |         |                   | ALL                             |
| G0300 | Direct skilled nursing services of a license    | No                  |         |                   | ALL                             |
| G0302 | PRE-OPERATIVE PULMONARY SURGE                   | No                  |         |                   | ALL                             |
| G0303 | PRE-OPERATIVE PULMONARY SURGE                   | No                  |         |                   | ALL                             |
| G0304 | PRE-OPERATIVE PULMONARY SURGE                   | No                  |         |                   | ALL                             |
| G0305 | POST-DISCHARGE PULMONARY SURG                   | No                  |         |                   | ALL                             |
| G0306 | COMPLETE CBC, AUTOMATED (HGB, H                 | No                  |         |                   | ALL                             |
| G0307 | COMPLETE (CBC), AUTOMATED (HGB,                 | No                  |         |                   | ALL                             |
| G0310 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0310 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0311 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0311 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0312 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0312 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0313 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0313 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0314 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0314 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0315 | Immunization counseling by a physician or       | Not Covered         |         |                   | ALL (Except CAID)               |
| G0315 | Immunization counseling by a physician or       | No                  |         |                   | CAID                            |
| G0316 | Prolonged hospital inpatient or observatio      | No                  |         |                   | ALL                             |
| G0317 | Prolonged nursing facility evaluation and n     | No                  |         |                   | ALL                             |
| G0318 | Prolonged home or residence evaluation a        | No                  |         |                   | ALL                             |
| G0320 | Home health services furnished using syn        | No                  |         |                   | ALL                             |
| G0321 | Home health services furnished using syn        | No                  |         |                   | ALL                             |
| G0322 | The collection of physiologic data digitall     | No                  |         |                   | ALL                             |
| G0323 | Care management services for behavioral         | No                  |         |                   | ALL                             |
| G0327 | Colorectal cancer screening; blood-based        | No                  |         |                   | ALL                             |
| G0328 | COLORECTAL CANCER SCREENING; F                  | No                  |         |                   | ALL                             |
| G0329 | ELECTROMAGNTIC TX FOR ULCER TC                  | No                  |         |                   | ALL                             |
| G0329 | ELECTROMAGNTIC TX FOR ULCER TC                  | Not Covered         |         |                   | CAID                            |
| G0330 | Facility services for dental rehabilitation pr  | Yes                 |         |                   | ALL (Except MCWRAP, PRICHO)     |
| G0330 | Facility services for dental rehabilitation pr  | No                  |         |                   | MCWRAP, PRICHO                  |
| G0333 | PHARMACY DISPENSING FEE FOR INH                 | Not Covered         |         |                   | ALL (Except MMP, MED)           |
| G0333 | PHARMACY DISPENSING FEE FOR INH                 | No                  |         |                   | MMP, MED                        |
| G0339 | IMAGE GUIDED ROBOTIC LINEAR ACC                 | No                  |         |                   | ALL                             |
| G0339 | IMAGE GUIDED ROBOTIC LINEAR ACCELER             | Not Covered         |         |                   | CAID                            |
| G0340 | IMAGE GUIDED ROBOTIC LINEAR ACC                 | No                  |         |                   | ALL                             |
| G0340 | IMAGE GUIDED ROBOTIC LINEAR ACCELER             | Not Covered         |         |                   | CAID                            |
| G0341 | PERCUTANEOUS ISLET CELL TRANS                   | No                  |         |                   | ALL                             |
| G0342 | LAPAROSCOPY ISLET CELL TRANS                    | No                  |         |                   | ALL                             |
| G0343 | LAPAROTOMY ISLET CELL TRANSP                    | No                  |         |                   | ALL                             |
| G0366 | ELECTROCARDIOGRAM, ROUTINE ECG                  | No                  |         |                   | ALL                             |
| G0372 | PHYSICIAN SERVICE REQUIRED TO EST               | No                  |         |                   | ALL                             |
| G0372 | PHYSICIAN SERVICE REQUIRED TO ESTABL            | Not Covered         |         |                   | CAID                            |
| G0378 | HOSPITAL OBSERVATION SERVICE, PI                | No                  |         |                   | ALL                             |
| G0379 | DIRECT ADMISSION OF PATIENT FOR I               | No                  |         |                   | ALL                             |
| G0380 | LEVEL 1 HOSPITAL EMERGENCY DEPA                 | No                  |         |                   | ALL                             |
| G0381 | LEVEL 2 HOSPITAL EMERGENCY DEPA                 | No                  |         |                   | ALL                             |
| G0382 | LEVEL 3 HOSPITAL EMERGENCY DEPA                 | No                  |         |                   | ALL                             |
| G0383 | LEVEL 4 HOSPITAL EMERGENCY DEPA                 | No                  |         |                   | ALL                             |
| G0384 | LEVEL 5 HOSPITAL EMERGENCY DEPA                 | No                  |         |                   | ALL                             |

| Services that require Prior Authorization List |                                                    |                     |                             |                   |                                       |
|------------------------------------------------|----------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------------------------|
| Code                                           | Description                                        | Prior Auth Required | Key                         | Rider Requirement | Product Lines                         |
| G0390                                          | TRAUMA RESPONSE TEAM ASSOCIAT                      | No                  |                             |                   | ALL                                   |
| G0390                                          | TRAUMA RESPONSE TEAM ASSOCIATED W                  | Not Covered         |                             |                   | CAID                                  |
| G0396                                          | ALCOHOL AND/OR SUBSTANCE (OTHE                     | No                  |                             |                   | ALL                                   |
| G0397                                          | ALCOHOL AND/OR SUBSTANCE (OTHE                     | No                  |                             |                   | ALL                                   |
| G0398                                          | HOME SLEEP STUDY TEST (HST) W/TY                   | No                  |                             |                   | ALL                                   |
| G0398                                          | HOME SLEEP STUDY TEST (HST) W/TYPE II              | Not Covered         |                             |                   | CAID                                  |
| G0399                                          | HOME SLEEP TEST (HST) W/TYPE III P                 | No                  |                             |                   | ALL                                   |
| G0399                                          | HOME SLEEP TEST (HST) W/TYPE III PORTA             | Not Covered         |                             |                   | CAID                                  |
| G0400                                          | HOME SLEEP TEST (HST) W/TYPE IV P                  | No                  |                             |                   | ALL                                   |
| G0400                                          | HOME SLEEP TEST (HST) W/TYPE IV PORTA              | Not Covered         |                             |                   | CAID                                  |
| G0402                                          | INITIAL PREVENTIVE PHYSICAL EXAMI                  | Not Covered         |                             |                   | HAP, AHL, FED, UAW, QHP               |
| G0402                                          | INITIAL PREVENTIVE PHYSICAL EXAMI                  | No                  |                             |                   | MED                                   |
| G0403                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | Not Covered         |                             |                   | HAP, AHL, FED, UAW, QHP               |
| G0403                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | No                  |                             |                   | MED                                   |
| G0404                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | Not Covered         |                             |                   | HAP, AHL, FED, UAW, QHP               |
| G0404                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | No                  |                             |                   | MED                                   |
| G0405                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | Not Covered         |                             |                   | HAP, AHL, FED, UAW, QHP               |
| G0405                                          | ELECTROCARDIOGRAM, ROUTINE EC                      | No                  |                             |                   | MED                                   |
| G0406                                          | FOLLOW-UP INPATIENT TELEHEALTH                     | No                  |                             |                   | ALL                                   |
| G0407                                          | FOLLOW-UP INPATIENT TELEHEALTH                     | No                  |                             |                   | ALL                                   |
| G0408                                          | FOLLOW-UP INPATIENT TELEHEALTH                     | No                  |                             |                   | ALL                                   |
| G0412                                          | OPEN TREATMENT OF ILIAC SPINE(S).                  | No                  |                             |                   | ALL                                   |
| G0413                                          | PERCUTANEOUS SKELETAL FIXATION                     | No                  |                             |                   | ALL                                   |
| G0414                                          | OPEN TREATMENT OF ANTERIOR PEL                     | No                  |                             |                   | ALL                                   |
| G0415                                          | OPEN TREATMENT OF POSTERIOR PE                     | No                  |                             |                   | ALL                                   |
| G0416                                          | SURGICAL PATHOLOGY, GROSS AND                      | No                  |                             |                   | ALL                                   |
| G0416                                          | SURGICAL PATHOLOGY, GROSS AND                      | Not Covered         |                             |                   | CAID                                  |
| G0420                                          | FACE-TO-FACE EDUCATIONAL SERVIC                    | No                  |                             |                   | ALL                                   |
| G0421                                          | FACE-TO-FACE EDUCATIONAL SERVIC                    | No                  |                             |                   | ALL                                   |
| G0422                                          | INTENSIVE CARDIAC REHABILITATION                   | No                  |                             |                   | ALL                                   |
| G0423                                          | INTENSIVE CARDIAC REHABILITATION                   | No                  |                             |                   | ALL                                   |
| G0425                                          | INITIAL INPATIENT TELEHEALTH CONS                  | No                  |                             |                   | ALL                                   |
| G0426                                          | INITIAL INPATIENT TELEHEALTH CONS                  | No                  |                             |                   | ALL                                   |
| G0427                                          | INITIAL INPATIENT TELEHEALTH CONS                  | No                  |                             |                   | ALL                                   |
| G0428                                          | Collagen Meniscus Implant procedure for f          | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP)                   |
| G0428                                          | Collagen Meniscus Implant procedure for f          | No                  |                             |                   | MCWRAP                                |
| G0429                                          | Dermal Filler injection(s) for the treatment       | Yes                 |                             |                   | ALL (Except Medicare Comp, Caid, MMP) |
| G0429                                          | Dermal Filler injection(s) for the treatment       | No                  |                             |                   | MEDICARE COMP/MCWRAP, Caid, MMP       |
| G0429                                          | Dermal Filler injection(s) for the treatment       | No                  |                             |                   | PRICHO                                |
| G0432                                          | Infectious agent antigen detection by enzy         | No                  |                             |                   | ALL                                   |
| G0433                                          | Infectious agent antigen detection by enzy         | No                  |                             |                   | ALL                                   |
| G0434                                          | DRUG SCREEN, OTHER THAN CHROM                      | No                  |                             |                   | ALL                                   |
| G0435                                          | Infectious agent antigen detection by rapid        | No                  |                             |                   | ALL                                   |
| G0438                                          | ANNUAL WELLNESS VISIT; INCLUDES                    | No                  |                             |                   | ALL                                   |
| G0438                                          | ANNUAL WELLNESS VISIT; INCLUDES A PER              | Not Covered         |                             |                   | CAID                                  |
| G0439                                          | ANNUAL WELLNESS VISIT, INCLUDES                    | No                  |                             |                   | ALL                                   |
| G0439                                          | ANNUAL WELLNESS VISIT, INCLUDES A PER              | Not Covered         |                             |                   | CAID                                  |
| G0442                                          | Annual alcohol misuse screening, 15 minu           | No                  |                             |                   | ALL (Except CAID)                     |
| G0442                                          | Annual alcohol misuse screening, 15 minutes        | Not Covered         |                             |                   | CAID                                  |
| G0443                                          | Brief face-to-face behavioral counseling fo        | No                  |                             |                   | ALL                                   |
| G0443                                          | Brief face-to-face behavioral counseling for alcol | Not Covered         |                             |                   | CAID                                  |
| G0444                                          | Annual depression screening, 15 minutes            | No                  |                             |                   | ALL                                   |
| G0444                                          | Annual depression screening, 15 minutes            | Not Covered         |                             |                   | CAID                                  |
| G0445                                          | High intensity behavioral counseling to pre        | No                  |                             |                   | ALL                                   |
| G0445                                          | High intensity behavioral counseling to prevent s  | Not Covered         |                             |                   | CAID                                  |
| G0446                                          | Intensive behavioral therapy to reduce car         | No                  |                             |                   | ALL                                   |
| G0446                                          | Intensive behavioral therapy to reduce cardiovas   | Not Covered         |                             |                   | CAID                                  |
| G0447                                          | Face-to-face behavioral counseling for obe         | No                  |                             |                   | ALL                                   |
| G0447                                          | Face-to-face behavioral counseling for obesity, 1  | Not Covered         |                             |                   | CAID                                  |
| G0448                                          | INSERTION OR REPLACEMENT OF A P                    | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                   |
| G0448                                          | INSERTION OR REPLACEMENT OF A P                    | No                  |                             |                   | MCWRAP                                |
| G0449                                          | Annual face-to-face obesity screening, 15          | No                  |                             |                   | ALL                                   |
| G0450                                          | Screening for sexually transmitted infectio        | No                  |                             |                   | ALL                                   |
| G0451                                          | DEVELOPMENT TESTING, WITH INTER                    | No                  |                             |                   | ALL (Except CAID)                     |
| G0451                                          | DEVELOPMENT TESTING, WITH INTER                    | Not Covered         |                             |                   | CAID                                  |
| G0452                                          | Molecular pathology procedure; physician           | No                  |                             |                   | ALL (Except CAID)                     |
| G0452                                          | Molecular pathology procedure; physician           | Not Covered         |                             |                   | CAID                                  |
| G0453                                          | Continuous intraoperative neurophysiology          | No                  |                             |                   | ALL                                   |
| G0453                                          | Continuous intraoperative neurophysiology          | Not Covered         |                             |                   | CAID                                  |
| G0454                                          | Physician documentation of face-to-face vi         | Not Covered         |                             |                   | ALL (Except MMP, MED)                 |
| G0454                                          | Physician documentation of face-to-face vi         | No                  |                             |                   | MMP, MED                              |
| G0455                                          | Preparation with instillation of fecal microb      | No                  |                             |                   | ALL                                   |
| G0458                                          | Low dose rate (ldr) prostate brachytherapy         | Not Covered         | <a href="#">INFO</a>        |                   | ALL                                   |
| G0459                                          | TELEHEALTH INP PHARM MGMT                          | No                  |                             |                   | ALL                                   |
| G0460                                          | Autologous prp for ulcers                          | Not Covered         | <a href="#">INFO</a>        |                   | MED)                                  |
| G0460                                          | Autologous prp for ulcers                          | No                  |                             |                   | Mcwrap, PRICHO                        |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines                              |
|-------|-------------------------------------------------|---------------------|-----|-------------------|--------------------------------------------|
| G0460 | Autologous prp for ulcers                       | Yes                 |     |                   | MMP, CAID, MED                             |
| G0463 | Hospital outpatient clinic visit for assessm    | No                  |     |                   | ALL                                        |
| G0465 | Autologous platelet rich plasma (prp) for d     | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP |
| G0465 | Autologous platelet rich plasma (prp) for d     | Yes                 |     |                   | MED, CAID, MMP                             |
| G0465 | Autologous platelet rich plasma (prp) for d     | No                  |     |                   | MCWRAP, PRICHO                             |
| G0466 | A medically-necessary, face to face encou       | No                  |     |                   | ALL                                        |
| G0467 | A medically-necessary, face to face encou       | No                  |     |                   | ALL                                        |
| G0468 | A FQHC visit that includes an Initial Preve     | No                  |     |                   | ALL                                        |
| G0469 | A medically-necessary, face-to-face menta       | No                  |     |                   | ALL                                        |
| G0470 | A medically-necessary, face-to-face menta       | No                  |     |                   | ALL                                        |
| G0471 | Collection of venous blood by venipunctur       | No                  |     |                   | ALL                                        |
| G0472 | Hepatitis C antibody screening for individu     | No                  |     |                   | ALL                                        |
| G0473 | Face-to-face behavioral counseling for obe      | No                  |     |                   | ALL                                        |
| G0475 | HIV antigen/antibody, combination assay, scree  | No                  |     |                   | ALL                                        |
| G0476 | Infectious agent detection by nucleic acid (DNA | No                  |     |                   | ALL                                        |
| G0480 | Drug test(s), definitive, utilizing drug ident  | No                  |     |                   | ALL                                        |
| G0481 | Drug test(s), definitive, utilizing drug ident  | No                  |     |                   | ALL                                        |
| G0482 | Drug test(s), definitive, utilizing drug ident  | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)        |
| G0482 | Drug test(s), definitive, utilizing drug ident  | No                  |     |                   | MED, MMP, PRICHO, CAID                     |
| G0483 | Drug test(s), definitive, utilizing drug ident  | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)        |
| G0483 | Drug test(s), definitive, utilizing drug ident  | No                  |     |                   | MED, MMP, PRICHO, CAID                     |
| G0490 | Face-to-face home health nursing visit by       | No                  |     |                   | ALL                                        |
| G0491 | Dialysis procedure at a medicare certified      | No                  |     |                   | ALL                                        |
| G0492 | Dialysis procedure with single evaluation b     | No                  |     |                   | ALL                                        |
| G0493 | Skilled services of a registered nurse (rn) f   | No                  |     |                   | ALL                                        |
| G0494 | Skilled services of a licensed practical nur    | No                  |     |                   | ALL                                        |
| G0495 | Skilled services of a registered nurse (rn),    | No                  |     |                   | ALL                                        |
| G0496 | Skilled services of a licensed practical nur    | No                  |     |                   | ALL                                        |
| G0498 | Chemotherapy administration, intravenous        | No                  |     |                   | ALL                                        |
| G0499 | Hepatitis B screening in non-pregnant, hig      | No                  |     |                   | ALL                                        |
| G0500 | Moderate sedation services provided by th       | No                  |     |                   | ALL                                        |
| G0501 | Resource-intensive services for patients fd     | No                  |     |                   | ALL                                        |
| G0506 | Comprehensive assessment of and care p          | No                  |     |                   | ALL                                        |
| G0508 | Telehealth consultation, critical care, initial | No                  |     |                   | ALL                                        |
| G0509 | Telehealth consultation, critical care, subs    | No                  |     |                   | ALL                                        |
| G0511 | Rural health clinic or federally qualified he   | No                  |     |                   | ALL                                        |
| G0512 | Rural health clinic or federally qualified he   | No                  |     |                   | ALL                                        |
| G0513 | Prolonged preventive service(s) (beyond th      | No                  |     |                   | ALL                                        |
| G0513 | Prolonged preventive service(s) (beyond th      | Not Covered         |     |                   | CAID                                       |
| G0514 | Prolonged preventive service(s) (beyond th      | No                  |     |                   | ALL                                        |
| G0514 | Prolonged preventive service(s) (beyond th      | Not Covered         |     |                   | CAID                                       |
| G0515 | Cognitive skills development                    | Not Covered         |     |                   | ALL (Except MED, MCWRAP, CaId)             |
| G0515 | Cognitive skills development                    | No                  |     |                   | MED,MCWRAP, CaId                           |
| G0516 | Insertion of non-biodegradable drug delive      | No                  |     |                   | ALL                                        |
| G0517 | Removal of non-biodegradable drug delive        | No                  |     |                   | ALL                                        |
| G0518 | Removal with reinsertion, non-biodegradal       | No                  |     |                   | ALL                                        |
| G0532 | Take-home supply of nasal nalmeferne hyd        | Not Covered         |     |                   | ALL (Except MED)                           |
| G0532 | Take-home supply of nasal nalmeferne hyd        | No                  |     |                   | MED                                        |
| G0533 | Medication assisted treatment, buprenorph       | Not Covered         |     |                   | ALL (Except MED)                           |
| G0533 | Medication assisted treatment, buprenorph       | No                  |     |                   | MED                                        |
| G0534 | Coordinated care and/or referral services,      | Not Covered         |     |                   | ALL (Except MED)                           |
| G0534 | Coordinated care and/or referral services,      | No                  |     |                   | MED                                        |
| G0535 | Patient navigational services, provided dir     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0535 | Patient navigational services, provided dir     | No                  |     |                   | MED                                        |
| G0536 | Peer recovery support services, provided c      | Not Covered         |     |                   | ALL (Except MED)                           |
| G0536 | Peer recovery support services, provided c      | No                  |     |                   | MED                                        |
| G0539 | Caregiver training in behavior managemer        | Not Covered         |     |                   | ALL (Except MED)                           |
| G0539 | Caregiver training in behavior managemer        | No                  |     |                   | MED                                        |
| G0540 | Caregiver training in behavior managemer        | Not Covered         |     |                   | ALL (Except MED)                           |
| G0540 | Caregiver training in behavior managemer        | No                  |     |                   | MED                                        |
| G0544 | Post discharge telephonic follow-up contac      | Not Covered         |     |                   | ALL (Except MED)                           |
| G0544 | Post discharge telephonic follow-up contac      | No                  |     |                   | MED                                        |
| G0545 | Visit complexity inherent to hospital inpatie   | No                  |     |                   | ALL                                        |
| G0546 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0546 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0547 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0547 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0548 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0548 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0549 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0549 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0550 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0550 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0551 | Interprofessional telephone/internet/electr     | Not Covered         |     |                   | ALL (Except MED)                           |
| G0551 | Interprofessional telephone/internet/electr     | No                  |     |                   | MED                                        |
| G0556 | Advanced primary care management servi          | Not Covered         |     |                   | ALL (Except MED)                           |
| G0556 | Advanced primary care management servi          | No                  |     |                   | MED                                        |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                       | Rider Requirement | Product Lines                              |
|-------|------------------------------------------------|---------------------|---------------------------|-------------------|--------------------------------------------|
| G0557 | Advanced primary care management serv          | Not Covered         |                           |                   | ALL (Except MED)                           |
| G0557 | Advanced primary care management serv          | No                  |                           |                   | MED                                        |
| G0558 | Advanced primary care management serv          | Not Covered         |                           |                   | ALL (Except MED)                           |
| G0558 | Advanced primary care management serv          | No                  |                           |                   | MED                                        |
| G0559 | Post-operative follow-up visit complexity in   | No                  |                           |                   | ALL                                        |
| G0560 | Safety planning interventions, each 20 mir     | Not Covered         |                           |                   | ALL (Except MED)                           |
| G0560 | Safety planning interventions, each 20 mir     | No                  |                           |                   | MED                                        |
| G0561 | Tympanostomy with local or topical anesth      | No                  |                           |                   | ALL                                        |
| G0562 | Therapeutic radiology simulation-aided fiel    | No                  |                           |                   | ALL                                        |
| G0563 | Stereotactic body radiation therapy, treatm    | No                  |                           |                   | ALL                                        |
| G0564 | Creation of subcutaneous pocket with inse      | No                  |                           |                   | ALL                                        |
| G0565 | Removal of implantable interstitial glucose    | No                  |                           |                   | ALL                                        |
| G0659 | Drug test(s), definitive, utilizing drug ident | No                  |                           |                   | ALL                                        |
| G0913 | IMPROVEMENT IN VISUAL FUNCTION A               | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G0914 | PATIENT CARE SURVEY WAS NOT CO                 | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G0915 | IMPROVEMENT IN VISUAL FUNCTION N               | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G0916 | SATISFACTION WITH CARE ACHIEVED                | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G0917 | PATIENT SATISFACTION SURVEY WAS                | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G0918 | SATISFACTION WITH CARE NOT ACHIE               | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1001 | Clinical decision support mechanism eviC       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1002 | Clinical decision support mechanism Medd       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1003 | Clinical decision support mechanism Medi       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1004 | Clinical decision support mechanism Natic      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1005 | Clinical decision support mechanism Natic      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1006 | Clinical decision support mechanism Test       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1007 | Clinical decision support mechanism AIM        | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1008 | Clinical decision support mechanism Cran       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1010 | Clinical decision support mechanism Stans      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1011 | Clinical decision support mechanism, quali     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1012 | Clinical decision support mechanism agile      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1013 | Clinical decision support mechanism evid       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1014 | Clinical decision support mechanism inver      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1015 | Clinical decision support mechanism reliar     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1016 | Clinical decision support mechanism spee       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1017 | Clinical decision support mechanism health     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1018 | Clinical decision support mechanism infinx     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1019 | Clinical decision support mechanism logic      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1020 | Clinical decision support mechanism curbs      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1021 | Clinical decision support mechanism ehea       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1022 | Clinical decision support mechanism inter      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1023 | Clinical decision support mechanism persi      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1024 | Clinical decision support mechanism radrit     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1025 | Patient-months where there are more than       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1026 | The number of adult patient-months in the      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1027 | The number of adult patient-months in the      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G1028 | Take-home supply of nasal naloxone;            | Not Covered         |                           |                   | ALL (Except MED, PRICHO, CAID, MMP)        |
| G1028 | Take-home supply of nasal naloxone;            | No                  |                           |                   | MED, PRICHO, CAID, MMP                     |
| G2000 | Blinded administration of convulsive therapy p | Not Covered         |                           |                   | ALL                                        |
| G2001 | Brief (20 minutes) in-home visit for a new p   | Not Covered         |                           |                   | ALL                                        |
| G2002 | Limited (30 minutes) in-home visit for a ne    | Not Covered         |                           |                   | ALL                                        |
| G2003 | Moderate (45 minutes) in-home visit for a i    | Not Covered         |                           |                   | ALL                                        |
| G2004 | Comprehensive (60 minutes) in-home visit       | Not Covered         |                           |                   | ALL                                        |
| G2005 | Extensive (75 minutes) in-home visit for a     | Not Covered         |                           |                   | ALL                                        |
| G2006 | Brief (20 minutes) in-home visit for an exis   | Not Covered         |                           |                   | ALL                                        |
| G2007 | Limited (30 minutes) in-home visit for an e    | Not Covered         |                           |                   | ALL                                        |
| G2008 | Moderate (45 minutes) in-home visit for an     | Not Covered         |                           |                   | ALL                                        |
| G2009 | Comprehensive (60 minutes) in-home visit       | Not Covered         |                           |                   | ALL                                        |
| G2010 | Remote evaluation of recorded video and/or i   | No                  |                           |                   | ALL                                        |
| G2011 | Alcohol and/or substance (other than tobacco   | No                  |                           |                   | ALL                                        |
| G2013 | Extensive (75 minutes) in-home visit for an    | Not Covered         |                           |                   | ALL                                        |
| G2014 | Limited (30 minutes) care plan oversight. F    | Not Covered         |                           |                   | ALL                                        |
| G2015 | Comprehensive (60 mins) home care plan         | Not Covered         |                           |                   | ALL                                        |
| G2020 | Services for high intensity clinical services  | Not Covered         |                           |                   | ALL                                        |
| G2021 | Health care practitioners rendering treatm     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G2022 | A model participant (ambulance supplier/p      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                                        |
| G2025 | Payment for a telehealth distant site servic   | No                  |                           |                   | ALL                                        |
| G2058 | Chronic care management services, each         | No                  |                           |                   | ALL                                        |
| G2082 | Office or other outpatient visit for the evalu | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP, MED, PRICHO, PRIQHP, M |
| G2082 | Office or other outpatient visit for the evalu | No                  |                           |                   | MCWRAP, MED, PRICHO, PRIQHP, MMP           |
| G2083 | Office or other outpatient visit for the evalu | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP, MED, PRICHO, PRIQHP, M |
| G2083 | Office or other outpatient visit for the evalu | No                  |                           |                   | MCWRAP, MED, PRICHO, PRIQHP, MMP           |
| G2086 | Office-based treatment for opioid use diso     | No                  |                           |                   | ALL                                        |
| G2087 | Office-based treatment for opioid use diso     | No                  |                           |                   | ALL                                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines     |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|-------------------|
| G2088 | Office-based treatment for opioid use diso    | No                  |                      |                   | ALL               |
| G2089 | Most recent hemoglobin a1c (hba1c) level      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2090 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2091 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2092 | Angiotensin converting enzyme (ace) inhibi    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2093 | Documentation of medical reason(s) for no     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2094 | Documentation of patient reason(s) for not    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2096 | Angiotensin converting enzyme (ace) inhibi    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2097 | Children with a competing diagnosis for up    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2098 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2099 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2100 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2101 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2104 | Eye imaging validated to match diagnosis      | No                  |                      |                   | ALL (Except CAID) |
| G2104 | Eye imaging validated to match diagnosis      | Not Covered         |                      |                   | CAID              |
| G2105 | Patients age 66 or older in institutional spe | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2106 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2107 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2112 | Patient receiving <=5 mg daily prednisone     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2113 | Patient receiving >5 mg daily prednisone (    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2114 | Patients 66-80 years of age with at least o   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2115 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2116 | Patients 66 years of age and older with at    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2117 | Patients 66-80 years of age with at least o   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2118 | Patients 81 years of age and older with a e   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2119 | Within the past 2 years, calcium and/or vit   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2120 | Within the past 2 years, calcium and/or vit   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2121 | Psychosis, depression, anxiety, apathy, an    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2122 | Psychosis, depression, anxiety, apathy, an    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2123 | Patients 66-80 years of age and had at lea    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2124 | Patients 66-80 years of age and had at lea    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2125 | Patients 81 years of age and older with evi   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2126 | Patients 66 years of age or older and had     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2127 | Patients 66 years of age or older and had     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2128 | Documentation of medical reason(s) for no     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2129 | Procedure-related bp's not taken during ar    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2130 | Patients age 66 or older in institutional spe | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2131 | Patients 81 years and older with a diagnos    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2132 | Patients 66-80 years of age with at least o   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2133 | Patients 66-80 years of age with at least o   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2134 | Patients 66 years of age or older with at le  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2135 | Patients 66 years of age or older with at le  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2136 | Back pain measured by the visual analog s     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2137 | Back pain measured by the visual analog s     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2138 | Back pain as measured by the visual anal      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2139 | Back pain measured by the visual analog s     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2140 | Leg pain measured by the visual analog sc     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2141 | Leg pain measured by the visual analog sc     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2142 | Functional status measured by the oswest      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2143 | Functional status measured by the oswest      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2144 | Functional status measured by the oswest      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2145 | Functional status measured by the oswest      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2146 | Leg pain as measured by the visual analog     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2147 | Leg pain measured by the visual analog sc     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2148 | Performance met: multimodal pain manag        | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2149 | Documentation of medical reason(s) for no     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2150 | Performance not met: multimodal pain ma       | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2151 | Patients with diagnosis of a degenerative r   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2152 | Performance met: the residual change sco      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2153 | In hospice or using hospice services durin    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2154 | Patient received at least one td vaccine or   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2155 | Patient had history of at least one of the fo | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2156 | Patient did not receive at least one td vacc  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2157 | Patients received both the 13-valent pneum    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2158 | Patient had prior pneumococcal vaccine at     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2159 | Patient did not receive both the 13-valent p  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2160 | Patient received at least one dose of the h   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2161 | Patient had prior adverse reaction caused     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2162 | Patient did not receive at least one dose o   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2163 | Patient received an influenza vaccine on o    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| G2164 | Patient had a prior influenza virus vaccine   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |



**Services that require Prior Authorization List**

| Code  | Description                                             | Prior Auth Required | Key                  | Rider Requirement | Product Lines                         |
|-------|---------------------------------------------------------|---------------------|----------------------|-------------------|---------------------------------------|
| G2165 | Patient did not receive an influenza vaccine            | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2166 | Patient refused to participate at admission             | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2167 | Performance not met: the residual change                | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2168 | Services performed by a physical therapist              | No                  |                      |                   | ALL (Except CAID)                     |
| G2168 | Services performed by a physical therapist              | Not Covered         |                      |                   | CAID                                  |
| G2169 | Services performed by an occupational therapist         | No                  |                      |                   | ALL (Except CAID)                     |
| G2169 | Services performed by an occupational therapist         | Not Covered         |                      |                   | CAID                                  |
| G2172 | All inclusive payment for services related to           | No                  |                      |                   | ALL                                   |
| G2173 | Uri episodes where the patient had a complication       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2174 | Uri episodes when the patient had a new condition       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2175 | Episodes where the patient had a competition            | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2176 | Outpatient, ed, or observation visits that require      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2177 | Acute bronchitis/bronchiolitis episodes when            | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2178 | Clinician documented that patient was not               | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2179 | Clinician documented that patient had medication        | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2180 | Clinician documented that patient was not               | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2181 | Bmi not documented due to medical reasons               | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2182 | Patient receiving first-time biologic disease           | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2183 | Documentation patient unable to communicate             | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2184 | Patient does not have a caregiver                       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2185 | Documentation caregiver is trained and certified        | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2186 | Patient /caregiver dyad has been referred               | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2187 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2188 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2189 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2190 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2191 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2192 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2193 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2194 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2195 | Patients with clinical indications for imaging          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2196 | Patient identified as an unhealthy alcohol user         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2197 | Patient screened for unhealthy alcohol use              | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2199 | Patient not screened for unhealthy alcohol use          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2200 | Patient identified as an unhealthy alcohol user         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2202 | Patient did not receive brief counseling if indicated   | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2204 | Patients between 50 and 85 years of age with            | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2205 | Patients with pregnancy during adjuvant treatment       | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2206 | Patient received adjuvant treatment course              | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2207 | Reason for not administering adjuvant treatment         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2208 | Patient did not receive adjuvant treatment              | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2209 | Patient refused to participate                          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2210 | Risk-adjusted functional status change res              | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G2211 | Visit complexity inherent to evaluation and             | No                  |                      |                   | ALL                                   |
| G2212 | Prolonged office or other outpatient evaluation         | No                  |                      |                   | ALL                                   |
| G2213 | Initiation of medication for the treatment of           | No                  |                      |                   | ALL                                   |
| G2214 | Initial or subsequent psychiatric collaboration         | No                  |                      |                   | ALL                                   |
| G2215 | Take-home supply of nasal naloxone (providing)          | Not Covered         |                      |                   | ALL (Except MED, PRICHO, MCWRAP, MMP) |
| G2215 | Take-home supply of nasal naloxone (providing)          | No                  |                      |                   | MED, PRICHO, MCWRAP, MMP              |
| G2216 | Take-home supply of injectable naloxone (providing)     | Not Covered         |                      |                   | ALL (Except MED, PRICHO, MCWRAP, MMP) |
| G2216 | Take-home supply of injectable naloxone (providing)     | No                  |                      |                   | MED, PRICHO, MCWRAP, MMP              |
| G2250 | Remote assessment of recorded video and                 | No                  |                      |                   | ALL                                   |
| G2251 | Brief communication technology-based services           | No                  |                      |                   | ALL                                   |
| G2252 | Brief communication technology-based services           | No                  |                      |                   | ALL                                   |
| G3002 | Chronic pain management and treatment,                  | No                  |                      |                   | ALL                                   |
| G3003 | Each additional 15 minutes of chronic pain              | No                  |                      |                   | ALL                                   |
| G4000 | Dermatology mips specialty set                          | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4001 | Diagnostic radiology mips specialty set                 | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4002 | Electrophysiology cardiac specialist mips specialty set | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4003 | Emergency medicine mips specialty set                   | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4004 | Endocrinology mips specialty set                        | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4005 | Family medicine mips specialty set                      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4006 | Gastro-enterology mips specialty set                    | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4007 | General surgery mips specialty set                      | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4008 | Geriatrics mips specialty set                           | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4009 | Hospitalists mips specialty set                         | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4010 | Infectious disease mips specialty set                   | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4011 | Internal medicine mips specialty set                    | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4012 | Interventional radiology mips specialty set             | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4013 | Mental/behavioral health mips specialty set             | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4014 | Nephrology mips specialty set                           | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |
| G4015 | Neurology mips specialty set                            | Not Covered         | <a href="#">INFO</a> |                   | ALL                                   |

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| Code  | Description                                    | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G4016 | Neurosurgical mips specialty set               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4017 | Nutrition/dietician mips specialty set         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4018 | Obstetrics/gynecology mips specialty set       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4019 | Oncology/hematology mips specialty set         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4020 | Ophthalmology mips specialty set               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4021 | Orthopedic surgery mips specialty set          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4022 | Otolaryngology mips specialty set              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4023 | Pathology mips specialty set                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4024 | Pediatrics mips specialty set                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4025 | Physical medicine mips specialty set           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4026 | Physical therapy/occupational therapy mip      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4027 | Plastic surgery mips specialty set             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4028 | Podiatry mips specialty set                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4029 | Preventive medicine mips specialty set         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4030 | Pulmonology mips specialty set                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4031 | Radiation oncology mips specialty set          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4032 | Rheumatology mips specialty set                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4033 | Skilled nursing facility mips specialty set    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4034 | Speech language pathology mips specialt        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4035 | Thoracic surgery mips specialty set            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4036 | Urgent care mips specialty set                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4037 | Urology mips specialty set                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G4038 | Vascular surgery mips specialty set            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G6001 | Ultrasonic guidance for placement of radi      | No                  |                      |                   | ALL           |
| G6002 | Stereoscopic x-ray guidance for localizati     | No                  |                      |                   | ALL           |
| G6003 | Radiation treatment delivery, single treatm    | No                  |                      |                   | ALL           |
| G6004 | Radiation treatment delivery, single treatm    | No                  |                      |                   | ALL           |
| G6005 | Radiation treatment delivery, single treatm    | No                  |                      |                   | ALL           |
| G6006 | Radiation treatment delivery, single treatm    | No                  |                      |                   | ALL           |
| G6007 | Radiation treatment delivery, 2 separate tr    | No                  |                      |                   | ALL           |
| G6008 | Radiation treatment delivery, 2 separate tr    | No                  |                      |                   | ALL           |
| G6009 | Radiation treatment delivery, 2 separate tr    | No                  |                      |                   | ALL           |
| G6010 | Radiation treatment delivery, 2 separate tr    | No                  |                      |                   | ALL           |
| G6011 | Radiation treatment delivery,3 or more sep     | No                  |                      |                   | ALL           |
| G6012 | Radiation treatment delivery,3 or more sep     | No                  |                      |                   | ALL           |
| G6013 | Radiation treatment delivery,3 or more sep     | No                  |                      |                   | ALL           |
| G6014 | Radiation treatment delivery,3 or more sep     | No                  |                      |                   | ALL           |
| G6015 | Intensity modulated treatment delivery, sin    | No                  |                      |                   | ALL           |
| G6016 | Compensator-based beam modulation treat        | No                  |                      |                   | ALL           |
| G6017 | Intra-fraction localization and tracking of ta | No                  |                      |                   | ALL           |
| G6017 | Intra-fraction localization and tracking of ta | Not Covered         |                      |                   | CAID          |
| G6020 | Colonoscopy through stoma; with transend       | No                  |                      |                   | ALL           |
| G8395 | LEFT VENTRICULAR EJECTION FRACT                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8396 | LEFT VENTRICULAR EJECTION FRACT                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8397 | DILATED MACULAR OR FUNDUS EXAM                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8398 | DILATED MACULAR OR FUNDUS EXAM                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8399 | PATIENT WITH CENTRAL DUAL-ENERG                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8400 | PATIENT WITH CENTRAL DUAL-ENERG                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8404 | LOWER EXTREMITY NEUROLOGICAL E                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8405 | LOWER EXTREMITY NEUROLOGICAL E                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8410 | FOOTWEAR EVALUATION PERFORME                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8415 | FOOTWEAR EVALUATION WAS NOT PI                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8416 | CLINICIAN DOCUMENTED THAT PATIE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8417 | BMI >= 30 WAS CALCULATED AND A FO              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8418 | BMI < 22 WAS CALCULATED AND A FO               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8419 | BMI >= 30 OR < 22 WAS CALCULATED,              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8420 | BMI < 30 AND >= 22 WAS CALCULATED              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8421 | BMI NOT CALCULATED                             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8427 | LIST OF CURRENT MEDICATIONS (INC               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8428 | CURRENT MEDICATIONS (INCLUDES P                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8430 | DOCUMENTATION THAT PATIENT IS N                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8431 | DOCUMENTATION OF CLINICAL DEPRE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8432 | NO DOCUMENTATION OF CLINICAL DE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8433 | PATIENT NOT ELIGIBLE/NOT APPROPF               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8442 | DOCUMENTATION THAT PATIENT IS N                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8450 | BETA-BLOCKER THERAPY PRESCRIBE                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8451 | CLINICIAN DOCUMENTED PATIENT WI                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8452 | BETA-BLOCKER THERAPY NOT PRESC                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8465 | HIGH RISK OF RECURRENCE OF PROS                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8473 | ANGIOTENSIN CONVERTING ENZYME                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8474 | ANGIOTENSIN CONVERTING ENZYME                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8475 | ANGIOTENSIN CONVERTING ENZYME                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                        | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|------------------------------------|---------------------|----------------------|-------------------|---------------|
| G8476 | MOST RECENT BLOOD PRESSURE HA      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8477 | MOST RECENT BLOOD PRESSURE HA      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8478 | BLOOD PRESSURE MEASUREMENT N       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8509 | DOCUMENTATION OF PAIN ASSESSME     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8510 | NEGATIVE SCREEN FOR CLINICAL DE    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8511 | SCREEN FOR CLINICAL DEPRESSION     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8535 | NO DOCUMENTATION OF AN ELDER M     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8536 | NO DOCUMENTATION OF AN ELDER M     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8539 | DOCUMENTATION OF A CURRENT FUN     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8540 | DOCUMENTATION THAT THE PATIENT     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8541 | NO DOCUMENTATION OF A CURRENT      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8542 | DOCUMENTATION OF A CURRENT FUN     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8543 | DOCUMENTATION OF A CURRENT FUN     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8559 | PATIENT REFERRED TO A PHYSICIAN    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8560 | PATIENT HAS A HISTORY OF ACTIVE D  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8561 | PATIENT IS NOT ELIGIBLE FOR THE RE | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8562 | PATIENT DOES NOT HAVE A HISTORY    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8563 | PATIENT NOT REFERRED TO A PHYSIC   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8564 | PATIENT WAS REFERRED TO A PHYSI    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8565 | VERIFICATION AND DOCUMENTATION     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8566 | PATIENT IS NOT ELIGIBLE FOR THE "R | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8567 | PATIENT DOES NOT HAVE VERIFICATI   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8568 | PATIENT WAS NOT REFERRED TO A P    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8569 | PROLONGED INTUBATION (>24 HRS) R   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8570 | PROLONGED INTUBATION (>24 HRS) N   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8571 | DEVELOPMENT OF DEEP STERNAL W      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8572 | NO DEEP STERNAL WOUND INFECTIO     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8573 | STROKE/CBA FOLLOWING ISOLATED C    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8574 | NO STROKE/CVA FOLLOWING ISOLATI    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8575 | DEVELOPED POSTOPERATIVE RENAL      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8576 | NO POSTOPERATIVE RENAL INSUFFIC    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8577 | REOPERATION REQUIRED DUE TO BL     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8578 | REOPERATION NOT REQUIRED DUE T     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8598 | ASPIRIN OR ANOTHER ANTITHROMBO     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8599 | ASPIRIN OR ANOTHER ANTITHROMBO     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8600 | IV T-PA INITIATED WITHIN THREE HOU | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8601 | IV T-PA NOT INITIATED WITHIN THREE | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8602 | IV T-PA NOT INITIATED WITHIN THREE | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8627 | SURGICAL PROCEDURE PERFORMED       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8628 | SURGICAL PROCEDURE NOT PERFOR      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8633 | PHARMACOLOGIC THERAPY (OTHER T     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8635 | PHARMACOLOGIC THERAPY FOR OST      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8647 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8648 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8650 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8651 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8652 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8654 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8655 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8656 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8658 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8659 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8660 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8661 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8662 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8663 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8664 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8666 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8667 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8668 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8670 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8671 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8672 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8674 | RISK-ADJUSTED FUNCTIONAL STATUS    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8694 | LEFT VENTRIUCULAR EJECTION FRAC    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8708 | PATIENT NOT PRESCRIBED OR DISPE    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8709 | PATIENT PRESCRIBED OR DISPENSED    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8710 | PATIENT PRESCRIBED OR DISPENSED    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8711 | PRESCRIBED OR DISPENSED ANTIBIO    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8712 | ANTIBIOTIC NOT PRESCRIBED OR DIS   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8721 | PT CATEGORY (PRIMARY TUMOR), PN    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8722 | MEDICAL REASON(S) DOCUMENTED F     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8723 | SPECIMEN SITE IS OTHER THAN ANAT   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G8724 | PT CATEGORY, PN CATEGORY AND HI              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8730 | PAIN ASSESSMENT DOCUMENTED AS                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8731 | PAIN ASSESSMENT DOCUMENTED AS                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8732 | NO DOCUMENTATION OF PAIN ASSES               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8733 | DOCUMENTATION OF A POSITIVE ELD              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8734 | ELDER MALTREATMENT SCREEN DOC                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8735 | ELDER MALTREATMENT SCREEN DOC                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8749 | ABSENCE OF SIGNS OF MELANOMA (C              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8752 | MOST RECENT SYSTOLIC BLOOD PRE               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8753 | MOST RECENT SYSTOLIC BLOOD PRE               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8754 | MOST RECENT DIASTOLIC BLOOD PRE              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8755 | MOST RECENT DIASTOLIC BLOOD PRE              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8756 | NO DOCUMENTATION OF BLOOD PRE                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8783 | BLOOD PRESSURE SCREENING PERF                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8785 | BLOOD PRESSURE SCREENING NOT F               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8797 | SPECIMEN SITE OTHER THAN ANATON              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8798 | SPECIMEN SITE OTHER THAN ANATON              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8806 | PERFORMANCE OF TRANS-ABDOMINA                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8807 | TRANS-ABDOMINAL OR TRANS-VAGIN               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8808 | PERFORMANCE OF TRANS-ABDOMINA                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8809 | RH-IMMUNOGLOBULIN (RHOGAM) ORD               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8810 | R-IMMUNOGLOBULIN (RHOGAM) NOT (              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8811 | DOCUMENTATION RH-IMMUNOGLOBU                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8815 | STATIN THERAPY NOT PRESCRIBED F              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8816 | STATIN MEDICATION PRESCRIBED AT              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8817 | STATIN THERAPY NOT PRESCRIBED A              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8826 | PATIENT DISCHARGE TO HOME NO LA              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8833 | PATIENT NOT DISCHARGE TO HOME B              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8834 | PATIENT DISCHARGED TO HOME NO L              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8838 | PATIENT NOT DISCHARGED TO HOME               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8839 | SLEEP APNEA SYMPTOMS ASSESSED                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8840 | DOCUMENTATION OF REASON(S) FOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8841 | SLEEP APNEA SYMPTOMS NOT ASSES               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8842 | APNEA HYPOPNEA INDEX (AHI) OR RE             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8843 | DOCUMENTATION OF REASON(S) FOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8844 | APNEA HYPOPNA INDEX (AHI) OR RES             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8845 | POSITIVE AIRWAY PRESSURE THERAF              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8846 | MODERATE OR SEVERE OBSTRUCTIV                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8849 | DOCUMENTATION OF REASON(S) FOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8850 | POSITIVE AIRWAY PRESSURE THERAF              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8851 | OBJECTIVE MEASUREMENT OF ADHEI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8852 | POSITIVE AIRWAY PRESSURE THERAF              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8854 | DOCUMENTATION OF REASON(S) FOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8855 | OBJECTIVE MEASUREMENT OF ADHEI               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8856 | REFERRAL TO A PHYSICIAN FOR AN O             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8857 | PATIENT IS NOT ELIGIBLE FOR THE RE           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8858 | REFERRAL TO A PHYSICIAN FOR AN O             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8863 | PATIENTS NOT ASSESSED FOR RISK (             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8864 | PNEUMOCOCCAL VACCINE ADMINISTE               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8865 | DOCUMENTATION OF MEDICAL REASC               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8866 | DOCUMENTATION OF PATIENT REASC               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8867 | PNEUMOCOCCAL VACCINE NOT ADMINI              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8869 | PATIENT HAS DOCUMENTED IMMUNIT               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8872 | EXCISED TISSUE EVALUATED BY IMAQ             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8873 | PATIENTS WITH NEEDLE LOCALIZATIO             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8874 | EXCISED TISSUE NOT EVALUATED BY              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8875 | CLINICIAN DIAGNOSED BREAST CANC              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8876 | DOCUMENTATION OF REASON(S) FOR               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8877 | CLINICIAN DID NOT ATTEMPT TO ACHI            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8878 | SENTINEL LYMPH NODE BIOPSY PROC              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8880 | DOCUMENTATION OF REASON(S) SEN               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8881 | STAGE OF BREAST CANCER IS GREAT              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8882 | SENTINEL LYMPH NODE BIOPSY PROC              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8907 | Patient documented not to have experi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8908 | Patient documented to have received a bu     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8909 | Patient documented not to have received a    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8910 | Patient documented to have experienced a     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8911 | Patient documented not to have experi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8912 | Patient documented to have experienced a     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8913 | Patient documented not to have experi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8914 | Patient documented to have experienced a     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8915 | Patient documented not to have experi        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8916 | Patient with preoperative order for IV antib | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8917 | Patient with preoperative order for IV antib | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8918 | Patient without preoperative order for IV ar | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                                         | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|---------------------------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G8923 | Left ventricular ejection fraction (lvef) < 40%                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8924 | Spirometry test results demonstrate fev1/fvc < 80%                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8934 | Left ventricular ejection fraction (lvef) <40%                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8935 | Clinician prescribed angiotensin converting enzyme inhibitor        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8936 | Clinician documented that patient was not on ACE inhibitor          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8937 | Clinician did not prescribe angiotensin converting enzyme inhibitor | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8939 | Pain assessment documented, follow-up plan documented               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8942 | Documented functional outcomes assessment                           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8944 | Ajcc melanoma cancer stage 0 through iic                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8946 | Minimally invasive biopsy method attempted                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8950 | Pre-hypertensive or hypertensive blood pressure                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8952 | Pre-hypertensive or hypertensive blood pressure                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8954 | Complete and appropriate patient data were obtained                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8955 | Most recent assessment of adequacy of volume management             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8956 | Patient receiving maintenance hemodialysis                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8958 | Assessment of adequacy of volume management                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8959 | Clinician treating major depressive disorder                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8960 | Clinician treating major depressive disorder                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8961 | Cardiac stress imaging test primarily performed                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8962 | Cardiac stress imaging test performed on                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8967 | Warfarin or another oral anticoagulant therapy                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8968 | Documentation of medical reason(s) for not on warfarin              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8969 | Documentation of patient reason(s) for not on warfarin              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8970 | No risk factors or one moderate risk factor                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8974 | Hemoglobin level measurement not documented                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8975 | Documentation of medical reason(s) for patient not on warfarin      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G8976 | Most recent hemoglobin (hgb) level >= 10 g/dl                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9001 | COORDINATED CARE FEE, INITIAL RATIONALE                             | No                  |                      |                   | ALL           |
| G9002 | COORDINATED CARE FEE, MAINTENANCE RATIONALE                         | No                  |                      |                   | ALL           |
| G9003 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9004 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9005 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9006 | COORDINATED CARE FEE, HOME MONITORING                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9007 | COORDINATED CARE FEE, SCHEDULED VISITS                              | No                  |                      |                   | ALL           |
| G9008 | COORDINATED CARE FEE, PHYSICIAN VISITS                              | No                  |                      |                   | ALL           |
| G9009 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9010 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9011 | COORDINATED CARE FEE, RISK ADJUSTMENT                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9012 | OTHER SPECIFIED CASE MANAGEMENT                                     | No                  |                      |                   | ALL           |
| G9013 | ESRD DEMO BASIC BUNDLE LEVEL I                                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9014 | ESRD DEMO EXPANDED BUNDLE INCLUSIVE                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9016 | SMOKING CESSATION COUNSELING, INITIAL                               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9050 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9051 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9052 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9053 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9054 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9055 | ONCOLOGY; PRIMARY FOCUS OF VISIT                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9056 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9057 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9058 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9059 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9060 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9061 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9062 | ONCOLOGY; PRACTICE GUIDELINES; NCCN                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9063 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9064 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9065 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9066 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9067 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9068 | ONCOLOGY; DISEASE STATUS; LIMITED                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9069 | ONCOLOGY; DISEASE STATUS; SMALL                                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9070 | ONCOLOGY; DISEASE STATUS; SMALL                                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9071 | ONCOLOGY; DISEASE STATUS; INVASIVE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9072 | ONCOLOGY; DISEASE STATUS; INVASIVE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9073 | ONCOLOGY; DISEASE STATUS; INVASIVE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9074 | ONCOLOGY; DISEASE STATUS; INVASIVE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9075 | ONCOLOGY; DISEASE STATUS; INVASIVE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9077 | ONCOLOGY; DISEASE STATUS; PROSTATE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9078 | ONCOLOGY; DISEASE STATUS; PROSTATE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9079 | ONCOLOGY; DISEASE STATUS; PROSTATE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9080 | ONCOLOGY; DISEASE STATUS; PROSTATE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9083 | ONCOLOGY; DISEASE STATUS; PROSTATE                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines               |
|-------|----------------------------------------------|---------------------|----------------------|-------------------|-----------------------------|
| G9084 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9085 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9086 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9087 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9088 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9089 | ONCOLOGY; DISEASE STATUS; COLON              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9090 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9091 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9092 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9093 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9094 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9095 | ONCOLOGY; DISEASE STATUS; RECTA              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9096 | ONCOLOGY; DISEASE STATUS; ESOPH              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9097 | ONCOLOGY; DISEASE STATUS; ESOPH              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9098 | ONCOLOGY; DISEASE STATUS; ESOPH              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9099 | ONCOLOGY; DISEASE STATUS; ESOPH              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9100 | ONCOLOGY; DISEASE STATUS; GASTR              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9101 | ONCOLOGY; DISEASE STATUS; GASTR              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9102 | ONCOLOGY; DISEASE STATUS; GASTR              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9103 | ONCOLOGY; DISEASE STATUS; GASTR              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9104 | ONCOLOGY; DISEASE STATUS; GASTR              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9105 | ONCOLOGY; DISEASE STATUS; PANCF              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9106 | ONCOLOGY; DISEASE STATUS; PANCF              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9107 | ONCOLOGY; DISEASE STATUS; PANCF              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9108 | ONCOLOGY; DISEASE STATUS; PANCF              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9109 | ONCOLOGY; DISEASE STATUS; HEAD               | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9110 | ONCOLOGY; DISEASE STATUS; HEAD               | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9111 | ONCOLOGY; DISEASE STATUS; HEAD               | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9112 | ONCOLOGY; DISEASE STATUS; HEAD               | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9113 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9114 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9115 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9116 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9117 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9123 | ONCOLOGY; DISEASE STATUS; NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9124 | ONCOLOGY; DISEASE STATUS; NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9125 | ONCOLOGY; DISEASE STATUS; NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9126 | ONCOLOGY; DISEASE STATUS; OVARI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9128 | ONCOLOGY; DISEASE STATUS; LIMITE             | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9129 | ONCOLOGY; DISEASE STATUS; CHROI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9130 | ONCOLOGY; DISEASE STATUS; LIMITE             | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9131 | ONCOLOGY; DISEASE STATUS: INVAS              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9132 | ONCOLOGY; DISEASE STATUS: PROST              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9133 | ONCOLOGY; DISEASE STATUS: PROST              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9134 | ONCOLOGY; DISEASE STATUS: NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9135 | ONCOLOGY; DISEASE STATUS: NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9136 | ONCOLOGY; DISEASE STATUS: NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9137 | ONCOLOGY; DISEASE STATUS: NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9138 | ONCOLOGY; DISEASE STATUS: NON-H              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9139 | ONCOLOGY; DISEASE STATUS: CHROI              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9140 | FRONTIER EXTENDED STAY CLINIC DE             | Not Covered         |                      |                   | ALL                         |
| G9143 | Warfarin responsiveness testing by genet     | Yes                 |                      |                   | ALL (Except McWRAP, PRICHO) |
| G9147 | Outpatient Intravenous Insulin Treatment (   | Not Covered         |                      |                   | ALL                         |
| G9148 | Medical Home Level I                         | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9149 | Medical Home Level II                        | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9150 | Medical Home Level III                       | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9151 | MAPCP demo State                             | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9152 | MAPCP demo community                         | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9153 | MAPCP demo physician                         | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9156 | EVALUATION FOR WHEELCHAIR REQU               | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| G9157 | TRANSESOPHAGEAL DOPPLER USED                 | No                  |                      |                   | ALL                         |
| G9157 | Transesophageal Doppler used with cardia     | Not Covered         |                      |                   | CAID                        |
| G9187 | BUNDLED PAYMENT FOR CARE IMPRC               | Not Covered         |                      |                   | HAP, AHL, FED, UAW, QHP     |
| G9187 | BUNDLED PAYMENT FOR CARE IMPRC               | No                  |                      |                   | MED                         |
| G9188 | Beta-blocker therapy not prescribed, reasc   | Not Covered         |                      |                   | ALL                         |
| G9189 | Beta-blocker therapy prescribed or current   | Not Covered         |                      |                   | ALL                         |
| G9190 | Documentation of medical reason(s) for no    | Not Covered         |                      |                   | ALL                         |
| G9191 | Documentation of patient reason(s) for not   | Not Covered         |                      |                   | ALL                         |
| G9212 | Dsm-ivtm criteria for major depressive disc  | Not Covered         |                      |                   | ALL                         |
| G9213 | Dsm-iv-tr criteria for major depressive disc | Not Covered         |                      |                   | ALL                         |
| G9223 | Pneumocystis jiroveci pneumonia prophyla     | Not Covered         |                      |                   | ALL                         |
| G9225 | Foot exam was not performed, reason not      | Not Covered         |                      |                   | ALL                         |
| G9226 | Foot examination performed (includes exa     | Not Covered         |                      |                   | ALL                         |
| G9227 | Functional outcome assessment documen        | Not Covered         |                      |                   | ALL                         |
| G9228 | Chlamydia, gonorrhoea and syphilis screen    | Not Covered         |                      |                   | ALL                         |
| G9230 | Chlamydia, gonorrhoea, and syphilis not sci  | Not Covered         |                      |                   | ALL                         |

| Services that require Prior Authorization List |                                                        |                     |     |                   |               |
|------------------------------------------------|--------------------------------------------------------|---------------------|-----|-------------------|---------------|
| Code                                           | Description                                            | Prior Auth Required | Key | Rider Requirement | Product Lines |
| G9231                                          | Documentation of end stage renal disease               | Not Covered         |     |                   | ALL           |
| G9232                                          | Clinician treating major depressive disorder           | Not Covered         |     |                   | ALL           |
| G9239                                          | Documentation of reasons for patient initiation        | Not Covered         |     |                   | ALL           |
| G9240                                          | Patient whose mode of vascular access is               | Not Covered         |     |                   | ALL           |
| G9241                                          | Patient whose mode of vascular access is               | Not Covered         |     |                   | ALL           |
| G9242                                          | Documentation of viral load equal to or greater        | Not Covered         |     |                   | ALL           |
| G9243                                          | Documentation of viral load less than 200              | Not Covered         |     |                   | ALL           |
| G9246                                          | Patient did not have at least one medical visit        | Not Covered         |     |                   | ALL           |
| G9247                                          | Patient had at least one medical visit in ea           | Not Covered         |     |                   | ALL           |
| G9254                                          | Documentation of patient discharged to home            | Not Covered         |     |                   | ALL           |
| G9255                                          | Documentation of patient discharged to home            | Not Covered         |     |                   | ALL           |
| G9256                                          | Documentation of patient death following cardiac       | Not Covered         |     |                   | ALL           |
| G9257                                          | Documentation of patient stroke following              | Not Covered         |     |                   | ALL           |
| G9258                                          | Documentation of patient stroke following              | Not Covered         |     |                   | ALL           |
| G9259                                          | Documentation of patient survival and absence          | Not Covered         |     |                   | ALL           |
| G9260                                          | Documentation of patient death following cardiac       | Not Covered         |     |                   | ALL           |
| G9261                                          | Documentation of patient survival and absence          | Not Covered         |     |                   | ALL           |
| G9262                                          | Documentation of patient death in the hospital         | Not Covered         |     |                   | ALL           |
| G9263                                          | Documentation of patient survival in the hospital      | Not Covered         |     |                   | ALL           |
| G9264                                          | Documentation of patient receiving maintenance         | Not Covered         |     |                   | ALL           |
| G9265                                          | Patient receiving maintenance hemodialysis             | Not Covered         |     |                   | ALL           |
| G9266                                          | Patient receiving maintenance hemodialysis             | Not Covered         |     |                   | ALL           |
| G9273                                          | Blood pressure has a systolic value of < 14            | Not Covered         |     |                   | ALL           |
| G9274                                          | Blood pressure has a systolic value of =14             | Not Covered         |     |                   | ALL           |
| G9275                                          | Documentation that patient is a current non            | Not Covered         |     |                   | ALL           |
| G9276                                          | Documentation that patient is a current tobacco        | Not Covered         |     |                   | ALL           |
| G9277                                          | Documentation that the patient is on daily             | Not Covered         |     |                   | ALL           |
| G9278                                          | Documentation that the patient is not on daily         | Not Covered         |     |                   | ALL           |
| G9279                                          | Pneumococcal screening performed and documented        | Not Covered         |     |                   | ALL           |
| G9280                                          | Pneumococcal vaccination not administered              | Not Covered         |     |                   | ALL           |
| G9281                                          | Screening performed and documentation t                | Not Covered         |     |                   | ALL           |
| G9282                                          | Documentation of medical reason(s) for non             | Not Covered         |     |                   | ALL           |
| G9283                                          | Non small cell lung cancer biopsy and cytology         | Not Covered         |     |                   | ALL           |
| G9284                                          | Non small cell lung cancer biopsy and cytology         | Not Covered         |     |                   | ALL           |
| G9285                                          | Specimen site other than anatomic location             | Not Covered         |     |                   | ALL           |
| G9286                                          | Documentation of antibiotic regimen prescribed         | Not Covered         |     |                   | ALL           |
| G9287                                          | No antibiotic regimen prescribed within 7 days         | Not Covered         |     |                   | ALL           |
| G9288                                          | Documentation of medical reason(s) for non             | Not Covered         |     |                   | ALL           |
| G9289                                          | Non small cell lung cancer biopsy and cytology         | Not Covered         |     |                   | ALL           |
| G9290                                          | Non small cell lung cancer biopsy and cytology         | Not Covered         |     |                   | ALL           |
| G9291                                          | Specimen site other than anatomic location             | Not Covered         |     |                   | ALL           |
| G9292                                          | Documentation of medical reason(s) for non             | Not Covered         |     |                   | ALL           |
| G9293                                          | Pathology report does not include the patient category | Not Covered         |     |                   | ALL           |
| G9294                                          | Pathology report includes the patient category a       | Not Covered         |     |                   | ALL           |
| G9295                                          | Specimen site other than anatomic cutaneous            | Not Covered         |     |                   | ALL           |
| G9296                                          | Patients with documented shared decision               | Not Covered         |     |                   | ALL           |
| G9297                                          | Shared decision-making including discussion            | Not Covered         |     |                   | ALL           |
| G9298                                          | Patients who are evaluated for venous thrombosis       | Not Covered         |     |                   | ALL           |
| G9299                                          | Patients who are not evaluated for venous thrombosis   | Not Covered         |     |                   | ALL           |
| G9300                                          | Documentation of medical reason(s) for non             | Not Covered         |     |                   | ALL           |
| G9301                                          | Patients who had the prophylactic antibiotic           | Not Covered         |     |                   | ALL           |
| G9302                                          | Prophylactic antibiotic not completely infused         | Not Covered         |     |                   | ALL           |
| G9303                                          | Operative report does not identify the prosthetic      | Not Covered         |     |                   | ALL           |
| G9304                                          | Operative report identifies the prosthetic in          | Not Covered         |     |                   | ALL           |
| G9305                                          | Intervention for presence of leak of endoleak          | Not Covered         |     |                   | ALL           |
| G9306                                          | Intervention for presence of leak of endoleak          | Not Covered         |     |                   | ALL           |
| G9307                                          | No return to the operating room for a surgical         | Not Covered         |     |                   | ALL           |
| G9308                                          | Unplanned return to the operating room for             | Not Covered         |     |                   | ALL           |
| G9309                                          | No unplanned hospital readmission within               | Not Covered         |     |                   | ALL           |
| G9310                                          | Unplanned hospital readmission within 30               | Not Covered         |     |                   | ALL           |
| G9311                                          | No surgical site infection                             | Not Covered         |     |                   | ALL           |
| G9312                                          | Surgical site infection                                | Not Covered         |     |                   | ALL           |
| G9313                                          | Amoxicillin, with or without clavulanate, no           | Not Covered         |     |                   | ALL           |
| G9314                                          | Amoxicillin, with or without clavulanate, no           | Not Covered         |     |                   | ALL           |
| G9315                                          | Documentation amoxicillin, with or without             | Not Covered         |     |                   | ALL           |
| G9316                                          | Documentation of patient-specific risk assessment      | Not Covered         |     |                   | ALL           |
| G9317                                          | Documentation of patient-specific risk assessment      | Not Covered         |     |                   | ALL           |
| G9318                                          | Imaging study named according to standard              | Not Covered         |     |                   | ALL           |
| G9319                                          | Imaging study not named according to standard          | Not Covered         |     |                   | ALL           |
| G9321                                          | Count of previous ct (any type of ct) and cardiac      | Not Covered         |     |                   | ALL           |
| G9322                                          | Count of previous ct and cardiac nuclear medicine      | Not Covered         |     |                   | ALL           |
| G9326                                          | Ct studies performed not reported to a radiologist     | Not Covered         |     |                   | ALL           |
| G9327                                          | Ct studies performed reported to a radiologist         | Not Covered         |     |                   | ALL           |
| G9329                                          | Dicom format image data available to non-              | Not Covered         |     |                   | ALL           |
| G9340                                          | Final report documented that dicom format              | Not Covered         |     |                   | ALL           |
| G9341                                          | Search conducted for prior patient ct imaging          | Not Covered         |     |                   | ALL           |
| G9342                                          | Search conducted for prior patient imaging             | Not Covered         |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key  | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|------|-------------------|---------------|
| G9344 | Search for prior patient completed dicom f    | Not Covered         |      |                   | ALL           |
| G9345 | Follow-up recommendations according to        | Not Covered         |      |                   | ALL           |
| G9347 | Follow-up recommendations according to        | Not Covered         |      |                   | ALL           |
| G9351 | More than one ct scan of the paranasal sir    | Not Covered         |      |                   | ALL           |
| G9352 | More than one ct scan of the paranasal sir    | Not Covered         |      |                   | ALL           |
| G9353 | More than one ct scan of the paranasal sir    | Not Covered         |      |                   | ALL           |
| G9354 | More than one ct scan of the paranasal sir    | Not Covered         |      |                   | ALL           |
| G9355 | Elective delivery or early induction not perf | Not Covered         |      |                   | ALL           |
| G9356 | Elective delivery or early induction perform  | Not Covered         |      |                   | ALL           |
| G9357 | Post-partum screenings, evaluations and e     | Not Covered         |      |                   | ALL           |
| G9358 | Post-partum screenings, evaluations and e     | Not Covered         |      |                   | ALL           |
| G9361 | Medical indication for induction (document    | Not Covered         | INFO |                   | ALL           |
| G9364 | Sinusitis caused by, or presumed to be ca     | Not Covered         |      |                   | ALL           |
| G9365 | One high-risk medication ordered              | Not Covered         |      |                   | ALL           |
| G9366 | One high-risk medication not ordered          | Not Covered         |      |                   | ALL           |
| G9367 | At least two different high-risk medications  | Not Covered         |      |                   | ALL           |
| G9368 | At least two different high-risk medications  | Not Covered         |      |                   | ALL           |
| G9380 | Patient offered assistance with end of life i | Not Covered         |      |                   | ALL           |
| G9382 | Patient not offered assistance with end of l  | Not Covered         |      |                   | ALL           |
| G9383 | Patient received screening for hcv infectio   | Not Covered         |      |                   | ALL           |
| G9384 | Documentation of medical reason(s) for nd     | Not Covered         |      |                   | ALL           |
| G9385 | Documentation of patient reason(s) for not    | Not Covered         |      |                   | ALL           |
| G9386 | Screening for hcv infection not received wi   | Not Covered         |      |                   | ALL           |
| G9389 | Unplanned rupture of the posterior capsule    | Not Covered         |      |                   | ALL           |
| G9390 | No unplanned rupture of the posterior caps    | Not Covered         |      |                   | ALL           |
| G9393 | Patient with an initial phq-9 score greater t | Not Covered         |      |                   | ALL           |
| G9394 | Patient who had a diagnosis of bipolar disc   | Not Covered         |      |                   | ALL           |
| G9395 | Patient with an initial phq-9 score greater t | Not Covered         |      |                   | ALL           |
| G9396 | Patient with an initial phq-9 score greater t | Not Covered         |      |                   | ALL           |
| G9402 | Patient received follow-up on the date of d   | Not Covered         |      |                   | ALL           |
| G9408 | Patients with cardiac tamponade and/or pe     | Not Covered         |      |                   | ALL           |
| G9409 | Patients without cardiac tamponade and/o      | Not Covered         |      |                   | ALL           |
| G9410 | Patient admitted within 180 days, status pe   | Not Covered         |      |                   | ALL           |
| G9411 | Patient not admitted within 180 days, statu   | Not Covered         |      |                   | ALL           |
| G9412 | Patient admitted within 180 days, status pe   | Not Covered         |      |                   | ALL           |
| G9413 | Patient not admitted within 180 days, statu   | Not Covered         |      |                   | ALL           |
| G9414 | Patient had one dose of meningococcal va      | Not Covered         |      |                   | ALL           |
| G9415 | Patient did not have one dose of meningoc     | Not Covered         |      |                   | ALL           |
| G9416 | Patient had one tetanus, diphtheria toxoids   | Not Covered         |      |                   | ALL           |
| G9417 | Patient did not have one tetanus, diphtheri   | Not Covered         |      |                   | ALL           |
| G9418 | Primary non-small cell lung cancer biopsy     | Not Covered         |      |                   | ALL           |
| G9419 | Documentation of medical reason(s) for nd     | Not Covered         |      |                   | ALL           |
| G9420 | Specimen site other than anatomic locatio     | Not Covered         |      |                   | ALL           |
| G9421 | Primary non-small cell lung cancer biopsy     | Not Covered         |      |                   | ALL           |
| G9422 | Non-small cell lung cancer biopsy and cyt     | Not Covered         |      |                   | ALL           |
| G9423 | Documentation of medical reason(s) for nd     | Not Covered         |      |                   | ALL           |
| G9424 | Specimen site other than anatomic locatio     | Not Covered         |      |                   | ALL           |
| G9425 | Non small cell lung cancer biopsy and cyt     | Not Covered         |      |                   | ALL           |
| G9426 | Improvement in median time from ed arriv      | Not Covered         |      |                   | ALL           |
| G9427 | Improvement in median time from ed arriv      | Not Covered         |      |                   | ALL           |
| G9428 | Pathology report includes the pt category     | Not Covered         |      |                   | ALL           |
| G9429 | Documentation of medical reason(s) for nd     | Not Covered         |      |                   | ALL           |
| G9430 | Specimen site other than anatomic cutane      | Not Covered         |      |                   | ALL           |
| G9431 | Pathology report does not include the pt ca   | Not Covered         |      |                   | ALL           |
| G9432 | Asthma well-controlled based on the act, d    | Not Covered         |      |                   | ALL           |
| G9434 | Asthma not well-controlled based on the a     | Not Covered         |      |                   | ALL           |
| G9452 | Documentation of medical reason(s) for nd     | Not Covered         |      |                   | ALL           |
| G9455 | Patient underwent abdominal imaging with      | Not Covered         |      |                   | ALL           |
| G9456 | Documentation of medical or patient reasc     | Not Covered         |      |                   | ALL           |
| G9457 | Patient did not undergo abdominal imagin      | Not Covered         |      |                   | ALL           |
| G9468 | Patient not receiving corticosteroids grea    | Not Covered         |      |                   | ALL           |
| G9469 | Patients who have received or are receivir    | Not Covered         |      |                   | ALL           |
| G9470 | Patients not receiving corticosteroids grea   | Not Covered         |      |                   | ALL           |
| G9471 | Within the past 2 years, central dual-energ   | Not Covered         |      |                   | ALL           |
| G9473 | Services performed by chaplain in the hos     | Not Covered         |      |                   | ALL           |
| G9474 | Services performed by dietary counselor ir    | Not Covered         |      |                   | ALL           |
| G9475 | Services performed by other counselor in t    | Not Covered         |      |                   | ALL           |
| G9476 | Services performed by volunteer in the hos    | Not Covered         |      |                   | ALL           |
| G9477 | Services performed by care coordinator in     | Not Covered         |      |                   | ALL           |
| G9478 | Services performed by other qualified ther    | Not Covered         |      |                   | ALL           |
| G9479 | Services performed by qualified pharmaci      | Not Covered         |      |                   | ALL           |
| G9480 | Admission to medicare care choice model       | Not Covered         |      |                   | ALL           |
| G9481 | Remote in-home visit for the evaluation an    | Not Covered         |      |                   | ALL           |
| G9482 | Remote in-home visit for the evaluation an    | Not Covered         |      |                   | ALL           |
| G9483 | Remote in-home visit for the evaluation an    | Not Covered         |      |                   | ALL           |
| G9484 | Remote in-home visit for the evaluation an    | Not Covered         |      |                   | ALL           |
| G9485 | Remote in-home visit for the evaluation an    | Not Covered         |      |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-------------------------------------------------|---------------------|-----|-------------------|---------------|
| G9486 | Remote in-home visit for the evaluation an      | Not Covered         |     |                   | ALL           |
| G9487 | Remote in-home visit for the evaluation an      | Not Covered         |     |                   | ALL           |
| G9488 | Remote in-home visit for the evaluation an      | Not Covered         |     |                   | ALL           |
| G9489 | Remote in-home visit for the evaluation an      | Not Covered         |     |                   | ALL           |
| G9490 | Comprehensive Care for Joint Replaceme          | Not Covered         |     |                   | ALL           |
| G9497 | Seen pre-operatively by anesthesiologist o      | Not Covered         |     |                   | ALL           |
| G9498 | Antibiotic regimen prescribed                   | Not Covered         |     |                   | ALL           |
| G9500 | Radiation exposure indices, exposure time       | Not Covered         |     |                   | ALL           |
| G9501 | Radiation exposure indices, exposure time       | Not Covered         |     |                   | ALL           |
| G9502 | Documentation of medical reason for not p       | Not Covered         |     |                   | ALL           |
| G9503 | Patient taking tamsulosin hydrochloride         | Not Covered         |     |                   | ALL           |
| G9504 | Documented reason for not assessing hep         | Not Covered         |     |                   | ALL           |
| G9505 | Antibiotic regimen prescribed within 10 da      | Not Covered         |     |                   | ALL           |
| G9507 | Documentation that the patient is on a stat     | Not Covered         |     |                   | ALL           |
| G9508 | Documentation that the patient is not on a      | Not Covered         |     |                   | ALL           |
| G9509 | Remission at twelve months as demonstra         | Not Covered         |     |                   | ALL           |
| G9510 | Remission at twelve months not demonstr         | Not Covered         |     |                   | ALL           |
| G9511 | Index date phq-9 score greater than 9 doc       | Not Covered         |     |                   | ALL           |
| G9512 | Individual had a pdc of 0.8 or greater          | Not Covered         |     |                   | ALL           |
| G9513 | Individual did not have a pdc of 0.8 or grea    | Not Covered         |     |                   | ALL           |
| G9514 | Patient required a return to the operating r    | Not Covered         |     |                   | ALL           |
| G9515 | Patient did not require a return to the oper    | Not Covered         |     |                   | ALL           |
| G9516 | Patient achieved an improvement in visual       | Not Covered         |     |                   | ALL           |
| G9517 | Patient did not achieve an improvement in       | Not Covered         |     |                   | ALL           |
| G9518 | Documentation of active injection drug use      | Not Covered         |     |                   | ALL           |
| G9519 | Patient achieves final refraction (spherical    | Not Covered         |     |                   | ALL           |
| G9520 | Patient does not achieve final refraction (s    | Not Covered         |     |                   | ALL           |
| G9521 | Total number of emergency department vi         | Not Covered         |     |                   | ALL           |
| G9522 | Total number of emergency department vi         | Not Covered         |     |                   | ALL           |
| G9523 | Patient discontinued from hemodialysis or       | Not Covered         |     |                   | ALL           |
| G9524 | Patient was referred to hospice care            | Not Covered         |     |                   | ALL           |
| G9525 | Documentation of patient reason(s) for not      | Not Covered         |     |                   | ALL           |
| G9526 | Patient was not referred to hospice care, r     | Not Covered         |     |                   | ALL           |
| G9529 | Patient with minor blunt head trauma had        | Not Covered         |     |                   | ALL           |
| G9530 | Patient presented within 24 hours of a min      | Not Covered         |     |                   | ALL           |
| G9531 | Patient has a valid reason for a head ct for    | Not Covered         |     |                   | ALL           |
| G9532 | Patient's head injury occurred greater than     | Not Covered         |     |                   | ALL           |
| G9533 | Patient with minor blunt head trauma did n      | Not Covered         |     |                   | ALL           |
| G9537 | Documentation of system reason(s) for ord       | Not Covered         |     |                   | ALL           |
| G9539 | Intent for potential removal at time of plac    | Not Covered         |     |                   | ALL           |
| G9540 | Patient alive 3 months post procedure           | Not Covered         |     |                   | ALL           |
| G9541 | Filter removed within 3 months of placeme       | Not Covered         |     |                   | ALL           |
| G9542 | Documented re-assessment for the appro          | Not Covered         |     |                   | ALL           |
| G9543 | Documentation of at least two attempts to       | Not Covered         |     |                   | ALL           |
| G9544 | Patients that do not have the filter remove     | Not Covered         |     |                   | ALL           |
| G9547 | Incidental ct finding: liver lesion = 0.5 cm, s | Not Covered         |     |                   | ALL           |
| G9548 | Final reports for abdominal imaging studie      | Not Covered         |     |                   | ALL           |
| G9549 | Documentation of medical reason(s) that f       | Not Covered         |     |                   | ALL           |
| G9550 | Final reports for abdominal imaging studie      | Not Covered         |     |                   | ALL           |
| G9551 | Final reports for abdominal imaging studie      | Not Covered         |     |                   | ALL           |
| G9552 | Incidental thyroid nodule < 1.0 cm noted in     | Not Covered         |     |                   | ALL           |
| G9553 | Prior thyroid disease diagnosis                 | Not Covered         |     |                   | ALL           |
| G9554 | Final reports for ct or mri of the chest or ne  | Not Covered         |     |                   | ALL           |
| G9555 | Documentation of medical reason(s) for no       | Not Covered         |     |                   | ALL           |
| G9556 | Final reports for ct or mri of the chest or ne  | Not Covered         |     |                   | ALL           |
| G9557 | Final reports for ct or mri studies of the ch   | Not Covered         |     |                   | ALL           |
| G9558 | Patient treated with a beta-lactam antibioti    | Not Covered         |     |                   | ALL           |
| G9559 | Documentation of medical reason(s) for no       | Not Covered         |     |                   | ALL           |
| G9560 | Patient not treated with a beta-lactam anti     | Not Covered         |     |                   | ALL           |
| G9573 | Remission at six months as demonstrated         | Not Covered         |     |                   | ALL           |
| G9574 | Remission at six months not demonstrated        | Not Covered         |     |                   | ALL           |
| G9580 | Door to puncture time of less than 2 hours      | Not Covered         |     |                   | ALL           |
| G9582 | Door to puncture time of greater than 2 ho      | Not Covered         |     |                   | ALL           |
| G9593 | Pediatric patient with minor blunt head tra     | Not Covered         |     |                   | ALL           |
| G9594 | Patient presented within 24 hours of a min      | Not Covered         |     |                   | ALL           |
| G9595 | Patient has a valid reason for a head ct for    | Not Covered         |     |                   | ALL           |
| G9597 | Pediatric patient with minor blunt head tra     | Not Covered         |     |                   | ALL           |
| G9598 | Aortic aneurysm 5.5 - 5.9 cm maximum dia        | Not Covered         |     |                   | ALL           |
| G9599 | Aortic aneurysm 6.0 cm or greater maximu        | Not Covered         |     |                   | ALL           |
| G9600 | Symptomatic aaas that required urgent/em        | Not Covered         |     |                   | ALL           |
| G9601 | Patient discharge to home no later than pd      | Not Covered         |     |                   | ALL           |
| G9602 | Patient not discharged to home by post-op       | Not Covered         |     |                   | ALL           |
| G9603 | Patient survey score improved from baseli       | Not Covered         |     |                   | ALL           |
| G9604 | Patient survey results not available            | Not Covered         |     |                   | ALL           |
| G9605 | Patient survey score did not improve from       | Not Covered         |     |                   | ALL           |
| G9606 | Intraoperative cystoscopy performed to ev       | Not Covered         |     |                   | ALL           |
| G9607 | Patient is not eligible (e.g., patient death d  | Not Covered         |     |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|----------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G9608 | Intraoperative cystoscopy not performed to         | Not Covered         |                      |                   | ALL           |
| G9609 | Documentation of an order for anti-platelet        | Not Covered         |                      |                   | ALL           |
| G9610 | Documentation of medical reason(s) for no          | Not Covered         |                      |                   | ALL           |
| G9611 | Order for anti-platelet agents or p2y12 ant        | Not Covered         |                      |                   | ALL           |
| G9615 | Preoperative assessment documented                 | Not Covered         |                      |                   | ALL           |
| G9616 | Documentation of reason(s) for not docum           | Not Covered         |                      |                   | ALL           |
| G9617 | Preoperative assessment not documented             | Not Covered         |                      |                   | ALL           |
| G9621 | Patient identified as an unhealthy alcohol u       | Not Covered         |                      |                   | ALL           |
| G9622 | Patient not identified as an unhealthy alcol       | Not Covered         |                      |                   | ALL           |
| G9624 | Patient not screened for unhealthy alcohol         | Not Covered         |                      |                   | ALL           |
| G9625 | Patient sustained bladder injury at the time       | Not Covered         |                      |                   | ALL           |
| G9626 | Patient is not eligible (e.g., gynecologic or      | Not Covered         |                      |                   | ALL           |
| G9627 | Patient did not sustained bladder injury at        | Not Covered         |                      |                   | ALL           |
| G9628 | Patient sustained major viscus injury at the       | Not Covered         |                      |                   | ALL           |
| G9629 | Patient is not eligible (e.g., gynecologic or      | Not Covered         |                      |                   | ALL           |
| G9630 | Patient did not sustain major viscus injury        | Not Covered         |                      |                   | ALL           |
| G9637 | Final reports with documentation of one or         | Not Covered         |                      |                   | ALL           |
| G9638 | Final reports without documentation of one         | Not Covered         |                      |                   | ALL           |
| G9642 | Current cigarette smokers                          | Not Covered         |                      |                   | ALL           |
| G9643 | Elective surgery                                   | Not Covered         |                      |                   | ALL           |
| G9644 | Patients who abstained from smoking prior          | Not Covered         |                      |                   | ALL           |
| G9645 | Patients who did not abstain from smoking          | Not Covered         |                      |                   | ALL           |
| G9646 | Patients with 90 day mrs score of 0 to 2           | Not Covered         |                      |                   | ALL           |
| G9648 | Patients with 90 day mrs score greater tha         | Not Covered         |                      |                   | ALL           |
| G9649 | Psoriasis assessment tool documented m             | Not Covered         |                      |                   | ALL           |
| G9651 | Psoriasis assessment tool documented no            | Not Covered         |                      |                   | ALL           |
| G9654 | Monitored anesthesia care (mac)                    | Not Covered         |                      |                   | ALL           |
| G9655 | A transfer of care protocol or handoff tool/e      | Not Covered         |                      |                   | ALL           |
| G9656 | Patient transferred directly from anesthetiz       | Not Covered         |                      |                   | ALL           |
| G9658 | A transfer of care protocol or handoff tool/e      | Not Covered         |                      |                   | ALL           |
| G9659 | Patients greater than 85 years of age who          | Not Covered         |                      |                   | ALL           |
| G9660 | Documentation of medical reason(s) for a           | Not Covered         |                      |                   | ALL           |
| G9661 | Patients greater than 85 years of age who          | Not Covered         |                      |                   | ALL           |
| G9662 | Previously diagnosed or have an active dia         | Not Covered         |                      |                   | ALL           |
| G9663 | Any fasting or direct ldl-c laboratory test re     | Not Covered         |                      |                   | ALL           |
| G9664 | Patients who are currently statin therapy u        | Not Covered         |                      |                   | ALL           |
| G9665 | Patients who are not currently statin therap       | Not Covered         |                      |                   | ALL           |
| G9674 | Patients with clinical ascvd diagnosis             | Not Covered         |                      |                   | ALL           |
| G9675 | Patients who have ever had a fasting or di         | Not Covered         |                      |                   | ALL           |
| G9676 | Patients aged 40 to 75 years at the beginn         | Not Covered         |                      |                   | ALL           |
| G9678 | Oncology Care Model (OCM) Monthly Enh              | Not Covered         |                      |                   | ALL           |
| G9679 | Onsite acute care treatment of a nursing fa        | No                  |                      |                   | ALL           |
| G9679 | Onsite acute care treatment of a nursing facility  | Not Covered         |                      |                   | CAID          |
| G9680 | Onsite acute care treatment of a nursing fa        | No                  |                      |                   | ALL           |
| G9680 | Onsite acute care treatment of a nursing facility  | Not Covered         |                      |                   | CAID          |
| G9681 | Onsite acute care treatment of a resident v        | No                  |                      |                   | ALL           |
| G9681 | Onsite acute care treatment of a resident with Cl  | Not Covered         |                      |                   | CAID          |
| G9682 | Onsite acute care treatment a nursing faci         | No                  |                      |                   | ALL           |
| G9682 | Onsite acute care treatment a nursing facility res | Not Covered         |                      |                   | CAID          |
| G9683 | Onsite acute care treatment of a nursing fa        | No                  |                      |                   | ALL           |
| G9683 | Onsite acute care treatment of a nursing facility  | Not Covered         |                      |                   | CAID          |
| G9684 | Onsite acute care treatment of a nursing fa        | No                  |                      |                   | ALL           |
| G9684 | Onsite acute care treatment of a nursing facility  | Not Covered         |                      |                   | CAID          |
| G9685 | Evaluation and management of a beneficia           | No                  |                      |                   | ALL           |
| G9687 | Hospice services provided to patient any ti        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9688 | Patients using hospice services any time d         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9689 | Patient admitted for performance of electiv        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9690 | Patient receiving hospice services any tim         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9691 | Patient had hospice services any time duri         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9692 | Hospice services received by patient any t         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9693 | Patient use of hospice services any time d         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9694 | Hospice services utilized by patient any tin       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9695 | Long-acting inhaled bronchodilator prescri         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9696 | Documentation of medical reason(s) for no          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9698 | Documentation of system reason(s) for no           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9699 | Long-acting inhaled bronchodilator not pre         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9700 | Patients who use hospice services any tim          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9701 | Children who are taking antibiotics in the 3       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9702 | Patients who use hospice services any tim          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9703 | Children who are taking antibiotics in the 3       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9704 | Ajcc breast cancer stage i: t1 mic or t1a dc       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9705 | Ajcc breast cancer stage i: t1b (tumor > 0.        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9706 | Low (or very low) risk of recurrence, prost        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9708 | Women who had a bilateral mastectomy o             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9709 | Hospice services used by patient any time          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

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| Code  | Description                                   | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G9710 | Patient was provided hospice services any     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9711 | Patients with a diagnosis or past history of  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9712 | Documentation of medical reason(s) for pr     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9713 | Patients who use hospice services any tim     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9714 | Patient is using hospice services any time    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9716 | Bmi is documented as being outside of no      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9717 | Documentation stating the patient has an a    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9719 | Patient is not ambulatory, bed ridden, imm    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9720 | Hospice services for patient occurred any     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9721 | Patient not ambulatory, bed ridden, immob     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9722 | Documented history of renal failure or bas    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9723 | Hospice services for patient received any t   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9724 | Patients who had documentation of use of      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9726 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9727 | Patient unable to complete the foto knee i    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9728 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9729 | Patient unable to complete the foto hip int   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9730 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9731 | Patient unable to complete the foto foot or   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9732 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9733 | Patient unable to complete the foto lumbar    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9734 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9735 | Patient unable to complete the foto should    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9736 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9737 | Patient unable to complete the foto elbow,    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9738 | Patient refused to participate                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9739 | Patient unable to complete the foto genera    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9740 | Hospice services given to patient any time    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9741 | Patients who use hospice services any tim     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9744 | Patient not eligible due to active diagnosis  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9745 | Documented reason for not screening or r      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9746 | Patient has mitral stenosis or prosthetic he  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9747 | Patient is undergoing palliative dialysis wit | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9748 | Patient approved by a qualified transplant    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9749 | Patient is undergoing palliative dialysis wit | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9750 | Patient approved by a qualified transplant    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9752 | Emergency surgery                             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9753 | Documentation of medical reason for not c     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9754 | A finding of an incidental pulmonary nodul    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9755 | Documentation of medical reason(s) that f     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9756 | Surgical procedures that included the use     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9757 | Surgical procedures that included the use     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9758 | Patient in hospice and in terminal phase      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9759 | History of preoperative posterior capsule r   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9761 | Patients who use hospice services any tim     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9762 | Patient had at least three hpv vaccines on    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9763 | Patient did not have at least three hpv vac   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9764 | Patient has been treated with an oral syste   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9765 | Documentation that the patient declined th    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9766 | Patients who are transferred from one inst    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9767 | Hospitalized patients with newly diagnosed    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9768 | Patients who utilize hospice services any t   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9769 | Patient had a bone mineral density test in    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9770 | Peripheral nerve block (pnb)                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9771 | At least 1 body temperature measurement       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9772 | Documentation of one of the following med     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9773 | At least 1 body temperature measurement       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9775 | Patient received at least 2 prophylactic ph   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9776 | Documentation of medical reason for not r     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9777 | Patient did not receive at least 2 prophylad  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9779 | Patients who are breastfeeding                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9780 | Patients who have a diagnosis of rhabdom      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9781 | Documentation of medical reason(s) for nd     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9782 | History of or active diagnosis of familial or | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9784 | Pathologists/dermatopathologists providin     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9785 | Pathology report diagnosing cutaneous ba      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9786 | Pathology report diagnosing cutaneous ba      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9787 | Patient alive as of the last day of the meas  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9788 | Most recent bp is less than or equal to 140   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9789 | Blood pressure recorded during inpatient s    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9790 | Most recent bp is greater than 140/90 mm      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|----------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| G9791 | Most recent tobacco status is tobacco free         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9792 | Most recent tobacco status is not tobacco          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9793 | Patient is currently on a daily aspirin or oth     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9794 | Documentation of medical reason(s) for no          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9795 | Patient is not currently on a daily aspirin or     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9796 | Patient is currently on a statin therapy           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9797 | Patient is not on a statin therapy                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9798 | Discharge(s) for ami between july 1 of the         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9799 | Patients with a medication dispensing eve          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9800 | Patients who are identified as having an in        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9801 | Hospitalizations in which the patient was tr       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9802 | Patients who use hospice services any tim          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9803 | Patient prescribed a 180-day course of tre         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9804 | Patient was not prescribed a 180-day cour          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9805 | Patients who use hospice services any tim          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9806 | Patients who received cervical cytology or         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9807 | Patients who did not receive cervical cytol        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9812 | Patient died including all deaths occurring        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9813 | Patient did not die within 30 days of the pr       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9814 | Death occurring during hospitalization             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9815 | Death did not occur during hospitalization         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9816 | Death occurring 30 days post procedure             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9817 | Death did not occur 30 days post procedur          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9818 | Documentation of sexual activity                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9819 | Patients who use hospice services any tim          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9820 | Documentation of a chlamydia screening t           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9821 | No documentation of a chlamydia screenin           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9822 | Women who had an endometrial ablation              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9823 | Endometrial sampling or hysteroscopy with          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9824 | Endometrial sampling or hysteroscopy with          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9825 | Her-2/neu negative or undocumented/unkn            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9826 | Patient transferred to practice after initiat      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9827 | Her2-targeted therapies not administered           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9828 | Her2-targeted therapies administered durin         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9829 | Breast adjuvant chemotherapy administered          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9830 | Her-2/neu positive                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9831 | Ajcc stage at breast cancer diagnosis = ii         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9832 | Ajcc stage at breast cancer diagnosis = i          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9833 | Patient transfer to practice after initiation o    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9834 | Patient has metastatic disease at diagnosi         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9835 | Trastuzumab administered within 12 mont            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9836 | Reason for not administering trastuzumab           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9837 | Trastuzumab not administered within 12 m           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9838 | Patient has metastatic disease at diagnosi         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9839 | Anti-egfr monoclonal antibody therapy              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9840 | Kras gene mutation testing performed bef           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9841 | Kras gene mutation testing not performed           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9842 | Patient has metastatic disease at diagnosi         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9843 | Kras gene mutation                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9844 | Patient did not receive anti-egfr monoclon         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9845 | Patient received anti-egfr monoclonal anti         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9846 | Patients who died from cancer                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9847 | Patient received chemotherapy in the last          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9848 | Patient did not receive chemotherapy in th         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9849 | Patients who died from cancer                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9850 | Patient had more than one emergency dep            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9851 | Patient had one or less emergency depart           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9855 | Patients who died from cancer                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9856 | Patient was not admitted to hospice                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9857 | Patient admitted to hospice                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9858 | Patient enrolled in hospice                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9859 | Patients who died from cancer                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9860 | Patient spent less than three days in hosp         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9861 | Patient spent greater than or equal to thre        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9862 | Documentation of medical reason(s) for no          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| G9868 | Receipt and analysis of remote, asynchronous       | No                  |                      |                   | ALL           |
| G9868 | Receipt and analysis of remote, asynchronous image | Not Covered         |                      |                   | CAID          |
| G9869 | Receipt and analysis of remote, asynchronous       | No                  |                      |                   | ALL           |
| G9869 | Receipt and analysis of remote, asynchronous image | Not Covered         |                      |                   | CAID          |
| G9870 | Receipt and analysis of remote, asynchronous       | No                  |                      |                   | ALL           |
| G9870 | Receipt and analysis of remote, asynchronous image | Not Covered         |                      |                   | CAID          |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key  | Rider Requirement | Product Lines               |
|-------|------------------------------------------------|---------------------|------|-------------------|-----------------------------|
| G9873 | First Medicare Diabetes Prevention Program     | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9873 | First Medicare Diabetes Prevention Program     | No                  |      |                   | MED, MMP, CAID              |
| G9874 | Four total Medicare Diabetes Prevention Prog   | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9874 | Four total Medicare Diabetes Prevention Prog   | No                  |      |                   | MED, MMP, CAID              |
| G9875 | Nine total Medicare Diabetes Prevention Prog   | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9875 | Nine total Medicare Diabetes Prevention Prog   | No                  |      |                   | MED, MMP, CAID              |
| G9876 | Two Medicare Diabetes Prevention Prgram (M     | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9876 | Two Medicare Diabetes Prevention Prgram (M     | No                  |      |                   | MED, MMP, CAID              |
| G9877 | Two Medicare Diabetes Prevention Prgram (M     | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9877 | Two Medicare Diabetes Prevention Prgram (M     | No                  |      |                   | MED, MMP, CAID              |
| G9878 | Two Medicare Diabetes Prevention Program (     | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9878 | Two Medicare Diabetes Prevention Program (     | No                  |      |                   | MED, MMP, CAID              |
| G9879 | Two Medicare Diabetes Prevention Program (     | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9879 | Two Medicare Diabetes Prevention Program (     | No                  |      |                   | MED, MMP, CAID              |
| G9880 | The MDPP beneficiary achieved at least 5% w    | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9880 | The MDPP beneficiary achieved at least 5% w    | No                  |      |                   | MED, MMP, CAID              |
| G9881 | The MDPP beneficiary achieved at least 9% w    | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9881 | The MDPP beneficiary achieved at least 9% w    | No                  |      |                   | MED, MMP, CAID              |
| G9882 | Two Medicare Diabetes Prevention Progra        | Not Covered         |      |                   | ALL (Except Medicare Adv.)  |
| G9882 | Two Medicare Diabetes Prevention Progra        | No                  |      |                   | MED                         |
| G9883 | Two Medicare Diabetes Prevention Program (     | Not Covered         |      |                   | ALL (Except Medicare Adv.)  |
| G9883 | Two Medicare Diabetes Prevention Program (     | No                  |      |                   | MED                         |
| G9884 | Two Medicare Diabetes Prevention Program (     | Not Covered         |      |                   | ALL (Except Medicare Adv.)  |
| G9884 | Two Medicare Diabetes Prevention Program (     | No                  |      |                   | MED                         |
| G9885 | Two Medicare Diabetes Prevention Program (     | Not Covered         |      |                   | ALL (Except Medicare Adv.)  |
| G9885 | Two Medicare Diabetes Prevention Program (     | No                  |      |                   | MED                         |
| G9886 | Behavioral counseling for diabetes pre         | Not Covered         |      |                   | ALL (Except MA)             |
| G9886 | Behavioral counseling for diabetes pre         | No                  |      |                   | MA                          |
| G9887 | Behavioral counseling for diabetes pre         | Not Covered         |      |                   | ALL (Except MA)             |
| G9887 | Behavioral counseling for diabetes pre         | No                  |      |                   | MA                          |
| G9888 | Maintenance 5% wl from baseline wei            | Not Covered         |      |                   | ALL (Except MA)             |
| G9888 | Maintenance 5% wl from baseline wei            | No                  |      |                   | MA                          |
| G9890 | Bridge Payment: A one time payment for th      | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9890 | Bridge Payment: A one time payment for th      | No                  |      |                   | MED, MMP, CAID              |
| G9891 | MDPP session reported as a line-item on a cla  | Not Covered         |      |                   | ALL (Except MED, MMP, CAID) |
| G9891 | MDPP session reported as a line-item on a cla  | No                  |      |                   | MED, MMP, CAID              |
| G9894 | Androgen deprivation therapy prescribed/a      | Not Covered         | INFO |                   | ALL                         |
| G9895 | Documentation of medical reason(s) for no      | Not Covered         | INFO |                   | ALL                         |
| G9896 | Documentation of patient reason(s) for not     | Not Covered         | INFO |                   | ALL                         |
| G9897 | Patients who were not prescribed/administ      | Not Covered         | INFO |                   | ALL                         |
| G9898 | Patient age 65 or older in institutional speci | Not Covered         | INFO |                   | ALL                         |
| G9899 | Screening, diagnostic, film, digital or digita | Not Covered         | INFO |                   | ALL                         |
| G9900 | Screening, diagnostic, film, digital or digita | Not Covered         | INFO |                   | ALL                         |
| G9901 | Patient age 65 or older in institutional spec  | Not Covered         | INFO |                   | ALL                         |
| G9902 | Patient screened for tobacco use and iden      | Not Covered         | INFO |                   | ALL                         |
| G9903 | Patient screened for tobacco use and iden      | Not Covered         | INFO |                   | ALL                         |
| G9905 | Patient not screened for tobacco use, reas     | Not Covered         | INFO |                   | ALL                         |
| G9906 | Patient identified as a tobacco user receiv    | Not Covered         | INFO |                   | ALL                         |
| G9908 | Patient identified as tobacco user did not r   | Not Covered         | INFO |                   | ALL                         |
| G9910 | Patients age 65 or older in institutional spe  | Not Covered         | INFO |                   | ALL                         |
| G9911 | Clinically node negative (t1n0m0 or t2n0m      | Not Covered         | INFO |                   | ALL                         |
| G9912 | Hepatitis b virus (hbv) status assessed and    | Not Covered         | INFO |                   | ALL                         |
| G9913 | Hepatitis b virus (hbv) status not assessed    | Not Covered         | INFO |                   | ALL                         |
| G9914 | Patient receiving an anti-tnf agent            | Not Covered         | INFO |                   | ALL                         |
| G9915 | No record of hbv results documented            | Not Covered         | INFO |                   | ALL                         |
| G9916 | Functional status performed once in the la     | Not Covered         | INFO |                   | ALL                         |
| G9917 | Documentation of medical reason(s) for no      | Not Covered         | INFO |                   | ALL                         |
| G9918 | Functional status not performed, reason no     | Not Covered         | INFO |                   | ALL                         |
| G9922 | Safety concerns screen provided and if po      | Not Covered         | INFO |                   | ALL                         |
| G9923 | Safety concerns screen provided and nega       | Not Covered         | INFO |                   | ALL                         |
| G9924 | Documentation of medical reason(s) for no      | Not Covered         | INFO |                   | ALL                         |
| G9925 | Safety concerns screening not provided, re     | Not Covered         | INFO |                   | ALL                         |
| G9926 | Safety concerns screening positive screen      | Not Covered         | INFO |                   | ALL                         |
| G9928 | Warfarin or another fda-approved anticoag      | Not Covered         | INFO |                   | ALL                         |
| G9929 | Patient with transient or reversible cause c   | Not Covered         | INFO |                   | ALL                         |
| G9930 | Patients who are receiving comfort care or     | Not Covered         | INFO |                   | ALL                         |
| G9931 | Documentation of cha2ds2-vasc risk score       | Not Covered         | INFO |                   | ALL                         |
| G9933 | Adenoma(s) or colorectal cancer detected       | Not Covered         | INFO |                   | ALL                         |
| G9934 | Documentation that neoplasm detected is        | Not Covered         | INFO |                   | ALL                         |
| G9935 | Adenoma(s) or colorectal cancer not dete       | Not Covered         | INFO |                   | ALL                         |
| G9936 | Surveillance colonoscopy - personal histor     | Not Covered         | INFO |                   | ALL                         |
| G9937 | Diagnostic colonoscopy                         | Not Covered         | INFO |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                       | Rider Requirement | Product Lines            |
|-------|-----------------------------------------------|---------------------|---------------------------|-------------------|--------------------------|
| G9938 | Patients age 65 or older in institutional spe | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9939 | Pathologists/dermatopathologists is the sa    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9940 | Documentation of medical reason(s) for nd     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9943 | Back pain was not measured by the visual      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9945 | Patient had cancer, fracture or infection re  | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9946 | Back pain was not measured by the visual      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9949 | Leg pain was not measured by the visual a     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9954 | Patient exhibits 2 or more risk factors for p | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9955 | Cases in which an inhalational anesthetic     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9956 | Patient received combination therapy cons     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9957 | Documentation of medical reason for not r     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9958 | Patient did not receive combination therap    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9959 | Systemic antimicrobials not prescribed        | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9960 | Documentation of medical reason(s) for pr     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9961 | Systemic antimicrobials prescribed            | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9962 | Embolization endpoints are documented s       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9963 | Embolization endpoints are not documente      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9964 | Patient received at least one well-child visi | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9965 | Patient did not receive at least one well-ch  | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9966 | Children who were screened for risk of dev    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9967 | Children who were not screened for risk of    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9968 | Patient was referred to another provider or   | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9969 | Provider who referred the patient to anothe   | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9970 | Provider who referred the patient to anothe   | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9976 | Documentation of patient reason(s) for not    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9977 | Dilated macular exam was not performed,       | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9978 | Remote in-home visit for the evaluation an    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9979 | Remote in-home visit for the evaluation an    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9980 | Remote in-home visit for the evaluation an    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9981 | Remote E/M new pt 45mins                      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9982 | Remote E/M new pt 60mins                      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9983 | Remote E/M est. pt 10mins                     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9984 | Remote E/M est. pt 15mins                     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9985 | Remote E/M est. pt 25mins                     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9986 | Remote E/M est. pt 40mins                     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9987 | Bundled Payments for Care Improvement         | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9988 | Palliative care services provided to patient  | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9992 | Palliative care services used by patient an   | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9993 | Patient was provided palliative care servic   | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9994 | Patient is using palliative care services an  | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9996 | Documentation stating the patient has recd    | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9997 | Documentation of patient pregnancy anytir     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9998 | Documentation of medical reason(s) for ar     | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| G9999 | Documentation of system reason(s) for an      | Not Covered         | <a href="#">INFO</a>      |                   | ALL                      |
| H1000 | Prenatal care, at-risk assessment             | Not Covered         |                           |                   | ALL (Except Caidd)       |
| H1001 | Prenatal care, at-risk enhanced service; ar   | Not Covered         |                           |                   | ALL                      |
| H1002 | Prenatal care, at risk enhanced service; cd   | Not Covered         |                           |                   | ALL                      |
| H1003 | Prenatal care, at-risk enhanced service; ed   | Not Covered         |                           |                   | ALL                      |
| H1004 | Prenatal care, at-risk enhanced service; fd   | Not Covered         |                           |                   | ALL                      |
| H1005 | Prenatal care, at-risk enhanced service pa    | Not Covered         |                           |                   | ALL                      |
| H1010 | NON-MEDICAL FAMILY PLANNING EDU               | Not Covered         |                           |                   | ALL                      |
| H2000 | Comprehensive multidisciplinary evaluatio     | No                  |                           |                   | ALL                      |
| H2001 | Rehabilitation program, per 1/2 day           | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| H2001 | Rehabilitation program, per 1/2 day           | No                  |                           |                   | MCWRAP                   |
| H2040 | Coordinated specialty care, team-based, f     | No                  |                           |                   | ALL                      |
| H2041 | Coordinated specialty care, team-based, f     | No                  |                           |                   | ALL                      |
| J0120 | INJECTION, TETRACYCLINE, UP TO 250            | No                  |                           |                   | ALL                      |
| J0120 | INJECTION, TETRACYCLINE, UP TO 250 MG         | Not Covered         |                           |                   | CAID                     |
| J0121 | Injection, omadacycline, 1 mg                 | No                  |                           |                   | ALL                      |
| J0122 | Injection, eravacycline, 1 mg                 | No                  |                           |                   | ALL                      |
| J0129 | INJECTION, ABATACEPT, PER 10 MG               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MED) |
| J0129 | INJECTION, ABATACEPT, PER 10 MG               | No                  |                           |                   | MCWRAP, MED              |
| J0130 | INJECTION ABCIXIMAB, 10 MG                    | No                  |                           |                   | ALL                      |
| J0131 | INJECTION, ACETAMINOPHEN, 10 MG               | No                  |                           |                   | ALL                      |
| J0132 | INJECTION, ACETYLCYSTEINE, 100 MG             | No                  |                           |                   | ALL                      |
| J0133 | INJECTION, ACYCLOVIR, 5 MG                    | No                  |                           |                   | ALL                      |
| J0134 | Injection, acetaminophen (fresenius kabi)     | No                  |                           |                   | ALL                      |
| J0136 | Injection, acetaminophen (b braun) not the    | No                  |                           |                   | ALL                      |
| J0137 | Injection, acetaminophen (hikma) not ther     | No                  |                           |                   | ALL                      |
| J0138 | Injection, acetaminophen 10 mg and ibupr      | No                  |                           |                   | ALL                      |
| J0139 | Injection, adalimumab, 1 mg                   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP)      |
| J0139 | Injection, adalimumab, 1 mg                   | No                  |                           |                   | MCWRAP                   |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                       | Rider Requirement | Product Lines            |
|-------|----------------------------------------------|---------------------|---------------------------|-------------------|--------------------------|
| J0173 | Injection, epinephrine (belcher) not therap  | No                  |                           |                   | ALL                      |
| J0174 | Injection, lecanemab-irmb, 1 mg              | Yes                 | <a href="#">PCM</a>       |                   | ALL (Except MCWRAP)      |
| J0174 | Injection, lecanemab-irmb, 1 mg              | No                  |                           |                   | MCWRAP                   |
| J0153 | Injection, adenosine, 1 mg (not to be used   | No                  |                           |                   | ALL                      |
| J0171 | INJECTION, ADRENALIN, EPINEPHRINE            | No                  |                           |                   | ALL                      |
| J0172 | Injection, aducanumab-avwa, 2 mg             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)      |
| J0172 | Injection, aducanumab-avwa, 2 mg             | No                  |                           |                   | MCWRAP                   |
| J0175 | Injection, donanemab-azbt, 2 mg              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP)      |
| J0175 | Injection, donanemab-azbt, 2 mg              | No                  |                           |                   | MCWRAP                   |
| J0177 | Injection, aflibercept hd, 1 mg              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP)      |
| J0177 | Injection, aflibercept hd, 1 mg              | No                  |                           |                   | MCWRAP                   |
| J0178 | INJECTION, AFLIBERCEPT, 1 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)      |
| J0178 | INJECTION, AFLIBERCEPT, 1 mg                 | No                  |                           |                   | MCWRAP                   |
| J0179 | Injection, brolocizumab-dbll, 1 mg           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)      |
| J0179 | Injection, brolocizumab-dbll, 1 mg           | No                  |                           |                   | MCWRAP                   |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0180 | INJECTION, AGALSIDASE BETA, 1 MG             | No                  |                           |                   | MCWRAP, MED              |
| J0184 | Injection, amisulpride, 1 mg                 | No                  |                           |                   | ALL                      |
| J0185 | Injection, aprepitant, 1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0185 | Injection, aprepitant, 1 mg                  | No                  |                           |                   | MCWRAP, MED              |
| J0190 | INJECTION, BIPERIDEN LACTATE, PER            | No                  |                           |                   | ALL                      |
| J0200 | INJECTION, ALATROFLOXACIN MESYL              | No                  |                           |                   | ALL                      |
| J0202 | Injection, alemtuzumab, 1 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0202 | Injection, alemtuzumab, 1 mg                 | No                  |                           |                   | MCWRAP, MED              |
| J0205 | INJECTION, ALGLUCERASE, PER 10 UN            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0205 | INJECTION, ALGLUCERASE, PER 10 UN            | No                  |                           |                   | MCWRAP, MED              |
| J0206 | Injection, allopurinol sodium, 1 mg          | No                  |                           |                   | ALL                      |
| J0207 | INJECTION, AMIFOSTINE, 500 MG                | No                  |                           |                   | ALL                      |
| J0208 | Injection, sodium thiosulfate (pedmark), 10  | No                  |                           |                   | ALL                      |
| J0209 | Injection, sodium thiosulfate (hope), 100 m  | No                  |                           |                   | ALL                      |
| J0210 | INJECTION, METHYLDOPATE HCL, UP              | No                  |                           |                   | ALL                      |
| J0211 | Injection, sodium nitrite 3 mg and sodium t  | No                  |                           |                   | ALL                      |
| J0215 | INJECTION, ALEFACEPT, 0.5 MG                 | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0215 | INJECTION, ALEFACEPT, 0.5 MG                 | No                  |                           |                   | MCWRAP, MED              |
| J0216 | Injection, alfentanil hydrochloride, 500 mic | No                  |                           |                   | ALL                      |
| J0217 | Injection, velmanase alfa-tycv, 1 mg         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0217 | Injection, velmanase alfa-tycv, 1 mg         | No                  |                           |                   | MCWRAP, MED              |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0218 | Injection, olipudase alfa-rpcp, 1 mg         | No                  |                           |                   | MCWRAP, MED              |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0219 | Injection, avalglucosidase alfa-ngpt, 4 mg   | No                  |                           |                   | MCWRAP, MED              |
| J0220 | INJECTION, AGLUCOSIDASE ALFA, 10             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0220 | INJECTION, AGLUCOSIDASE ALFA, 10             | No                  |                           |                   | MCWRAP, MED              |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (L            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0221 | INJECTION, ALGLUCOSIDASE ALFA, (L            | No                  |                           |                   | MCWRAP, MED              |
| J0222 | Injection, Patisiran, 0.1 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0222 | Injection, Patisiran, 0.1 mg                 | No                  |                           |                   | MCWRAP, MED              |
| J0223 | Injection, givosiran, 0.5 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0223 | Injection, givosiran, 0.5 mg                 | No                  |                           |                   | MCWRAP, MED              |
| J0224 | Injection, lumasiran, 0.5 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0224 | Injection, lumasiran, 0.5 mg                 | No                  |                           |                   | MCWRAP, MED              |
| J0225 | Injection, vutrisiran, 1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0225 | Injection, vutrisiran, 1 mg                  | No                  |                           |                   | MCWRAP, MED              |
| J0248 | Injection, remdesivir, 1 mg                  | No                  |                           |                   | ALL                      |
| J0256 | INJECTION, ALPHA 1 - PROTEINASE IN           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0256 | INJECTION, ALPHA 1 - PROTEINASE IN           | No                  |                           |                   | MCWRAP, MED              |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INH            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED) |
| J0257 | INJECTION, ALPHA 1 PROTEINASE INH            | No                  |                           |                   | MCWRAP, MED              |
| J0270 | INJECTION, ALPROSTADIL, 1.25 MCG             | No                  |                           |                   | ALL                      |
| J0275 | ALPROSTADIL URETHRAL SUPPOSITO               | No                  |                           |                   | ALL                      |
| J0278 | INJECTION, AMIKACIN SULFATE, 100 M           | No                  |                           |                   | ALL                      |
| J0280 | INJECTION, AMINOPHYLLIN, UP TO 250           | No                  |                           |                   | ALL                      |
| J0282 | INJECTION, AMIODARONE HYDROCHL               | No                  |                           |                   | ALL                      |
| J0283 | Injection, amiodarone hydrochloride (nexte   | No                  |                           |                   | ALL                      |
| J0285 | INJECTION, AMPHOTERICIN B, 50 MG             | No                  |                           |                   | ALL                      |
| J0287 | INJECTION, AMPHOTERICIN B LIPID CO           | No                  |                           |                   | ALL                      |
| J0288 | INJECTION, AMPHOTERICIN B CHOLES             | No                  |                           |                   | ALL                      |
| J0289 | INJECTION, AMPHOTERICIN B LIPOSOL            | No                  |                           |                   | ALL                      |
| J0290 | INJECTION, AMPICILLIN SODIUM, 500            | No                  |                           |                   | ALL                      |
| J0291 | Injection, plazomicin, 5 mg                  | No                  |                           |                   | ALL                      |
| J0295 | INJECTION, AMPICILLIN SODIUM/SULB            | No                  |                           |                   | ALL                      |
| J0300 | INJECTION, AMOBARBITAL, UP TO 125            | No                  |                           |                   | ALL                      |

**Services that require Prior Authorization List**

| Code  | Description                                              | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|----------------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J0330 | INJECTION, SUCCINYLCHOLINE CHLORIDE                      | No                  |                           |                   | ALL                                         |
| J0330 | INJECTION, SUCCINYLCHOLINE CHLORIDE                      | Not Covered         |                           |                   | CAID                                        |
| J0348 | INJECTION, ANADULAFUNGIN, 1 MG                           | No                  |                           |                   | ALL                                         |
| J0349 | Injection, rezafungin, 1 mg                              | No                  |                           |                   | ALL                                         |
| J0350 | INJECTION, ANISTREPLASE, PER 30 UNITS                    | No                  |                           |                   | ALL                                         |
| J0350 | INJECTION, ANISTREPLASE, PER 30 UNITS                    | Not Covered         |                           |                   | CAID                                        |
| J0360 | INJECTION, HYDRALAZINE HCL, UP TO 100 MG                 | No                  |                           |                   | ALL                                         |
| J0364 | INJECTION, APOMORPHINE HYDROCHLORIDE                     | No                  |                           |                   | ALL                                         |
| J0365 | INJECTION, APROTONIN, 10,000 KIU                         | No                  |                           |                   | ALL                                         |
| J0365 | INJECTION, APROTONIN, 10,000 KIU                         | Not Covered         |                           |                   | CAID                                        |
| J0380 | INJECTION, METARAMINOL BITARTRATE                        | No                  |                           |                   | ALL                                         |
| J0390 | INJECTION, CHLOROQUINE HYDROCHLORIDE                     | No                  |                           |                   | ALL                                         |
| J0390 | INJECTION, CHLOROQUINE HYDROCHLORIDE                     | Not Covered         |                           |                   | CAID                                        |
| J0391 | Injection, artesunate, 1 mg                              | No                  |                           |                   | ALL                                         |
| J0395 | INJECTION, ARBUTAMINE HCL, 1 MG                          | No                  |                           |                   | ALL                                         |
| J0395 | INJECTION, ARBUTAMINE HCL, 1 MG                          | Not Covered         |                           |                   | CAID                                        |
| J0400 | INJECTION, ARIPIRAZOLE, INTRAMUSCULAR                    | No                  |                           |                   | ALL                                         |
| J0401 | Injection, aripiprazole, extended release, 1 mg          | No                  |                           |                   | ALL                                         |
| J0402 | Injection, aripiprazole (abilify asimtufii), 1 mg        | No                  |                           |                   | ALL                                         |
| J0456 | INJECTION, AZITHROMYCIN, 500 MG                          | No                  |                           |                   | ALL                                         |
| J0457 | Injection, aztreonam, 100 mg                             | No                  |                           |                   | ALL                                         |
| J0461 | INJECTION, ATROPINE SULFATE, 0.01 MG                     | No                  |                           |                   | ALL                                         |
| J0470 | INJECTION, DIMERCAPROL, PER 100 MG                       | No                  |                           |                   | ALL                                         |
| J0475 | INJECTION, BACLOFEN, 10 MG                               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J0475 | INJECTION, BACLOFEN, 10 MG                               | No                  |                           |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J0476 | INJECTION, BACLOFEN, 50 MCG FOR INTRATHECAL              | No                  |                           |                   | ALL                                         |
| J0480 | INJECTION, BASILIXIMAB, 20 MG                            | No                  |                           |                   | ALL                                         |
| J0485 | Injection, belatacept, 1 mg                              | No                  |                           |                   | ALL                                         |
| J0490 | INJECTION, BELIMUMAB, 10 MG                              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J0490 | INJECTION, BELIMUMAB, 10 MG                              | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0491 | Injection, anifrolumab-fnia, 1 mg                        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| J0491 | Injection, anifrolumab-fnia, 1 mg                        | No                  |                           |                   | MED, MMP, MCWRAP, PRICHO                    |
| J0500 | INJECTION, DICYCLOMINE HCL, UP TO 100 MG                 | No                  |                           |                   | ALL                                         |
| J0515 | INJECTION, BENZTROPINE MESYLATE                          | No                  |                           |                   | ALL                                         |
| J0517 | Injection, benralizumab, 1 mg (Prefilled Syringe)        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0517 | Injection, benralizumab, 1 mg                            | No                  |                           |                   | MCWRAP, MED                                 |
| J0520 | INJECTION, BETHANECHOL CHLORIDE                          | No                  |                           |                   | ALL (Except Caid)                           |
| J0520 | INJECTION, BETHANECHOL CHLORIDE                          | Yes                 |                           |                   | Caid                                        |
| J0558 | INJECTION, PENICILLIN G BENZATHINE                       | No                  |                           |                   | ALL                                         |
| J0561 | INJECTION, PENICILLIN G BENZATHINE                       | No                  |                           |                   | ALL                                         |
| J0565 | Injection, bezlotoxumab, 10 mg                           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J0565 | Injection, bezlotoxumab, 10 mg                           | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0567 | Injection, cerliponase alfa, 1 mg                        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J0567 | Injection, cerliponase alfa, 1 mg                        | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0571 | Buprenorphine, oral, 1 mg                                | No                  |                           |                   | ALL                                         |
| J0571 | Buprenorphine, oral, 1 mg                                | Not Covered         |                           |                   | CAID                                        |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 8 mg | No                  |                           |                   | ALL                                         |
| J0572 | Buprenorphine/naloxone, oral, less than or equal to 8 mg | Not Covered         |                           |                   | CAID                                        |
| J0573 | Buprenorphine/naloxone, oral, greater than 8 mg          | No                  |                           |                   | ALL                                         |
| J0573 | Buprenorphine/naloxone, oral, greater than 3 mg          | Not Covered         |                           |                   | CAID                                        |
| J0574 | Buprenorphine/naloxone, oral, greater than 3 mg          | No                  |                           |                   | ALL                                         |
| J0574 | Buprenorphine/naloxone, oral, greater than 6 mg          | Not Covered         |                           |                   | CAID                                        |
| J0575 | Buprenorphine/naloxone, oral, greater than 6 mg          | No                  |                           |                   | ALL                                         |
| J0575 | Buprenorphine/naloxone, oral, greater than 10 mg         | Not Covered         |                           |                   | CAID                                        |
| J0577 | Injection, buprenorphine extended-release                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J0577 | Injection, buprenorphine extended-release                | No                  |                           |                   | MA, McWRAP                                  |
| J0578 | Injection, buprenorphine extended-release                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J0578 | Injection, buprenorphine extended-release                | No                  |                           |                   | MA, McWRAP                                  |
| J0583 | INJECTION, BIVALIRUDIN, 1 MG                             | No                  |                           |                   | ALL                                         |
| J0584 | Injection, burosumab-twza 1 mg                           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0584 | Injection, burosumab-twza 1 mg                           | No                  |                           |                   | MCWRAP, MED                                 |
| J0585 | BOTULINUM TOXIN TYPE A, PER UNIT                         | No                  | *                         |                   | ALL                                         |
| J0586 | INJECTION, ABOBOTULINUMTOXINA, 5 UNITS                   | No                  | *                         |                   | ALL                                         |
| J0587 | BOTULINUM TOXIN TYPE B, PER 100 UNITS                    | No                  | *                         |                   | ALL                                         |
| J0588 | INJECTION, INCOBOTULINUMTOXIN A, PER UNIT                | No                  | *                         |                   | ALL                                         |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit              | Yes                 | <a href="#">RMT</a>       |                   | ALL (Except MCWRAP)                         |
| J0589 | Injection, daxibotulinumtoxina-lanm, 1 unit              | No                  |                           |                   | MCWRAP                                      |
| J0591 | Injection, deoxycholic acid, 1 mg                        | Not Covered         |                           |                   | ALL                                         |
| J0592 | INJECTION, BUPRENORPHINE HYDROCHLORIDE                   | No                  |                           |                   | ALL                                         |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code m)               | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PrICHO)       |
| J0593 | Injection, lanadelumab-flyo, 1 mg (code m)               | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0594 | INJECTION, BUSULFAN, 1 MG                                | No                  |                           |                   | ALL                                         |
| J0595 | INJECTION, BUTORPHANOL TARTRATE                          | No                  |                           |                   | ALL                                         |



| Services that require Prior Authorization List |                                                           |                     |                           |                   |                                             |
|------------------------------------------------|-----------------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| Code                                           | Description                                               | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
| J0596                                          | Injection, c1 esterase inhibitor (recombinant)            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PrICHO)       |
| J0596                                          | Injection, c1 esterase inhibitor (recombinant)            | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0597                                          | INJECTION, C-1 ESTERASE INHIBITOR                         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PrICHO)       |
| J0597                                          | INJECTION, C-1 ESTERASE INHIBITOR                         | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0598                                          | INJECTION, C-1 ESTERASE INHIBITOR                         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MED)                    |
| J0598                                          | INJECTION, C-1 ESTERASE INHIBITOR                         | No                  |                           |                   | MCWRAP, MED                                 |
| J0599                                          | Injection, c-1 esterase inhibitor (human), (f             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J0599                                          | Injection, c-1 esterase inhibitor (human), (f             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0600                                          | INJECTION, EDETATE CALCIUM DISOD                          | No                  |                           |                   | ALL                                         |
| J0601                                          | Sevelamer carbonate (renvela or therapeutic)              | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0601                                          | Sevelamer carbonate (renvela or therapeutic)              | No                  |                           |                   | MED                                         |
| J0602                                          | Sevelamer carbonate (renvela or therapeutic)              | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0602                                          | Sevelamer carbonate (renvela or therapeutic)              | No                  |                           |                   | MED                                         |
| J0603                                          | Sevelamer hydrochloride (renagel or therapeutic)          | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0603                                          | Sevelamer hydrochloride (renagel or therapeutic)          | No                  |                           |                   | MED                                         |
| J0604                                          | Cinacalcet, oral, 1 mg, (for esrd on dialysis)            | No                  |                           |                   | ALL (Except CAID)                           |
| J0604                                          | Cinacalcet, oral, 1 mg, (for esrd on dialysis)            | Not Covered         |                           |                   | CAID                                        |
| J0605                                          | Sucroferric oxyhydroxide, oral, 5 mg (for esrd)           | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0605                                          | Sucroferric oxyhydroxide, oral, 5 mg (for esrd)           | No                  |                           |                   | MED                                         |
| J0606                                          | Injection, etelcalcetide, 0.1 mg                          | No                  |                           |                   | ALL                                         |
| J0607                                          | Lanthanum carbonate, oral, 5 mg (for esrd)                | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0607                                          | Lanthanum carbonate, oral, 5 mg (for esrd)                | No                  |                           |                   | MED                                         |
| J0608                                          | Lanthanum carbonate, oral, powder, 5 mg                   | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0608                                          | Lanthanum carbonate, oral, powder, 5 mg                   | No                  |                           |                   | MED                                         |
| J0609                                          | Ferric citrate, oral, 3 mg ferric iron, (for esrd)        | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0609                                          | Ferric citrate, oral, 3 mg ferric iron, (for esrd)        | No                  |                           |                   | MED                                         |
| J0612                                          | Injection, calcium gluconate, not otherwise               | No                  |                           |                   | ALL (Except CAID)                           |
| J0612                                          | Injection, calcium gluconate, not otherwise               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | CAID                                        |
| J0613                                          | Injection, calcium gluconate (wg critical care)           | No                  |                           |                   | ALL (Except CAID)                           |
| J0613                                          | Injection, calcium gluconate (wg critical care)           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | CAID                                        |
| J0615                                          | Calcium acetate, oral, 23 mg (for esrd on dialysis)       | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0615                                          | Calcium acetate, oral, 23 mg (for esrd on dialysis)       | No                  |                           |                   | MED                                         |
| J0620                                          | INJECTION, CALCIUM GLYCEROPHOSPHATE                       | No                  |                           |                   | ALL                                         |
| J0630                                          | INJECTION, CALCITONIN SALMON, UP                          | No                  |                           |                   | ALL                                         |
| J0636                                          | INJECTION, CALCITRIOL, 0.1 MCG                            | No                  |                           |                   | ALL                                         |
| J0637                                          | INJECTION, CASPOFUNGIN ACETATE, 1 MG                      | No                  |                           |                   | ALL                                         |
| J0638                                          | INJECTION, CANAKINUMAB, 1 MG                              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J0638                                          | INJECTION, CANAKINUMAB, 1 MG                              | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0640                                          | INJECTION, LEUCOVORIN CALCIUM, P                          | No                  |                           |                   | ALL                                         |
| J0641                                          | INJECTION, LEVOLEUCOVORIN CALCIUM, P                      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO, CAID) |
| J0641                                          | INJECTION, LEVOLEUCOVORIN CALCIUM, P                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J0642                                          | Injection, levoleucovorin (khapzory), 0.5 mg              | Not covered         |                           |                   | ALL (Except MED, PRICHO, MMP, CAID)         |
| J0642                                          | Injection, levoleucovorin (khapzory), 0.5 mg              | No                  |                           |                   | MED, PRICHO, MMP, CAID                      |
| J0650                                          | Injection, levothyroxine sodium, not otherwise            | No                  |                           |                   | ALL                                         |
| J0651                                          | Injection, levothyroxine sodium (fresenius)               | No                  |                           |                   | ALL                                         |
| J0652                                          | Injection, levothyroxine sodium (hikma) not otherwise     | No                  |                           |                   | ALL                                         |
| J0665                                          | Injection, bupivacaine, not otherwise specified           | No                  |                           |                   | ALL                                         |
| J0666                                          | Injection, bupivacaine liposome, 1 mg                     | No                  |                           |                   | ALL                                         |
| J0670                                          | INJECTION, MEPIVACAINE HYDROCHLORIDE                      | No                  |                           |                   | ALL                                         |
| J0688                                          | Injection, cefazolin sodium (hikma), not otherwise        | No                  |                           |                   | ALL                                         |
| J0687                                          | Injection, cefazolin sodium (wg critical care)            | No                  |                           |                   | ALL                                         |
| J0689                                          | Injection, cefazolin sodium (baxter), not otherwise       | No                  |                           |                   | ALL                                         |
| J0690                                          | INJECTION, CEFAZOLIN SODIUM, 500 MG                       | No                  |                           |                   | ALL                                         |
| J0691                                          | Injection, lefamulin, 1 mg                                | No                  |                           |                   | ALL                                         |
| J0692                                          | INJECTION, CEFEPIME HYDROCHLORIDE                         | No                  |                           |                   | ALL                                         |
| J0694                                          | INJECTION, CEFOTAXIME SODIUM, 1 GM                        | No                  |                           |                   | ALL                                         |
| J0695                                          | Injection, ceftolozane 50 mg and tazobactam 100 mg        | No                  |                           |                   | ALL                                         |
| J0696                                          | INJECTION, CEFTRIAXONE SODIUM, P                          | No                  |                           |                   | ALL                                         |
| J0697                                          | INJECTION, STERILE CEFUROXIME SODIUM                      | No                  |                           |                   | ALL                                         |
| J0698                                          | INJECTION, CEFOTAXIME SODIUM, PE                          | No                  |                           |                   | ALL                                         |
| J0699                                          | Injection, cefiderocol, 10 mg                             | No                  |                           |                   | ALL                                         |
| J0701                                          | Injection, cefepime hydrochloride (baxter), not otherwise | No                  |                           |                   | ALL                                         |
| J0702                                          | INJECTION, BETAMETHASONE ACETATE                          | No                  |                           |                   | ALL                                         |
| J0703                                          | Injection, cefepime hydrochloride (b braun)               | No                  |                           |                   | ALL                                         |
| J0706                                          | INJECTION, CAFFEINE CITRATE, 5MG                          | No                  |                           |                   | ALL                                         |
| J0710                                          | INJECTION, CEPHAPIRIN SODIUM, UP                          | No                  |                           |                   | ALL                                         |
| J0712                                          | INJECTION, CEFTAROLINE FOSAMIL, 1 MG                      | No                  |                           |                   | ALL                                         |
| J0713                                          | INJECTION, CEFTAZIDIME, PER 500 MG                        | No                  |                           |                   | ALL                                         |
| J0714                                          | Injection, ceftazidime and avibactam, 0.5 gm              | No                  |                           |                   | ALL                                         |
| J0715                                          | INJECTION, CEFTIZOXIME SODIUM, PE                         | No                  |                           |                   | ALL                                         |
| J0716                                          | Injection, centruroides immune f(ab)2, up to 120 mg       | No                  |                           |                   | ALL                                         |
| J0716                                          | Injection, centruroides immune f(ab)2, up to 120 mg       | Not Covered         |                           |                   | CAID                                        |
| J0717                                          | Injection, certolizumab pegol, 1 mg (code 1)              | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0717                                          | Injection, certolizumab pegol, 1 mg (code 1)              | No                  |                           |                   | MCWRAP, MED                                 |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J0720 | INJECTION, CHLORAMPHENICOL SODI                     | No                  |                           |                   | ALL                                         |
| J0720 | INJECTION, CHLORAMPHENICOL SODIUM S                 | Not Covered         |                           |                   | CAID                                        |
| J0725 | INJECTION, CHORIONIC GONADOTROF                     | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0725 | INJECTION, CHORIONIC GONADOTROF                     | No                  |                           |                   | MCWRAP, MED                                 |
| J0735 | INJECTION, CLONIDINE HYDROCHLOR                     | No                  |                           |                   | ALL                                         |
| J0736 | Injection, clindamycin phosphate, 300 mg            | No                  |                           |                   | ALL                                         |
| J0737 | Injection, clindamycin phosphate (baxter).          | No                  |                           |                   | ALL                                         |
| J0739 | Injection, cabotegravir, 1 mg                       | No                  |                           |                   | ALL                                         |
| J0740 | INJECTION, CIDOFOVIR, 375 MG                        | No                  |                           |                   | ALL                                         |
| J0741 | Injection, cabotegravir and rilpivirine, 2mg/       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0741 | Injection, cabotegravir and rilpivirine, 2mg/       | No                  |                           |                   | MCWRAP, MED                                 |
| J0742 | Injection, imipenem 4 mg, cilastatin 4 mg a         | No                  |                           |                   | ALL                                         |
| J0743 | INJECTION, CILASTATIN SODIUM; IMPI                  | No                  |                           |                   | ALL                                         |
| J0744 | INJECTION, CIPROFLOXACIN FOR INTR                   | No                  |                           |                   | ALL                                         |
| J0745 | INJECTION, CODEINE PHOSPHATE, PE                    | No                  |                           |                   | ALL                                         |
| J0750 | Emtricitabine 200mg and tenofovir disoprd           | No                  |                           |                   | ALL                                         |
| J0751 | Emtricitabine 200mg and tenofovir alafena           | No                  |                           |                   | ALL                                         |
| J0770 | INJECTION, COLISTIMETHATE SODIUM                    | No                  |                           |                   | ALL                                         |
| J0775 | INJECTION, COLLAGENASE, CLOSTRID                    | No                  | *                         |                   | ALL                                         |
| J0780 | INJECTION, PROCHLORPERAZINE, UP                     | No                  |                           |                   | ALL                                         |
| J0791 | Injection, crizanlizumab-tmca, 5 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0791 | Injection, crizanlizumab-tmca, 5 mg                 | No                  |                           |                   | MCWRAP, MED                                 |
| J0795 | INJECTION, CORTICORELIN OVINE TRI                   | No                  |                           |                   | ALL                                         |
| J0799 | Fda approved prescription drug, only for us         | No                  |                           |                   | ALL                                         |
| J0801 | Injection, corticotropin (acthar gel), up to 4      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED,MMP, PRICHO,MCWRAP)         |
| J0801 | Injection, corticotropin (acthar gel), up to 4      | No                  |                           |                   | MED,MMP, PRICHO,MCWRAP                      |
| J0802 | Injection, corticotropin (ani), up to 40 units      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED,MMP, PRICHO,MCWRAP)         |
| J0802 | Injection, corticotropin (ani), up to 40 units      | No                  |                           |                   | MED,MMP, PRICHO,MCWRAP                      |
| J0834 | INJECTION, COSYNTROPIN (CORTROS                     | No                  |                           |                   | ALL                                         |
| J0840 | INJECTION, CROTALIDAE POLYVALEN                     | No                  |                           |                   | ALL                                         |
| J0841 | Injection, crotalidae immune f(ab')2 (equine),      | No                  |                           |                   | ALL                                         |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMU                     | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J0850 | INJECTION, CYTOMEGALOVIRUS IMMU                     | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J0870 | Injection, imetelstat, 1 mg                         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J0870 | Injection, imetelstat, 1 mg                         | No                  |                           |                   | MCWRAP, MED                                 |
| J0872 | Injection, daptomycin (xellia), unrefrigerate       | No                  |                           |                   | ALL                                         |
| J0873 | Injection, daptomycin (xellia) not therapeut        | No                  |                           |                   | ALL                                         |
| J0874 | Injection, daptomycin (baxter), not therape         | No                  |                           |                   | ALL                                         |
| J0875 | Injection, dalbavancin, 5mg                         | No                  |                           |                   | ALL                                         |
| J0877 | Injection, daptomycin (hospira), not therap         | No                  |                           |                   | ALL                                         |
| J0878 | INJECTION, DAPTOMYCIN, 1 MG                         | No                  |                           |                   | ALL                                         |
| J0879 | Injection, difelikefalin, 0.1 microgram, (for       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)       |
| J0879 | Injection, difelikefalin, 0.1 microgram, (for       | No                  |                           |                   | MED, MMP, MCWRAP, PRICHO                    |
| J0881 | INJECTION, DARBEPOETIN ALFA, 1 MIC                  | No                  |                           |                   | ALL                                         |
| J0882 | INJECTION, DARBEPOETIN ALFA, 1 MIC                  | No                  |                           |                   | ALL                                         |
| J0883 | Injection, argatroban, 1 mg (for non-esrd u         | No                  |                           |                   | ALL                                         |
| J0884 | Injection, argatroban, 1 mg (for esrd on dia        | No                  |                           |                   | ALL                                         |
| J0885 | INJECTION, EPOETIN ALFA, (FOR NON-                  | No                  |                           |                   | ALL                                         |
| J0886 | INJECTION, EPOETIN ALFA, 1000 UNIT3                 | No                  |                           |                   | ALL                                         |
| J0887 | Injection, epoetin beta, 1 microgram, (for e        | No                  |                           |                   | ALL                                         |
| J0888 | Injectin, epoetin beta, 1 microgram, (for no        | No                  |                           |                   | ALL                                         |
| J0889 | Daprodustat, oral, 1 mg, (for esrd on dialys        | Not covered         |                           |                   | ALL                                         |
| J0890 | Injection, peginesatide, 0. 1 mg (for esrd o        | No                  |                           |                   | ALL                                         |
| J0890 | Injection, peginesatide, 0. 1 mg (for esrd on dialy | Not Covered         |                           |                   | CAID                                        |
| J0891 | Injection, argatroban (accord), not therape         | No                  |                           |                   | ALL                                         |
| J0892 | Injection, argatroban (accord), not therape         | No                  |                           |                   | ALL                                         |
| J0893 | Injection, decitabine (sun pharma) not ther         | No                  |                           |                   | ALL                                         |
| J0894 | INJECTION, DECITABINE, 1 MG                         | No                  |                           |                   | ALL                                         |
| J0895 | INJECTION, DEFEROXAMINE MESYLAT                     | No                  |                           |                   | ALL                                         |
| J0896 | Injection, luspatercept-aamt, 0.25 mg               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J0896 | Injection, luspatercept-aamt, 0.25 mg               | No                  |                           |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J0897 | INJECTION, DENOSUMAB, 1 MG                          | No                  |                           |                   | ALL                                         |
| J0898 | Injection, argatroban (auromedics), not the         | No                  |                           |                   | ALL                                         |
| J0899 | Injection, argatroban (auromedics), not the         | No                  |                           |                   | ALL                                         |
| J0901 | Vadadustat, oral, 1 mg (for esrd on dialysis        | Not Covered         |                           |                   | ALL (Except MED)                            |
| J0901 | Vadadustat, oral, 1 mg (for esrd on dialysis        | No                  |                           |                   | MED                                         |
| J0911 | Instillation, taurolidine 1.35 mg and heparin       | No                  |                           |                   | ALL                                         |
| J0945 | INJECTION, BROMPHENIRAMINE MALE                     | No                  |                           |                   | ALL                                         |
| J1000 | INJECTION, DEPO-ESTRADIOL CYPION                    | No                  |                           |                   | ALL                                         |
| J1050 | Injection, medroxyprogesterone acetate, 1           | No                  |                           |                   | ALL                                         |
| J1071 | Injection, testosterone cypionate, 1mg              | No                  |                           |                   | ALL                                         |
| J1094 | INJECTION, DEXAMETHASONE ACETA                      | No                  |                           |                   | ALL                                         |
| J1095 | Injection, dexamethasone 9%, intraocular,           | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                        | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|----------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J1096 | Dexamethasone, lacrimal ophthalmic insert, 0.1     | No                  |                           |                   | ALL                                         |
| J1097 | phenylephrine 10.16 mg/ml and ketorolac 2.88 mg/ml | No                  |                           |                   | ALL                                         |
| J1100 | INJECTION, DEXAMETHASONE SODIUM                    | No                  |                           |                   | ALL                                         |
| J1105 | Dexmedetomidine, oral, 1 mcg                       | Not Covered         | Check w/Pharm             |                   | ALL (Except MA)                             |
| J1105 | Dexmedetomidine, oral, 1 mcg                       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | MA                                          |
| J1010 | Injection, methylprednisolone acetate, 1 m         | No                  |                           |                   | ALL                                         |
| J1110 | INJECTION, DIHYDROERGOTAMINE ME                    | No                  |                           |                   | ALL                                         |
| J1120 | INJECTION, ACETAZOLAMIDE SODIUM                    | No                  |                           |                   | ALL                                         |
| J1130 | Injection, diclofenac sodium, 0.5 mg               | No                  |                           |                   | ALL                                         |
| J1160 | INJECTION, DIGOXIN, UP TO 0.5 MG                   | No                  |                           |                   | ALL                                         |
| J1162 | INJECTION, DIGOXIN IMMUNE FAB (OV                  | No                  |                           |                   | ALL                                         |
| J1165 | INJECTION, PHENYTOIN SODIUM, PER                   | No                  |                           |                   | ALL                                         |
| J1171 | Injection, hydromorphone, 0.1 mg                   | No                  |                           |                   | ALL                                         |
| J1180 | INJECTION, DYPHYLLINE, UP TO 500 M                 | No                  |                           |                   | ALL                                         |
| J1190 | INJECTION, DEXRAZOXANE HYDROCH                     | No                  |                           |                   | ALL                                         |
| J1200 | INJECTION, DIPHENHYDRAMINE HCL,                    | No                  |                           |                   | ALL                                         |
| J1201 | Injection, cetirizine hydrochloride, 0.5 mg        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J1201 | Injection, cetirizine hydrochloride, 0.5 mg        | No                  |                           |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J1202 | Miglustat, oral, 65 mg                             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J1202 | Miglustat, oral, 65 mg                             | No                  |                           |                   | MA, McWRAP                                  |
| J1203 | Injection, ciproglucosidase alfa-atga, 5 mg        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J1203 | Injection, ciproglucosidase alfa-atga, 5 mg        | No                  |                           |                   | MA, McWRAP                                  |
| J1205 | INJECTION, CHLOROTHIAZIDE SODIUM                   | No                  |                           |                   | ALL                                         |
| J1205 | INJECTION, CHLOROTHIAZIDE SODIUM, PEF              | Not Covered         |                           |                   | CAID                                        |
| J1212 | INJECTION, DMSO, DIMETHYL SULFOX                   | No                  |                           |                   | ALL                                         |
| J1230 | INJECTION, METHADONE HCL, UP TO                    | No                  |                           |                   | ALL                                         |
| J1240 | INJECTION, DIMENHYDRINATE, UP TO                   | No                  |                           |                   | ALL                                         |
| J1245 | INJECTION, DIPYRIDAMOLE, PER 10 M                  | No                  |                           |                   | ALL                                         |
| J1246 | Injection, dinutuximab, 0.1 mg                     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J1246 | Injection, dinutuximab, 0.1 mg                     | No                  |                           |                   | MA, McWRAP                                  |
| J1250 | INJECTION, DOBUTAMINE HYDROCHL                     | No                  |                           |                   | ALL                                         |
| J1260 | INJECTION, DOLASETRON MESYLATE,                    | No                  |                           |                   | ALL                                         |
| J1265 | INJECTION, DOPAMINE HCL, 40 MG                     | No                  |                           |                   | ALL                                         |
| J1267 | INJECTION, DORIPENEM, 10 MG                        | No                  |                           |                   | ALL                                         |
| J1270 | INJECTION, DOXERCALCIFEROL, 1 MC                   | No                  |                           |                   | ALL                                         |
| J1290 | INJECTION, ECALLANTIDE, 1 MG                       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1290 | INJECTION, ECALLANTIDE, 1 MG                       | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1300 | INJECTION, ECULIZUMAB, 10 MG                       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J1300 | INJECTION, ECULIZUMAB, 10 MG                       | No                  |                           |                   | MCWRAP                                      |
| J1301 | Injection, edaravone, 1 mg                         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1301 | Injection, edaravone, 1 mg                         | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1302 | Injection, sutimlimab-jome, 10 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1302 | Injection, sutimlimab-jome, 10 mg                  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1303 | Injection, ravulizumab-cwvz, 10 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J1303 | Injection, ravulizumab-cwvz, 10 mg                 | No                  |                           |                   | MCWRAP                                      |
| J1304 | Injection, tofersen, 1 mg                          | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J1304 | Injection, tofersen, 1 mg                          | No                  |                           |                   | MA, McWRAP                                  |
| J1305 | Injection, evinacumab-dgnb, 5mg                    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED, PRICHO)            |
| J1305 | Injection, evinacumab-dgnb, 5mg                    | No                  |                           |                   | MCWRAP, MED, PRICHO                         |
| J1306 | Injection, inclisiran, 1 mg                        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, PRICHO)                 |
| J1306 | Injection, inclisiran, 1 mg                        | No                  |                           |                   | MCWRAP, PRICHO                              |
| J1307 | Injection, crovalimab-akkz, 10 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J1307 | Injection, crovalimab-akkz, 10 mg                  | No                  |                           |                   | MCWRAP                                      |
| J1320 | INJECTION, AMITRIPTYLINE HCL, UP T                 | No                  |                           |                   | ALL                                         |
| J1322 | Injection, elosulfase alfa, 1mg                    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J1322 | Injection, elosulfase alfa, 1mg                    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1323 | Injection, elranatamab-bcmm, 1 mg                  | No                  |                           |                   | ALL                                         |
| J1324 | INJECTION, ENFUVRTIDE, 1 MG                        | No                  |                           |                   | ALL                                         |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG                    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1325 | INJECTION, EPOPROSTENOL, 0.5 MG                    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1327 | INJECTION, EPTIFIBATIDE, 5 MG                      | No                  |                           |                   | ALL                                         |
| J1330 | INJECTION, ERGONOVINE MALEATE, U                   | No                  |                           |                   | ALL                                         |
| J1335 | INJECTION, ERTAPENEM SODIUM, 500                   | No                  |                           |                   | ALL                                         |
| J1364 | INJECTION, ERYTHROMYCIN LACTOB                     | No                  |                           |                   | ALL                                         |
| J1380 | INJECTION, ESTRADIOL VALERATE, UF                  | No                  |                           |                   | ALL                                         |
| J1410 | INJECTION, ESTROGEN CONJUGATED                     | No                  |                           |                   | ALL                                         |
| J1411 | Injection, etranacogene dezaparovec-drll           | Yes                 | <a href="#">RMT</a>       |                   | ALL (Except McWRAP)                         |
| J1411 | Injection, etranacogene dezaparovec-drll           | No                  |                           |                   | MCWRAP                                      |
| J1412 | Injection, valoctocogene roxaparovec-rvo           | Yes                 | <a href="#">RMT</a>       |                   | ALL (Except McWRAP)                         |
| J1412 | Injection, valoctocogene roxaparovec-rvo           | No                  |                           |                   | McWRAP                                      |
| J1413 | Injection, delandistrogene moxeparovec-t           | Yes                 | <a href="#">RMT</a>       |                   | ALL (Except McWRAP)                         |
| J1413 | Injection, delandistrogene moxeparovec-t           | No                  |                           |                   | McWRAP                                      |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J1414 | Injection, fidanacogene elaparvovec-dzkt,     | Yes                 |                           |                   | ALL (Except MCWRAP)                         |
| J1414 | Injection, fidanacogene elaparvovec-dzkt,     | No                  |                           |                   | MCWRAP                                      |
| J1426 | Injection, casimersen, 10 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED, PRICHO)            |
| J1426 | Injection, casimersen, 10 mg                  | No                  |                           |                   | MCWRAP, MED, PRICHO                         |
| J1427 | Injection, viltolarsen, 10 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, PRICHO, MCWRAP)       |
| J1427 | Injection, viltolarsen, 10 mg                 | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP                    |
| J1429 | Injection, golodirsen, 10 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J1429 | Injection, golodirsen, 10 mg                  | No                  |                           |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J1430 | INJECTION, ETHANOLAMINE OLEATE,               | No                  |                           |                   | ALL                                         |
| J1430 | INJECTION, ETHANOLAMINE OLEATE, 100 M         | Not Covered         |                           |                   | CAID                                        |
| J1434 | Injection, fosaprepitant (focinvez), 1 mg     | No                  |                           |                   | ALL                                         |
| J1435 | INJECTION, ESTRONE, PER 1 MG                  | No                  |                           |                   | ALL                                         |
| J1436 | INJECTION, ETIDRONATE DISODIUM, P             | No                  |                           |                   | ALL                                         |
| J1437 | Injection, ferric derisomaltose, 10 mg        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, PRICHO, MCWRAP)       |
| J1437 | Injection, ferric derisomaltose, 10 mg        | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP                    |
| J1438 | INJECTION, ETANERCEPT, 25 MG (CO              | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1438 | INJECTION, ETANERCEPT, 25 MG (CO              | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1439 | Injection, ferric carboxymaltose, 1mg         | No                  |                           |                   | ALL                                         |
| J1440 | Fecal microbiota, live - jslm, 1 ml           | No                  |                           |                   | ALL                                         |
| J1442 | Injection, filgrastim (g-csf), 1 microgram    | No                  |                           |                   | ALL                                         |
| J1443 | Injection, ferric pyrophosphate citrate solut | No                  |                           |                   | ALL                                         |
| J1443 | Injection, ferric pyrophosphate citrate solut | Not Covered         |                           |                   | CAID                                        |
| J1444 | Injection, ferric pyrophosphate citrate powd  | No                  |                           |                   | ALL                                         |
| J1445 | Injection, ferric pyrophosphate citrate solut | No                  |                           |                   | ALL                                         |
| J1447 | Injection, tbo-filgrastim, 1 microgram        | No                  |                           |                   | ALL                                         |
| J1448 | Injection, trilaciclib, 1mg                   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED, PRICHO)            |
| J1448 | Injection, trilaciclib, 1mg                   | No                  |                           |                   | MCWRAP, MED, PRICHO                         |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, PRICHO)                 |
| J1449 | Injection, eflapegrastim-xnst, 0.1 mg         | No                  |                           |                   | MCWRAP, PRICHO                              |
| J1450 | INJECTION FLUCONAZOLE, 200 MG                 | No                  |                           |                   | ALL                                         |
| J1451 | INJECTION, FOMEPIZOLE, 15 MG                  | No                  |                           |                   | ALL                                         |
| J1452 | INJECTION, FOMIVIRSEN SODIUM, INT             | No                  |                           |                   | ALL                                         |
| J1453 | INJECTION, FOSAPREPITANT, 1 MG                | No                  |                           |                   | ALL                                         |
| J1454 | Injection, fosnetupitant 235 mg and palonc    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1454 | Injection, fosnetupitant 235 mg and palonc    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1455 | INJECTION, FOSCARNET SODIUM, PER              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, McWRAP, CAID, MMP, PRICH   |
| J1455 | INJECTION, FOSCARNET SODIUM, PER              | No                  |                           |                   | MED, McWrap, MMP, CAID, PRICHO              |
| J1456 | Injection, fosaprepitant (teva), not therape  | No                  |                           |                   | ALL                                         |
| J1457 | INJECTION, GALLIUM NITRATE, 1 MG              | No                  |                           |                   | ALL                                         |
| J1458 | NJECTION, GALSULFASE, 1 MG                    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1458 | NJECTION, GALSULFASE, 1 MG                    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIG            | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1459 | INJECTION, IMMUNE GLOBULIN (PRIVIG            | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAI             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1460 | INJECTION, GAMMA GLOBULIN, INTRAI             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1551 | Injection, immune globulin (cutaquig),        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1551 | Injection, immune globulin (cutaquig),        | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1552 | Injection, immune globulin (alyglo), 500 mg   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J1552 | Injection, immune globulin (alyglo), 500 mg   | No                  |                           |                   | MCWRAP, MED                                 |
| J1554 | Injection, immune globulin (asceniv), 500 r   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except MED, MMP, PRICHO, MCWRAP)       |
| J1554 | Injection, immune globulin (asceniv), 500 r   | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP                    |
| J1555 | Injection, immune globulin (cuvitru), 100 m   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1555 | Injection, immune globulin (cuvitru), 100 m   | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1556 | Injection, immune globulin (bivigam), 500 r   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1556 | Injection, immune globulin (bivigam), 500 r   | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMM             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1557 | INJECTION, IMMUNE GLOBULIN, (GAMM             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1558 | Injection, immune globulin (xembify), 100 r   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J1558 | Injection, immune globulin (xembify), 100 r   | No                  |                           |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZEN             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1559 | INJECTION, IMMUNE GLOBULIN (HIZEN             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAI             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1560 | INJECTION, GAMMA GLOBULIN, INTRAI             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMM             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1561 | INJECTION, IMMUNE GLOBULIN, (GAMM             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAG             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAG             | Yes                 |                           |                   | CAID                                        |
| J1562 | INJECTION, IMMUNE GLOBULIN (VIVAG             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRA             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRA             | Yes                 |                           |                   | CAID                                        |
| J1566 | INJECTION, IMMUNE GLOBULIN, INTRA             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1568 | INJECTION, IMMUNE GLOBULIN, (OCTA             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |

| Services that require Prior Authorization List |                                                                        |                     |                           |                   |                                             |
|------------------------------------------------|------------------------------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| Code                                           | Description                                                            | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
| J1568                                          | INJECTION, IMMUNE GLOBULIN, (OCTA                                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1569                                          | INJECTION, IMMUNE GLOBULIN, (GAMM                                      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1569                                          | INJECTION, IMMUNE GLOBULIN, (GAMM                                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1570                                          | INJECTION, GANCICLOVIR SODIUM, 50                                      | No                  |                           |                   | ALL                                         |
| J1571                                          | INJECTION, HEPATITIS B IMMUNE GLO                                      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J1571                                          | INJECTION, HEPATITIS B IMMUNE GLO                                      | No                  |                           |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J1572                                          | INJECTION, IMMUNE GLOBULIN, (FLEB                                      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1572                                          | INJECTION, IMMUNE GLOBULIN, (FLEB                                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1573                                          | INJECTION, HEPATITIS B IMMUNE GLO                                      | No                  |                           |                   | ALL                                         |
| J1574                                          | Injection, ganciclovir sodium (exela) not th                           | No                  |                           |                   | ALL                                         |
| J1575                                          | Injection, immune globulin/hyaluronidase,                              | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1575                                          | Injection, immune globulin/hyaluronidase,                              | Yes                 |                           |                   | CAID                                        |
| J1575                                          | Injection, immune globulin/hyaluronidase,                              | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1576                                          | Injection, immune globulin (panzyga), intra                            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MCWRAP, PRICHO, MMP)       |
| J1576                                          | Injection, immune globulin (panzyga), intra                            | No                  |                           |                   | MED, MCWRAP, PRICHO, MMP                    |
| J1580                                          | INJECTION, GARAMYCIN, GENTAMICIN                                       | No                  |                           |                   | ALL                                         |
| J1595                                          | INJECTION, GLATIRAMER ACETATE, 20                                      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, Caid, MMP, MED, PRICHO) |
| J1595                                          | INJECTION, GLATIRAMER ACETATE, 20                                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1596                                          | Injection, glycopyrrolate, 0.1 mg                                      | No                  |                           |                   | ALL                                         |
| J1597                                          | Injection, glycopyrrolate (glyrx-pf), 0.1 mg                           | No                  |                           |                   | ALL                                         |
| J1598                                          | Injection, glycopyrrolate (fresenius kabi), n                          | No                  |                           |                   | ALL                                         |
| J1599                                          | INJECTION, IMMUNE GLOBULIN, INTRA                                      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP, MMP, MED, PRICHO)       |
| J1599                                          | INJECTION, IMMUNE GLOBULIN, INTRA                                      | Yes                 |                           |                   | CAID                                        |
| J1599                                          | INJECTION, IMMUNE GLOBULIN, INTRA                                      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1600                                          | INJECTION, GOLD SODIUM THIOMALAT                                       | No                  |                           |                   | ALL                                         |
| J1602                                          | Injection, golimumab, 1 mg, for intravenou                             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap)                         |
| J1602                                          | Injection, golimumab, 1 mg, for intravenou                             | No                  |                           |                   | MCWRAP                                      |
| J1610                                          | INJECTION, GLUCAGON HYDROCHLOF                                         | No                  |                           |                   | ALL                                         |
| J1611                                          | Injection, glucagon hydrochloride (freseni                             | No                  |                           |                   | ALL                                         |
| J1620                                          | INJECTION, GONADORELIN HYDROCH                                         | No                  |                           |                   | ALL                                         |
| J1626                                          | INJECTION, GRANISETRON HYDROCH                                         | No                  |                           |                   | ALL                                         |
| J1627                                          | Injection, granisetron, extended-release, 0                            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1627                                          | Injection, granisetron, extended-release, 0                            | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1628                                          | Injection, guselkumab, 1 mg (VIAL ONLY)                                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap)                         |
| J1628                                          | Injection, guselkumab, 1 mg (prefilled pen/syringe/auto-injector ONLY) | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap)                         |
| J1628                                          | Injection, guselkumab, 1 mg                                            | No                  |                           |                   | MCWRAP, MED                                 |
| J1630                                          | INJECTION, HALOPERIDOL, UP TO 5 M                                      | No                  |                           |                   | ALL                                         |
| J1631                                          | INJECTION, HALOPERIDOL DECANOAT                                        | No                  |                           |                   | ALL                                         |
| J1632                                          | Injection, brexanolone, 1 mg                                           | Yes                 |                           |                   | ALL (Except MCWRAP, PRICHO, CAID)           |
| J1632                                          | Injection, brexanolone, 1 mg                                           | No                  |                           |                   | MCWRAP, PRICHO, CAID                        |
| J1640                                          | INJECTION, HEMIN, 1 MG                                                 | No                  |                           |                   | ALL                                         |
| J1642                                          | INJECTION, HEPARIN SODIUM, (HEPAR                                      | No                  |                           |                   | ALL                                         |
| J1642                                          | INJECTION, HEPARIN SODIUM, (HEPARIN LC                                 | Not Covered         |                           |                   | CAID                                        |
| J1643                                          | Injection, heparin sodium (pfizer), not ther                           | No                  |                           |                   | ALL                                         |
| J1644                                          | HEPARIN SODIUM, PER 1000U IN                                           | No                  |                           |                   | ALL                                         |
| J1645                                          | INJECTION, DALTEPARIN SODIUM, PEF                                      | No                  |                           |                   | ALL                                         |
| J1650                                          | INJECTION, ENOXAPARIN SODIUM, 10                                       | No                  |                           |                   | ALL                                         |
| J1652                                          | INJECTION, FONDAPARINUX SODIUM,                                        | No                  |                           |                   | ALL                                         |
| J1655                                          | INJECTION, TINZAPARIN SODIUM, 1000                                     | No                  |                           |                   | ALL                                         |
| J1670                                          | INJECTION, TETANUS IMMUNE GLOBU                                        | No                  |                           |                   | ALL                                         |
| J1675                                          | INJECTION, HISTRELIN ACETATE, 10 M                                     | No                  |                           |                   | ALL                                         |
| J1700                                          | INJECTION, HYDROCORTISONE ACETA                                        | No                  |                           |                   | ALL                                         |
| J1710                                          | INJECTION, HYDROCORTISONE SODIU                                        | No                  |                           |                   | ALL                                         |
| J1720                                          | INJECTION, HYDROCORTISONE SODIU                                        | No                  |                           |                   | ALL                                         |
| J1726                                          | Injection, hydroxyprogesterone caproate, (                             | Not Covered         |                           |                   | ALL                                         |
| J1729                                          | Injection, hydroxyprogesterone caproate, r                             | Not Covered         |                           |                   | ALL                                         |
| J1730                                          | INJECTION, DIAZOXIDE, UP TO 300 MG                                     | No                  |                           |                   | ALL                                         |
| J1730                                          | INJECTION, DIAZOXIDE, UP TO 300 MG                                     | Not Covered         |                           |                   | CAID                                        |
| J1738                                          | Injection, meloxicam, 1 mg                                             | No                  |                           |                   | ALL                                         |
| J1740                                          | INJECTION, IBANDRONATE SODIUM, 1                                       | No                  |                           |                   | ALL                                         |
| J1741                                          | Injection, ibuprofen, 100 mg                                           | No                  |                           |                   | ALL                                         |
| J1742                                          | INJECTION, IBUTILIDE FUMARATE, 1 M                                     | No                  |                           |                   | ALL                                         |
| J1743                                          | INJECTION, IDURSULFASE, 1 MG                                           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1743                                          | INJECTION, IDURSULFASE, 1 MG                                           | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1744                                          | Injection, icatibant, 1 mg                                             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J1744                                          | Injection, icatibant, 1 mg                                             | Yes                 |                           |                   | CAID                                        |
| J1744                                          | Injection, icatibant, 1 mg                                             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1745                                          | INJECTION, INFliximab, 10 MG                                           | Yes                 | <a href="#">BPF</a>       |                   | ALL (Except McWrap, PRICHO)                 |
| J1745                                          | INJECTION, INFliximab, 10 MG                                           | No                  |                           |                   | MCWRAP, PRICHO                              |
| J1746                                          | Injection, ibalizumab-uiyk, 10 mg                                      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, CAID, MMP, MED, PRICHO) |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                                        | Rider Requirement | Product Lines                               |
|-------|-------------------------------------------------|---------------------|--------------------------------------------|-------------------|---------------------------------------------|
| J1746 | Injection, ibalizumab-uiyk, 10 mg               | Yes                 |                                            |                   | CAID                                        |
| J1746 | Injection, ibalizumab-uiyk, 10 mg               | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1747 | Injection, spesolimab-sbzo, 1 mg                | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWRAP)                         |
| J1747 | Injection, spesolimab-sbzo, 1 mg                | No                  |                                            |                   | MCWRAP                                      |
| J1748 | Injection, infliximab-dyyb (zymfentra), 10 m    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWRAP)                         |
| J1748 | Injection, infliximab-dyyb (zymfentra), 10 m    | No                  |                                            |                   | MCWRAP                                      |
| J1750 | INJECTION, IRON DEXTRAN, 50 MG                  | No                  |                                            |                   | ALL                                         |
| J1756 | INJECTION, IRON SUCROSE, 1 MG                   | No                  |                                            |                   | ALL                                         |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS               | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1786 | INJECTION, IMIGLUCERASE, 10 UNITS               | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1790 | INJECTION, DROPERIDOL, UP TO 5 MG               | No                  |                                            |                   | ALL                                         |
| J1800 | INJECTION, PROPRANOLOL HCL, UP T                | No                  |                                            |                   | ALL                                         |
| J1805 | Injection, esmolol hydrochloride, 10 mg         | No                  |                                            |                   | ALL                                         |
| J1806 | Injection, esmolol hydrochloride (wg critica    | No                  |                                            |                   | ALL                                         |
| J1810 | INJECTION, DROPERIDOL AND FENTAL                | No                  |                                            |                   | ALL                                         |
| J1810 | INJECTION, DROPERIDOL AND FENTANYL O            | Not Covered         |                                            |                   | CAID                                        |
| J1811 | Insulin (fiasp) for administration through dr   | Not covered         |                                            |                   | ALL (Except CAID)                           |
| J1811 | Insulin (fiasp) for administration through dr   | No                  |                                            |                   | CAID                                        |
| J1812 | Insulin (fiasp), per 5 units                    | Not covered         |                                            |                   | ALL (Except CAID)                           |
| J1812 | Insulin (fiasp), per 5 units                    | No                  |                                            |                   | CAID                                        |
| J1813 | Insulin (lyumjev) for administration through    | Not covered         |                                            |                   | ALL (Except CAID)                           |
| J1813 | Insulin (lyumjev) for administration through    | No                  |                                            |                   | CAID                                        |
| J1814 | Insulin (lyumjev), per 5 units                  | Not covered         |                                            |                   | ALL (Except CAID)                           |
| J1814 | Insulin (lyumjev), per 5 units                  | No                  |                                            |                   | CAID                                        |
| J1815 | INJECTION, INSULIN, PER 5 UNITS                 | No                  |                                            |                   | ALL                                         |
| J1817 | INSULIN FOR ADMINISTRATION THROU                | No                  |                                            |                   | ALL (Except MMP)                            |
| J1817 | INSULIN FOR ADMINISTRATION THROU                | Yes                 |                                            |                   | MMP                                         |
| J1817 | INSULIN FOR ADMINISTRATION THROUGH D            | Not Covered         |                                            |                   | CAID                                        |
| J1823 | Injection, inebilizumab-cdon, 1 mg              | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, MMP, MCWRAP, PRICHO, CAI   |
| J1823 | Injection, inebilizumab-cdon, 1 mg              | No                  |                                            |                   | MED, MMP, MCWRAP, PRICHO, CAID              |
| J1826 | INJECTION, INTERFERON BETA-1A, 30               | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1826 | INJECTION, INTERFERON BETA-1A, 30               | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1830 | INJECTION, INTERFERON BETA-LB, 0.2              | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1830 | INJECTION, INTERFERON BETA-LB, 0.2              | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1833 | Injection, isavuconazonium, 1 mg                | No                  |                                            |                   | ALL (Except Caid)                           |
| J1835 | INJECTION, ITRACONAZOLE, 50 MG                  | No                  |                                            |                   | ALL                                         |
| J1835 | INJECTION, ITRACONAZOLE, 50 MG                  | Not Covered         |                                            |                   | CAID                                        |
| J1836 | Injection, metronidazole, 10 mg                 | No                  |                                            |                   | ALL                                         |
| J1885 | INJECTION, KETOROLAC TROMETHAM                  | No                  |                                            |                   | ALL                                         |
| J1890 | INJECTION, CEPHALOTHIN SODIUM, U                | No                  |                                            |                   | ALL                                         |
| J1920 | Injection, labetalol hydrochloride, 5 mg        | No                  |                                            |                   | ALL                                         |
| J1921 | Injection, labetalol hydrochloride (hikma) n    | No                  |                                            |                   | ALL                                         |
| J1930 | INJECTION, LANREOTIDE, 1 MG                     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J1930 | INJECTION, LANREOTIDE, 1 MG                     | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J1931 | INJECTION, LARONIDASE, 0.1 MG                   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1931 | INJECTION, LARONIDASE, 0.1 MG                   | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1932 | Injection, lanreotide, (cipla), 1 mg            | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWRAP, MMP, MED, PRICHO, CAI   |
| J1932 | Injection, lanreotide, (cipla), 1 mg            | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J1939 | Injection, bumetanide, 0.5 mg                   | No                  |                                            |                   | ALL                                         |
| J1940 | INJECTION, FUROSEMIDE, UP TO 20 M               | No                  |                                            |                   | ALL                                         |
| J1941 | Injection, furosemide (furoscix), 20 mg         | No                  |                                            |                   | ALL                                         |
| J1943 | Injection, aripiprazole lauroxil, (aristada ini | No                  |                                            |                   | ALL                                         |
| J1944 | Injection, aripiprazole lauroxil, (aristada), 1 | No                  |                                            |                   | ALL                                         |
| J1945 | INJECTION, LEPIRUDIN, 50 MG                     | No                  |                                            |                   | ALL                                         |
| J1950 | INJECTION, LEUPROLIDE ACETATE (F                | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J1950 | INJECTION, LEUPROLIDE ACETATE (F                | No                  |                                            |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J1951 | Injection, leuprolide acetate for depot susp    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MCWRAP, MED, MMP, PRICHO)       |
| J1951 | Injection, leuprolide acetate for depot susp    | No                  |                                            |                   | MCWRAP, MED, MMP, PRICHO                    |
| J1952 | Leuprolide injectable, camecevi, 1 mg           | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J1952 | Leuprolide injectable, camecevi, 1 mg           | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J1953 | INJECTION, LEVETIRACETAM, 10 MG                 | No                  |                                            |                   | ALL                                         |
| J1954 | Injection, leuprolide acetate for depot susp    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except CAID, MMP, MED, PRICHO, MCWRAP) |
| J1954 | Injection, leuprolide acetate for depot susp    | No                  |                                            |                   | CAID, MMP, MED, PRICHO, MCWRAP              |
| J1955 | INJECTION, LEVOCARNITINE, PER 1 G               | No                  |                                            |                   | ALL                                         |
| J1956 | INJECTION, LEVOPHOSACIN, 250 MG                 | No                  |                                            |                   | ALL                                         |
| J1960 | INJECTION, LEVOPHANOL TARTRATE                  | No                  |                                            |                   | ALL                                         |
| J1961 | Injection, lenacapavir, 1 mg                    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, MCWRAP, MMP, PRICHO)       |
| J1961 | Injection, lenacapavir, 1 mg                    | No                  |                                            |                   | MED, MCWRAP, MMP, PRICHO                    |
| J1980 | INJECTION, HYOSCYAMINE SULFATE,                 | No                  |                                            |                   | ALL                                         |
| J1990 | INJECTION, CHLORDIAZEPOXIDE HCL,                | No                  |                                            |                   | ALL                                         |
| J2002 | Injection, lidocaine hcl in 5% dextrose, 1 m    | No                  |                                            |                   | ALL                                         |
| J2003 | Injection, lidocaine hydrochloride, 1 mg        | No                  |                                            |                   | ALL                                         |
| J2004 | Injection, lidocaine hcl with epinephrine, 1    | No                  |                                            |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                                                  | Rider Requirement | Product Lines                                |
|-------|------------------------------------------------|---------------------|------------------------------------------------------|-------------------|----------------------------------------------|
| J2010 | INJECTION, LINCOMYCIN HCL, UP TO 3             | No                  |                                                      |                   | ALL                                          |
| J2020 | INJECTION, LINEZOLID, 200MG                    | No                  |                                                      |                   | ALL                                          |
| J2021 | Injection, linezolid (hospira) not therapeutic | No                  |                                                      |                   | ALL                                          |
| J2060 | INJECTION, LORAZEPAM, 2 MG                     | No                  |                                                      |                   | ALL                                          |
| J2062 | Loxapine for inhalation, 1 mg                  | No                  |                                                      |                   | ALL                                          |
| J2150 | INJECTION, MANNITOL, 25% IN 50 ML              | No                  |                                                      |                   | ALL                                          |
| J2170 | INJECTION, MECASERMIN, 1 MG                    | Yes                 | <a href="#">SPC/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2170 | INJECTION, MECASERMIN, 1 MG                    | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2175 | INJECTION, MEPERIDINE HYDROCHLO                | No                  |                                                      |                   | ALL                                          |
| J2180 | INJECTION, MEPERIDINE AND PROMET               | No                  |                                                      |                   | ALL                                          |
| J2182 | Injection, mepolizumab, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2182 | Injection, mepolizumab, 1 mg                   | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2183 | Injection, meropenem (wg critical care), no    | No                  |                                                      |                   | ALL                                          |
| J2184 | Injection, meropenem (b. braun) not therap     | No                  |                                                      |                   | ALL                                          |
| J2185 | INJECTION, MEROPENEM, 100 MG                   | No                  |                                                      |                   | ALL                                          |
| J2186 | Injection, meropenem, vaborbactam, 10 m        | No                  |                                                      |                   | ALL                                          |
| J2210 | INJECTION, METHYLERGONOVINE MAI                | No                  |                                                      |                   | ALL                                          |
| J2210 | INJECTION, METHYLERGONOVINE MAI                | Not Covered         |                                                      |                   | CAID                                         |
| J2212 | Injection, methylxaltrexone, 0. 1 mg           | Yes                 | <a href="#">SPC/ExGEN</a>                            |                   | ALL (Except McWrap, Caidd, MMP, MED, PRICHO) |
| J2212 | Injection, methylxaltrexone, 0. 1 mg           | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO, CAID               |
| J2246 | Injection, micafungin in sodium (baxter), no   | No                  |                                                      |                   | ALL                                          |
| J2247 | Injection, micafungin sodium (par pharm) r     | No                  |                                                      |                   | ALL                                          |
| J2248 | INJECTION, MICA FUNGIN SODIUM, 1 M             | No                  |                                                      |                   | ALL                                          |
| J2249 | Injection, remimazolam, 1 mg                   | No                  |                                                      |                   | ALL                                          |
| J2250 | INJECTION, MIDAZOLAM HYDROCHLO                 | No                  |                                                      |                   | ALL                                          |
| J2251 | Injection, midazolam hydrochloride (wg cri     | No                  |                                                      |                   | ALL                                          |
| J2252 | Injection, midazolam in 0.8% sodium chlor      | No                  |                                                      |                   | ALL                                          |
| J2253 | Injection, midazolam (seizalam), 1 mg          | No                  |                                                      |                   | ALL                                          |
| J2260 | INJECTION, MILRINONE LACTATE, 5 MG             | No                  |                                                      |                   | ALL                                          |
| J2265 | INJECTION, MINOCYCLINE HYDROCHL                | No                  |                                                      |                   | ALL                                          |
| J2267 | Injection, mirikizumab-mrkz, 1 mg              | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWRAP)                          |
| J2267 | Injection, mirikizumab-mrkz, 1 mg              | No                  |                                                      |                   | MCWRAP                                       |
| J2270 | INJECTION, MORPHINE SULFATE, UP T              | No                  |                                                      |                   | ALL                                          |
| J2272 | Injection, morphine sulfate (fresenius kabi)   | No                  |                                                      |                   | ALL                                          |
| J2274 | Injection, morphine sulfate, preservative-fr   | No                  |                                                      |                   | ALL                                          |
| J2277 | Injection, motixafortide, 0.25 mg              | No                  |                                                      |                   | ALL                                          |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRA              | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2278 | INJECTION, ZICONOTIDE, 1 MICROGRA              | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2280 | INJECTION, MOXIFLOXACIN, 100 MG                | No                  |                                                      |                   | ALL                                          |
| J2281 | Injection, moxifloxacin (fresenius kabi) not   | No                  |                                                      |                   | ALL                                          |
| J2290 | Injection, nafcillin sodium, 20 mg             | No                  |                                                      |                   | ALL                                          |
| J2300 | INJECTION, NALBUPHINE HYDROCHLO                | No                  |                                                      |                   | ALL                                          |
| J2305 | Injection, nitroglycerin, 5 mg                 | No                  |                                                      |                   | ALL                                          |
| J2310 | INJECTION, NALOXONE HYDROCHLOR                 | No                  |                                                      |                   | ALL                                          |
| J2311 | Injection, naloxone hydrochloride (zimhi), 1   | No                  |                                                      |                   | ALL                                          |
| J2315 | INJECTION, NALTREXONE, DEPOT FOR               | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, Caidd, MMP, MED, PRICHO) |
| J2315 | INJECTION, NALTREXONE, DEPOT FOR               | No                  |                                                      |                   | MCWRAP, Caidd, MMP, MED, PRICHO              |
| J2320 | INJECTION, NANDROLONE DECANOAT                 | No                  |                                                      |                   | ALL                                          |
| J2323 | INJECTION, NATALIZUMAB, 1 MG                   | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2323 | INJECTION, NATALIZUMAB, 1 MG                   | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2324 | INJECTION, NATALIZUMAB, 1 MG                   | No                  |                                                      |                   | MEDICARE COMP/MCWRAP                         |
| J2325 | INJECTION, NESIRITIDE, 0.1 MG                  | No                  |                                                      |                   | ALL                                          |
| J2326 | Injection, nusinersen, 0.1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, CAIDD, MMP, MED, PRICHO) |
| J2326 | Injection, nusinersen, 0.1 mg                  | No                  |                                                      |                   | MCWRAP, Caidd, MMP, MED, PRICHO              |
| J2327 | Injection, risankizumab-rzaa, intravenous,     | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWRAP)                          |
| J2327 | Injection, risankizumab-rzaa, intravenous,     | No                  |                                                      |                   | MCWRAP                                       |
| J2329 | Injection, ublituximab-xiyy, 1mg               | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except MED, MCWRAP, MMP, PRICHO)        |
| J2329 | Injection, ublituximab-xiyy, 1mg               | No                  |                                                      |                   | MED, MCWRAP, MMP, PRICHO                     |
| J2350 | Injection, ocrelizumab, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2350 | Injection, ocrelizumab, 1 mg                   | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FOR               | Yes                 | <a href="#">PCM/LINK-see note in Key above/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAIDD) |
| J2353 | INJECTION, OCTREOTIDE, DEPOT FOR               | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO, CAIDD              |
| J2354 | INJECTION, OCTREOTIDE, NON-DEPO                | No                  |                                                      |                   | ALL                                          |
| J2355 | INJECTION, OPRELVEKIN, 5 MG                    | No                  |                                                      |                   | ALL                                          |
| J2356 | Injection, tezepelumab-ekko, 1 mg              | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MMP, MED, PRICHO)        |
| J2356 | Injection, tezepelumab-ekko, 1 mg              | No                  |                                                      |                   | MCWRAP, MMP, MED, PRICHO                     |
| J2357 | INJECTION, OMALIZUMAB, 5 MG (VIAL)             | Yes                 | <a href="#">PCM/ExGEN</a>                            |                   | ALL (Except McWrap, MED)                     |
| J2357 | INJECTION, OMALIZUMAB, 5 MG                    | No                  |                                                      |                   | MCWRAP, MED                                  |
| J2358 | INJECTION, OLANZAPINE, LONG-ACTIN              | No                  |                                                      |                   | ALL                                          |
| J2359 | Injection, olanzapine, 0.5 mg                  | No                  |                                                      |                   | ALL                                          |
| J2360 | INJECTION, ORPHENADRINE CITRATE                | No                  |                                                      |                   | ALL                                          |
| J2371 | Injection, phenylephrine hydrochloride, 20     | No                  |                                                      |                   | ALL                                          |

| Services that require Prior Authorization List |                                              |                     |           |                   |                                             |
|------------------------------------------------|----------------------------------------------|---------------------|-----------|-------------------|---------------------------------------------|
| Code                                           | Description                                  | Prior Auth Required | Key       | Rider Requirement | Product Lines                               |
| J2372                                          | Injection, phenylephrine hydrochloride (bio  | No                  |           |                   | ALL                                         |
| J2373                                          | Injection, phenylephrine hydrochloride (im   | No                  |           |                   | ALL                                         |
| J2401                                          | Injection, chlorprocaine hydrochloride, pe   | No                  |           |                   | ALL                                         |
| J2402                                          | Injection, chlorprocaine hydrochloride (cl   | No                  |           |                   | ALL                                         |
| J2403                                          | Chlorprocaine hcl ophthalmic, 3% gel, 1 f    | No                  |           |                   | ALL (Except CAID)                           |
| J2403                                          | Chlorprocaine hcl ophthalmic, 3% gel, 1 f    | Yes                 | PCM/ExGEN |                   | CAID                                        |
| J2404                                          | Injection, nicardipine, 0.1 mg               | No                  |           |                   | ALL                                         |
| J2405                                          | INJECTION, ONDANSETRON HYDROCH               | No                  |           |                   | ALL                                         |
| J2406                                          | Injection, oritavancin (kimyrsa), 10 mg      | No                  |           |                   | ALL                                         |
| J2407                                          | Injection, oritavancin, 10 mg                | No                  |           |                   | ALL                                         |
| J2410                                          | INJECTION, OXYMORPHONE HCL, UP T             | No                  |           |                   | ALL                                         |
| J2425                                          | INJECTION, PALIFERMIN, 50 MICROGR            | No                  |           |                   | ALL                                         |
| J2426                                          | INJECTION, PALIPERIDONE PALMITATE            | No                  |           |                   | ALL                                         |
| J2427                                          | Injection, paliperidone palmitate extended   | No                  |           |                   | ALL                                         |
| J2430                                          | INJECTION, PAMIDRONATE DISODIUM,             | No                  |           |                   | ALL                                         |
| J2440                                          | INJECTION, PAPAVERINE HCL, UP TO 4           | No                  |           |                   | ALL                                         |
| J2460                                          | INJECTION, OXYTETRACYCLINE HCL, U            | No                  |           |                   | ALL                                         |
| J2468                                          | Injection, palonosetron hydrochloride (avy   | Not covered         |           |                   | ALL                                         |
| J2469                                          | INJECTION, PALONOSETRON HCL, 25              | No                  |           |                   | ALL (Except CAID)                           |
| J2469                                          | INJECTION, PALONOSETRON HCL, 25              | Yes                 | PCM/ExGEN |                   | CAID                                        |
| J2470                                          | Injection, pantoprazole sodium, 40 mg        | No                  |           |                   | ALL                                         |
| J2471                                          | Injection, pantoprazole (hikma), not therap  | No                  |           |                   | ALL                                         |
| J2472                                          | Injection, pantoprazole sodium in sodium c   | No                  |           |                   | ALL                                         |
| J2501                                          | INJECTION, PARICALCITOL, 1 MCG               | No                  |           |                   | ALL                                         |
| J2502                                          | Injection, pasireotide long acting, 1 mg     | Yes                 | PCM/ExGEN |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J2502                                          | Injection, pasireotide long acting, 1 mg     | No                  |           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2502                                          | Injection, pasireotide long acting, 1 mg     | Not Covered         |           |                   | CAID                                        |
| J2503                                          | INJECTION, PEGAPTANIB SODIUM, 0.3            | Yes                 | PCM/ExGEN |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2503                                          | INJECTION, PEGAPTANIB SODIUM, 0.3            | No                  |           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2504                                          | INJECTION, PEGADEMASE BOVINE, 25             | No                  |           |                   | ALL                                         |
| J2506                                          | Injection, pegfilgrastim, excludes biosimila | No                  |           |                   | ALL                                         |
| J2507                                          | INJECTION, PEGLOTICASE, 1 MG                 | Yes                 | PCM/ExGEN |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2507                                          | INJECTION, PEGLOTICASE, 1 MG                 | No                  |           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2508                                          | Injection, pegunigalsidase alfa-iwxj, 1 mg   | Yes                 | PCM/ExGEN |                   | ALL (Except MA, McWRAP)                     |
| J2508                                          | Injection, pegunigalsidase alfa-iwxj, 1 mg   | No                  |           |                   | MA, McWRAP                                  |
| J2510                                          | INJECTION, PENICILLIN G PROCAINE, /          | No                  |           |                   | ALL                                         |
| J2513                                          | INJECTION, PENTASTARCH, 10% SOLU             | No                  |           |                   | ALL                                         |
| J2515                                          | INJECTION, PENTOBARBITAL SODIUM,             | No                  |           |                   | ALL                                         |
| J2540                                          | INJECTION, PENICILLIN G POTASSIUM,           | No                  |           |                   | ALL                                         |
| J2543                                          | INJECTION, PIPERACILLIN SODIUM/TAZ           | No                  |           |                   | ALL                                         |
| J2545                                          | PENTAMIDINE ISETHIONATE, INHALAT             | No                  |           |                   | ALL                                         |
| J2547                                          | Injection, peramivir, 1 mg                   | No                  |           |                   | ALL                                         |
| J2550                                          | INJECTION, PROMETHAZINE HCL, UP T            | No                  |           |                   | ALL                                         |
| J2560                                          | INJECTION, PHENOBARBITAL SODIUM,             | No                  |           |                   | ALL                                         |
| J2561                                          | Injection, phenobarbital sodium (sezaby), 1  | Yes                 |           |                   | ALL (Except McWRAP, PRICHO)                 |
| J2561                                          | Injection, phenobarbital sodium (sezaby), 1  | No                  |           |                   | MCWRAP, PRICHO                              |
| J2562                                          | INJECTION, PLERIXAFOR, 1 MG                  | No                  |           |                   | ALL                                         |
| J2590                                          | INJECTION, OXYTOCIN, UP TO 10 UNIT           | No                  |           |                   | ALL                                         |
| J2597                                          | INJECTION, DESMOPRESSIN ACETATE              | No                  |           |                   | ALL                                         |
| J2598                                          | Injection, vasopressin, 1 unit               | No                  |           |                   | ALL                                         |
| J2599                                          | Injection, vasopressin (american regent) n   | No                  |           |                   | ALL                                         |
| J2601                                          | Injection, vasopressin (baxter), 1 unit      | No                  |           |                   | ALL                                         |
| J2650                                          | INJECTION, PREDNISOLONE ACETATE              | No                  |           |                   | ALL                                         |
| J2670                                          | INJECTION, TOLAZOLINE HCL, UP TO 2           | No                  |           |                   | ALL                                         |
| J2670                                          | INJECTION, TOLAZOLINE HCL, UP TO 25 MG       | Not Covered         |           |                   | CAID                                        |
| J2675                                          | INJECTION, PROGESTERONE, PER 50              | No                  |           |                   | ALL                                         |
| J2679                                          | Injection, fluphenazine hcl, 1.25 mg         | No                  |           |                   | ALL                                         |
| J2680                                          | INJECTION, FLUPHENAZINE DECANOA              | No                  |           |                   | ALL                                         |
| J2690                                          | INJECTION, PROCAINAMIDE HCL, UP T            | No                  |           |                   | ALL                                         |
| J2690                                          | INJECTION, PROCAINAMIDE HCL, UP TO 1 G       | Not Covered         |           |                   | CAID                                        |
| J2700                                          | INJECTION, OXACILLIN SODIUM, UP TO           | No                  |           |                   | ALL                                         |
| J2704                                          | Injection, propofol, 10 mg                   | No                  |           |                   | ALL                                         |
| J2710                                          | INJECTION, NEOSTIGMINE METHYLSU              | No                  |           |                   | ALL                                         |
| J2710                                          | INJECTION, NEOSTIGMINE METHYLSULFATE         | Not Covered         |           |                   | CAID                                        |
| J2720                                          | INJECTION, PROTAMINE SULFATE, PEI            | No                  |           |                   | ALL                                         |
| J2720                                          | INJECTION, PROTAMINE SULFATE, PER 10 M       | Not Covered         |           |                   | CAID                                        |
| J2724                                          | INJECTION, PROTEIN C CONCENTRAT              | No                  |           |                   | ALL                                         |
| J2725                                          | INJECTION, PROTIRELIN, PER 250 MCG           | No                  |           |                   | ALL                                         |
| J2725                                          | INJECTION, PROTIRELIN, PER 250 MCG           | Not Covered         |           |                   | CAID                                        |
| J2730                                          | INJECTION, PRALIDOXIME CHLORIDE,             | No                  |           |                   | ALL                                         |
| J2730                                          | INJECTION, PRALIDOXIME CHLORIDE, UP TO       | Not Covered         |           |                   | CAID                                        |
| J2760                                          | INJECTION, PHENTOLAMINE MESYLAT              | No                  |           |                   | ALL                                         |
| J2760                                          | INJECTION, PHENTOLAMINE MESYLATE, UP         | Not Covered         |           |                   | CAID                                        |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|----------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J2765 | INJECTION, METOCLOPRAMIDE HCL, U             | No                  |                           |                   | ALL                                         |
| J2770 | INJECTION, QUINUPRISTIN/DALFOPRIS            | No                  |                           |                   | ALL                                         |
| J2777 | Injection, faricimab-svoa, 0.1 mg            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, PRICHO)                 |
| J2777 | Injection, faricimab-svoa, 0.1 mg            | No                  |                           |                   | MCWRAP, PRICHO                              |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, PRICHO)                 |
| J2778 | INJECTION, RANIBIZUMAB, 0.1 MG               | No                  |                           |                   | MCWRAP, PRICHO                              |
| J2779 | Injection, ranibizumab, via intravitreal     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, PRICHO)                 |
| J2779 | Injection, ranibizumab, via intravitreal     | No                  |                           |                   | MCWRAP, PRICHO                              |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED,MMP, PRICHO,MCWRAP)         |
| J2781 | Injection, pegcetacoplan, intravitreal, 1 mg | No                  |                           |                   | MED,MMP, PRICHO,MCWRAP                      |
| J2782 | Injection, avacincaptad pegol, 0.1 mg        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP)                         |
| J2782 | Injection, avacincaptad pegol, 0.1 mg        | No                  |                           |                   | MCWRAP                                      |
| J2783 | INJECTION, RASBURICASE, 0.5 MG               | No                  |                           |                   | ALL                                         |
| J2785 | INJECTION, LEVETIRACETAM, 10 MG              | No                  |                           |                   | ALL                                         |
| J2786 | Injection, reslizumab, 1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MED)                    |
| J2786 | Injection, reslizumab, 1 mg                  | No                  |                           |                   | MCWRAP, MED                                 |
| J2787 | Riboflavin 5'-phosphate, ophthalmic soluti   | No                  |                           |                   | ALL                                         |
| J2788 | INJECTION, RHO D IMMUNE GLOBULIN             | No                  |                           |                   | ALL                                         |
| J2790 | INJECTION, RHO D IMMUNE GLOBULIN             | No                  |                           |                   | ALL                                         |
| J2791 | INJECTION, RHO(D) IMMUNE GLOBULIN            | No                  |                           |                   | ALL                                         |
| J2792 | INJECTION, RHO D IMMUNE GLOBULIN             | No                  |                           |                   | ALL                                         |
| J2793 | INJECTION, RILONACEPT, 1 MG                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2793 | INJECTION, RILONACEPT, 1 MG                  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2794 | INJECTION, RISPERIDONE, LONG ACTI            | No                  |                           |                   | ALL                                         |
| J2795 | INJECTION, ROPIVACAINE HYDROCHL              | No                  |                           |                   | ALL                                         |
| J2795 | INJECTION, ROPIVACAINE HYDROCHL              | Not Covered         |                           |                   | CAID                                        |
| J2797 | Injection, rolapitant, 0.5 mg                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2797 | Injection, rolapitant, 0.5 mg                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2798 | Injection, risperidone, (perseris), 0.5 mg   | No                  |                           |                   | ALL                                         |
| J2799 | Injection, risperidone (uzedy), 1 mg         | No                  |                           |                   | ALL                                         |
| J2800 | INJECTION, METHOCARBAMOL, UP TO              | No                  |                           |                   | ALL                                         |
| J2800 | INJECTION, METHOCARBAMOL, UP TO 10 M         | Not Covered         |                           |                   | CAID                                        |
| J2801 | Injection, risperidone (rykindo), 0.5 mg     | No                  |                           |                   | ALL                                         |
| J2802 | Injection, romiplostim, 1 microgram          | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J2802 | Injection, romiplostim, 1 microgram          | No                  |                           |                   | MCWRAP, MED                                 |
| J2805 | INJECTION, SINCALIDE, 5 MICROGRAM            | No                  |                           |                   | ALL                                         |
| J2805 | INJECTION, SINCALIDE, 5 MICROGRAMS           | Not Covered         |                           |                   | CAID                                        |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 M            | No                  |                           |                   | ALL                                         |
| J2810 | INJECTION, THEOPHYLLINE, PER 40 MG           | Not Covered         |                           |                   | CAID                                        |
| J2820 | INJECTION, SARGRAMOSTIM (GM-CSF              | No                  | *                         |                   | ALL                                         |
| J2840 | Injection, sebelipase alfa, 1 mg             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2840 | Injection, sebelipase alfa, 1 mg             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2850 | INJECTION, SECRETIN, SYNTHETIC, HI           | No                  |                           |                   | ALL                                         |
| J2850 | INJECTION, SECRETIN, SYNTHETIC, HI           | Not Covered         |                           |                   | CAID                                        |
| J2860 | Injection, siltuximab, 10 mg                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J2860 | Injection, siltuximab, 10 mg                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J2910 | INJECTION, AUROTHIOGLUCOSE, UP T             | No                  |                           |                   | ALL                                         |
| J2916 | INJECTION, SODIUM FERRIC GLUCONA             | No                  |                           |                   | ALL                                         |
| J2919 | Injection, methylprednisolone sodium succ    | No                  |                           |                   | ALL                                         |
| J2940 | INJECTION, SOMATREM, 1 MG                    | No                  |                           |                   | ALL                                         |
| J2940 | INJECTION, SOMATREM, 1 MG                    | Not Covered         |                           |                   | CAID                                        |
| J2941 | INJECTION, SOMATROPIN, 1 MG                  | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2941 | INJECTION, SOMATROPIN, 1 MG                  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J2950 | INJECTION, PROMAZINE HCL, UP TO 2            | No                  |                           |                   | ALL                                         |
| J2993 | INJECTION, RETEPLASE, 18.1 MG                | No                  |                           |                   | ALL                                         |
| J2995 | INJECTION, STREPTOKINASE, PER 250            | No                  |                           |                   | ALL                                         |
| J2997 | INJECTION, ALTEPLASE RECOMBINAN              | No                  |                           |                   | ALL                                         |
| J2998 | Injection, plasminogen, human-tvmh,          | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J2998 | Injection, plasminogen, human-tvmh,          | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3000 | INJECTION, STREPTOMYCIN, UP TO 1             | No                  |                           |                   | ALL                                         |
| J3010 | INJECTION, FENTANYL CITRATE, 0.1 M           | No                  |                           |                   | ALL                                         |
| J3030 | INJECTION, SUMATRIPTAN SUCCINATE             | No                  |                           |                   | ALL                                         |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code m   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3031 | Injection, fremanezumab-vfrm, 1 mg (code m   | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3032 | 'Injection, eptinezumab-jjmr, 1 mg           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap)                         |
| J3032 | 'Injection, eptinezumab-jjmr, 1 mg           | No                  |                           |                   | MCWRAP                                      |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J3055 | Injection, talquetamab-tgvs, 0.25 mg         | No                  |                           |                   | MA, McWRAP                                  |
| J3060 | Injection, taliglucerase alfa, 10 units      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3060 | Injection, taliglucerase alfa, 10 units      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3070 | INJECTION, PENTAZOCINE, 30 MG                | No                  |                           |                   | ALL                                         |
| J3090 | Injection, tedizolid phosphate, 1 mg         | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                                        | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------|---------------------|--------------------------------------------|-------------------|---------------------------------------------|
| J3095 | INJECTION, TELAVANCIN, 10 MG                  | No                  |                                            |                   | ALL                                         |
| J3101 | INJECTION, REGADENOSON, 0.1 MG                | No                  |                                            |                   | ALL                                         |
| J3101 | INJECTION, TENECTEPLASE, 1 MG                 | Not Covered         |                                            |                   | CAID                                        |
| J3105 | INJECTION, TERBUTALINE SULFATE, U             | No                  |                                            |                   | ALL                                         |
| J3110 | INJECTION, TERIPARATIDE, 10 MCG               | No                  |                                            |                   | ALL                                         |
| J3110 | INJECTION, TERIPARATIDE, 10 MCG               | Not Covered         |                                            |                   | CAID                                        |
| J3111 | Injection, romosozumab-aqqg, 1 mg             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap)                         |
| J3111 | Injection, romosozumab-aqqg, 1 mg             | No                  |                                            |                   | MCWRAP                                      |
| J3121 | Injection, testosterone enanthate, 1mg        | No                  |                                            |                   | ALL                                         |
| J3145 | Injection, testosterone undecanoate, 1 mg     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J3145 | Injection, testosterone undecanoate, 1 mg     | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J3230 | INJECTION, CHLORPROMAZINE HCL, U              | No                  |                                            |                   | ALL                                         |
| J3240 | INJECTION, THYROTROPIN ALPHA, 0.9             | No                  |                                            |                   | ALL                                         |
| J3241 | 'Injection, teprotumumab-trbw, 10 mg          | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J3241 | 'Injection, teprotumumab-trbw, 10 mg          | No                  |                                            |                   | MED, MMP, PRICHO, MCWRAP, CAID              |
| J3243 | INJECTION, TIGECYCLINE, 1 MG                  | No                  |                                            |                   | ALL                                         |
| J3244 | Injection, tigecycline (accord) not therapeu  | No                  |                                            |                   | ALL                                         |
| J3245 | Injection, tildrakizumab, 1 mg                | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap,MMP, MED, PRICHO)        |
| J3245 | Injection, tildrakizumab, 1 mg                | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3246 | INJECTION, TIROFIBAN HCL, 0.25MG              | No                  |                                            |                   | ALL                                         |
| J3247 | Injection, secukinumab, intravenous, 1 mg     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWRAP)                         |
| J3247 | Injection, secukinumab, intravenous, 1 mg     | No                  |                                            |                   | MCWRAP                                      |
| J3250 | INJECTION, TRIMETHOBENZAMIDE HC               | No                  |                                            |                   | ALL                                         |
| J3260 | INJECTION, TOBRAMYCIN SULFATE, U              | No                  |                                            |                   | ALL                                         |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG                  | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap)                         |
| J3262 | INJECTION, TOCILIZUMAB, 1 MG                  | No                  |                                            |                   | MCWRAP                                      |
| J3263 | Injection, toripalimab-tpzi, 1 mg             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, McWRAP)                    |
| J3263 | Injection, toripalimab-tpzi, 1 mg             | No                  |                                            |                   | MED, MCWRAP                                 |
| J3265 | INJECTION, TORSEMIDE, 10 MG/ML                | No                  |                                            |                   | ALL                                         |
| J3280 | INJECTION, THIETHYLPERAZINE MALE              | No                  |                                            |                   | ALL                                         |
| J3285 | INJECTION, TREPROSTINIL, 1 MG                 | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3285 | INJECTION, TREPROSTINIL, 1 MG                 | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3299 | Injection, triamcinolone acetonide (xip       | No                  |                                            |                   | ALL                                         |
| J3300 | INJECTION, TENECTEPLASE, 1 MG                 | No                  |                                            |                   | ALL                                         |
| J3301 | INJECTION, TRIAMCINOLONE ACETON               | No                  |                                            |                   | ALL                                         |
| J3302 | INJECTION, TRIAMCINOLONE DIACETA              | No                  |                                            |                   | ALL                                         |
| J3303 | INJECTION, TRIAMCINOLONE HEXACE               | No                  |                                            |                   | ALL                                         |
| J3304 | Injection, triamcinolone acetonide, preserv   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3304 | Injection, triamcinolone acetonide, preserv   | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3305 | INJECTION, TRIMETREXATE GLUCURC               | No                  |                                            |                   | ALL                                         |
| J3310 | INJECTION, PERPHENAZINE, UP TO 5 I            | No                  |                                            |                   | ALL                                         |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3             | Yes                 | <a href="#">PCM/LINK - see note in key</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J3315 | INJECTION, TRIPTORELIN PAMOATE, 3             | No                  |                                            |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J3316 | Injection, triptorelin, extended-release, 3.7 | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J3316 | Injection, triptorelin, extended-release, 3.7 | Yes                 |                                            |                   | CAID                                        |
| J3316 | Injection, triptorelin, extended-release, 3.7 | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3320 | INJECTION, SPECTINOMYCIN DIHYDRC              | No                  |                                            |                   | ALL                                         |
| J3350 | INJECTION, UREA, UP TO 40 GM                  | No                  |                                            |                   | ALL                                         |
| J3350 | INJECTION, UREA, UP TO 40 GM                  | Not Covered         |                                            |                   | CAID                                        |
| J3355 | INJECTION, UROFOLLITROPIN, 75 IU              | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, MED)                    |
| J3355 | INJECTION, UROFOLLITROPIN, 75 IU              | No                  |                                            |                   | MCWRAP, MED                                 |
| J3357 | INJECTION, USTEKINUMAB, 1 MG                  | Not Covered         |                                            |                   | ALL (Except MED)                            |
| J3357 | INJECTION, USTEKINUMAB, 1 MG                  | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | MED                                         |
| J3358 | Ustekinumab, for intravenous injection, 1 r   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap)                         |
| J3358 | Ustekinumab, for intravenous injection, 1 r   | No                  |                                            |                   | MCWRAP                                      |
| J3360 | INJECTION, DIAZEPAM, UP TO 5 MG               | No                  |                                            |                   | ALL                                         |
| J3364 | INJECTION, UROKINASE, 5000 IU VIAL            | No                  |                                            |                   | ALL                                         |
| J3365 | INJECTION, IV, UROKINASE, 250,000 I.U. VIA    | No                  |                                            |                   | ALL                                         |
| J3365 | INJECTION, IV, UROKINASE, 250,000 I.U. VIA    | Not Covered         |                                            |                   | CAID                                        |
| J3370 | INJECTION, VANCOMYCIN HCL, 500 MG             | No                  |                                            |                   | ALL                                         |
| J3371 | Injection, vancomycin hcl (mylan) not ther    | No                  |                                            |                   | ALL                                         |
| J3372 | Injection, vancomycin hcl (xellia) not ther   | No                  |                                            |                   | ALL                                         |
| J3380 | Injection, vedolizumab, intravenous, 1 mg     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap)                         |
| J3380 | Injection, vedolizumab, intravenous, 1 mg     | No                  |                                            |                   | MCWRAP                                      |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 11             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3385 | INJECTION, VELAGLUCERASE ALFA, 11             | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3392 | Injection, exagamglogene autotemcel, per      | Yes                 |                                            |                   | ALL (Except MCWRAP)                         |
| J3392 | Injection, exagamglogene autotemcel, per      | No                  |                                            |                   | MCWRAP                                      |
| J3393 | Injection, betibeglogene autotemcel, per tr   | Yes                 | <a href="#">RMT</a>                        |                   | ALL (Except McWRAP)                         |
| J3393 | Injection, betibeglogene autotemcel, per tr   | No                  |                                            |                   | MCWRAP                                      |
| J3394 | Injection, lovotibeglogene autotemcel, per    | Yes                 | <a href="#">RMT</a>                        |                   | ALL (Except McWRAP)                         |
| J3394 | Injection, lovotibeglogene autotemcel, per    | No                  |                                            |                   | MCWRAP                                      |
| J3396 | INJECTION, VERTEPORFIN, 0.1 MG                | No                  |                                            |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                        | Rider Requirement | Product Lines                               |
|-------|-------------------------------------------------|---------------------|----------------------------|-------------------|---------------------------------------------|
| J3397 | Injection, vestronidase alfa-vjbc, 1 mg         | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J3397 | Injection, vestronidase alfa-vjbc, 1 mg         | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3398 | Injection, voretigene neparovec-rzyl, 1 bil     | Yes                 | <a href="#">RMT</a>        |                   | ALL                                         |
| J3399 | Injection, onasemnogene abeparovec-xio          | Yes                 | <a href="#">RMT</a>        |                   | ALL                                         |
| J3400 | INJECTION, TRIFLUPROMAZINE HCL, U               | No                  |                            |                   | ALL                                         |
| J3400 | INJECTION, TRIFLUPROMAZINE HCL, UP TO           | Not Covered         |                            |                   | CAID                                        |
| J3401 | Beremagene geperpavec-svdt for topical a        | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWRAP)                         |
| J3401 | Beremagene geperpavec-svdt for topical a        | No                  |                            |                   | McWRAP                                      |
| J3410 | INJECTION, HYDROXYZINE HCL, UP TO               | No                  |                            |                   | ALL                                         |
| J3411 | INJECTION, THIAMINE HCL, 100 MG                 | No                  |                            |                   | ALL                                         |
| J3415 | INJECTION, PYRIDOXINE HCL, 100 MG               | No                  |                            |                   | ALL                                         |
| J3420 | INJECTION, VITAMIN B-12 CYANOCOPA               | No                  |                            |                   | ALL                                         |
| J3424 | Injection, hydroxocobalamin, intravenous,       | Not Covered         |                            |                   | ALL                                         |
| J3425 | Injection, hydroxocobalamin, intramuscula       | No                  |                            |                   | ALL                                         |
| J3430 | INJECTION, PHYTONADIONE (VITAMIN                | No                  |                            |                   | ALL                                         |
| J3465 | INJECTION, VORICONAZOLE, 10 MG                  | No                  |                            |                   | ALL                                         |
| J3470 | INJECTION, HYALURONIDASE, UP TO 1               | No                  |                            |                   | ALL                                         |
| J3470 | INJECTION, HYALURONIDASE, UP TO 150 UN          | Not Covered         |                            |                   | CAID                                        |
| J3471 | INJECTION, HYALURONIDASE, OVINE,                | No                  |                            |                   | ALL                                         |
| J3472 | INJECTION, HYALURONIDASE, OVINE,                | No                  |                            |                   | ALL                                         |
| J3473 | INJECTION, HYALURONIDASE, RECOM                 | No                  |                            |                   | ALL                                         |
| J3475 | INJECTION, MAGNESIUM SULFATE, PE                | No                  |                            |                   | ALL                                         |
| J3480 | INJECTION, POTASSIUM CHLORIDE, PE               | No                  |                            |                   | ALL                                         |
| J3485 | INJECTION, ZIDOVUDINE, 10 MG                    | No                  |                            |                   | ALL                                         |
| J3486 | INJECTION, ZIPRASIDONE MESYLATE,                | No                  |                            |                   | ALL                                         |
| J3489 | Injection, zoledronic acid, 1 mg                | No                  |                            |                   | ALL                                         |
| J3490 | UNCLASSIFIED DRUGS                              | No                  | <a href="#">NTM POLICY</a> |                   | ALL                                         |
| J3520 | EDETATE DISODIUM, PER 150 MG                    | No                  |                            |                   | ALL                                         |
| J3520 | EDETATE DISODIUM, PER 150 MG                    | Not Covered         |                            |                   | CAID                                        |
| J3530 | NASAL VACCINE INHALATION                        | No                  |                            |                   | ALL                                         |
| J3530 | NASAL VACCINE INHALATION                        | Not Covered         |                            |                   | CAID                                        |
| J3535 | DRUG ADMINISTERED THROUGH A ME                  | No                  |                            |                   | ALL                                         |
| J3535 | DRUG ADMINISTERED THROUGH A METERE              | Not Covered         |                            |                   | CAID                                        |
| J3570 | LAETRILE, AMYGDALIN, VITAMIN B17                | Not covered         |                            |                   | ALL (Except CAID)                           |
| J3570 | LAETRILE, AMYGDALIN, VITAMIN B17                | No                  |                            |                   | CAID                                        |
| J3590 | UNCLASSIFIED BIOLOGICS                          | Yes                 | <a href="#">NTM POLICY</a> | also see PCM link | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J3590 | UNCLASSIFIED BIOLOGICS                          | Yes                 | <a href="#">NTM POLICY</a> |                   | CAID                                        |
| J3590 | UNCLASSIFIED BIOLOGICS                          | No                  | <a href="#">NTM POLICY</a> |                   | MCWRAP, MMP, MED, PRICHO                    |
| J3591 | Unclassified drug or biological (for ESRD c     | No                  | <a href="#">NTM POLICY</a> |                   | ALL                                         |
| J3591 | Unclassified drug or biological used for esrd o | No                  | <a href="#">NTM POLICY</a> |                   | ALL                                         |
| J7030 | INFUSION, NORMAL SALINE SOLUTION                | No                  |                            |                   | ALL                                         |
| J7040 | INFUSION, NORMAL SALINE SOLUTION                | No                  |                            |                   | ALL                                         |
| J7042 | 5% DEXTROSE/NORMAL SALINE (500 N                | No                  |                            |                   | ALL                                         |
| J7050 | INFUSION, NORMAL SALINE SOLUTION                | No                  |                            |                   | ALL                                         |
| J7060 | 5% DEXTROSE/WATER (500 ML = 1 UN                | No                  |                            |                   | ALL                                         |
| J7070 | INFUSION, D5W, 1000 CC                          | No                  |                            |                   | ALL                                         |
| J7100 | INFUSION, DEXTRAN 40, 500 ML                    | No                  |                            |                   | ALL                                         |
| J7110 | INFUSION, DEXTRAN 75, 500 ML                    | No                  |                            |                   | ALL                                         |
| J7120 | RINGERS LACTATE INFUSION, UP TO 1               | No                  |                            |                   | ALL                                         |
| J7121 | 5% dextrose in lactated ringers infusion, u     | No                  |                            |                   | ALL                                         |
| J7131 | HYPERTONIC SALINE SOLUTION, 1 ML                | No                  |                            |                   | ALL                                         |
| J7165 | Injection, prothrombin complex concentrat       | No                  |                            |                   | ALL                                         |
| J7168 | Prothrombin complex concentrate (human          | No                  |                            |                   | ALL                                         |
| J7169 | Injection, coagulation factor xa (recombina     | No                  |                            |                   | ALL                                         |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg              | Yes                 | <a href="#">SPC/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg              | Yes                 |                            |                   | CAID                                        |
| J7170 | Injection, emicizumab-kxwh, 0.5 mg              | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7171 | Injection, adams13, recombinant-krhn, 10        | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWRAP)                         |
| J7171 | Injection, adams13, recombinant-krhn, 10        | No                  |                            |                   | MCWRAP                                      |
| J7175 | Injection, factor x, (human), 1 i.u.            | Yes                 | <a href="#">SPC/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7175 | Injection, factor x, (human), 1 i.u.            | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7177 | Injection, human fibrinogen concentrate (fibr   | No                  |                            |                   | ALL                                         |
| J7178 | Injection, human fibrinogen concentrate, 1      | No                  |                            |                   | ALL                                         |
| J7178 | Injection, human fibrinogen concentrate, 1 mg   | Not Covered         |                            |                   | CAID                                        |
| J7179 | Injection, von willebrand factor (recombina     | Yes                 | <a href="#">SPC/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7179 | Injection, von willebrand factor (recombina     | Yes                 |                            |                   | CAID                                        |
| J7179 | Injection, von willebrand factor (recombina     | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPH              | Yes                 | <a href="#">SPC/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7180 | INJECTION, FACTOR XIII (ANTIHEMOPH              | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7181 | Injection, factor xiii a-subunit, (recombinan   | Yes                 | <a href="#">SPC/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7181 | Injection, factor xiii a-subunit, (recombinan   | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|-------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J7182 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7182 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7183 | INJECTION, VON WILLEBRAND FACTO                 | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7183 | INJECTION, VON WILLEBRAND FACTO                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7185 | INJECTION, FACTOR VIII (ANTHEMOPH               | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7185 | INJECTION, FACTOR VIII (ANTHEMOPH               | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7186 | Injection, antihemophilic factor VIII/von Wi    | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7186 | Injection, antihemophilic factor VIII/von Wi    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7187 | INJECTION, VON WILLEBRAND FACTO                 | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7187 | INJECTION, VON WILLEBRAND FACTO                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7188 | Injection, factor viii (antihemophilic factor,  | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7188 | Injection, factor viii (antihemophilic factor,  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7189 | FACTOR VIIA (ANTHEMOPHILIC FACTO                | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7189 | FACTOR VIIA (ANTHEMOPHILIC FACTO                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7190 | FACTOR VIII, (ANTI-HEMOPHILIC FACTO             | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7190 | FACTOR VIII, (ANTI-HEMOPHILIC FACTO             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7191 | FACTOR VIII (ANTHEMOPHILIC FACTO                | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7191 | FACTOR VIII (ANTHEMOPHILIC FACTO                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7192 | FACTOR VIII (ANTHEMOPHILIC FACTO                | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7192 | FACTOR VIII (ANTHEMOPHILIC FACTO                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7193 | FACTOR IX (ANTHEMOPHILIC FACTOR                 | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7193 | FACTOR IX (ANTHEMOPHILIC FACTOR                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7194 | FACTOR IX, COMPLEX, PER I.U.                    | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7194 | FACTOR IX, COMPLEX, PER I.U.                    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7195 | FACTOR IX (ANTHEMOPHILIC FACTOR                 | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7195 | FACTOR IX (ANTHEMOPHILIC FACTOR                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7196 | INJECTION, ANTITHROMBIN RECOMBIN                | No                  |                           |                   | ALL (Except Caid)                           |
| J7196 | INJECTION, ANTITHROMBIN RECOMBIN                | Yes                 |                           |                   | Caid                                        |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U.              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7197 | ANTITHROMBIN III (HUMAN), PER I.U.              | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7198 | ANTI INHIBITOR, PER I.U.                        | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7198 | ANTI INHIBITOR, PER I.U.                        | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7199 | HEMOPHILIA CLOTTING FACTOR, NOT                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7199 | HEMOPHILIA CLOTTING FACTOR, NOT                 | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7200 | Injection, factor ix, (antihemophilic factor, r | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7200 | Injection, factor ix, (antihemophilic factor, r | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7201 | Injection, factor ix, fc fusion protein (recom  | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7201 | Injection, factor ix, fc fusion protein (recom  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7202 | Injection, factor ix, albumin fusion protein,   | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7202 | Injection, factor ix, albumin fusion protein,   | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7203 | Injection factor ix, (antihemophilic factor, re | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7203 | Injection factor ix, (antihemophilic factor, re | Yes                 |                           |                   | CAID                                        |
| J7203 | Injection factor ix, (antihemophilic factor, re | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7204 | Injection, factor viii, antihemophilic factor ( | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J7204 | Injection, factor viii, antihemophilic factor ( | No                  |                           |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J7205 | Injection, factor viii fc fusion (recombinant)  | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7205 | Injection, factor viii fc fusion (recombinant)  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7207 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7207 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7208 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7208 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7209 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7209 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7210 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7210 | Injection, factor viii, (antihemophilic factor, | Yes                 |                           |                   | CAID                                        |
| J7210 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7211 | Injection, factor viii, (antihemophilic factor, | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7211 | Injection, factor viii, (antihemophilic factor, | Yes                 |                           |                   | CAID                                        |
| J7211 | Injection, factor viii, (antihemophilic factor, | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7212 | Factor viia (antihemophilic factor, recombin    | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except MED, PRICHO, MCWRAP, MMP, CAI   |
| J7212 | Factor viia (antihemophilic factor, recombin    | No                  |                           |                   | MED, PRICHO, MCWRAP, MMP, CAID              |
| J7213 | Injection, coagulation factor ix (recombinar    | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except MED, MCWRAP, PRICHO, MMP)       |
| J7213 | Injection, coagulation factor ix (recombinar    | No                  |                           |                   | MED, MCWRAP, PRICHO, MMP                    |
| J7214 | Injection, factor viii/von willebrand factor cd | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except MA, McWRAP, MMP, PRICHO)        |
| J7214 | Injection, factor viii/von willebrand factor cd | No                  |                           |                   | MA, MCWRAP, MMP, PRICHO                     |
| J7294 | Segesterone acetate and ethinyl estradiol       | No                  |                           |                   | ALL (Except CAID)                           |
| J7294 | Segesterone acetate and ethinyl estradiol       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | CAID                                        |
| J7295 | Ethinyl estradiol and etonogestrel 0.015mg      | No                  |                           |                   | ALL (Except CAID)                           |
| J7295 | Ethinyl estradiol and etonogestrel 0.015mg      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | CAID                                        |
| J7296 | Levonorgestrel-releasing intrauterine contr     | No                  |                           |                   | ALL                                         |
| J7297 | Levonorgestrel-releasing intrauterine           | No                  |                           |                   | ALL                                         |
| J7298 | Levonorgestrel-releasing intrauterine           | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                         | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J7300 | INTRAUTERINE COPPER CONTRACEPT                      | No                  |                           |                   | ALL                                         |
| J7301 | Levonorgestrel-releasing intrauterine contr         | No                  |                           |                   | ALL                                         |
| J7304 | CONTRACEPTIVE SUPPLY, HORMONE                       | No                  |                           |                   | ALL                                         |
| J7306 | LEVONORGESTREL (CONTRACEPTIVE                       | No                  |                           |                   | ALL                                         |
| J7306 | LEVONORGESTREL (CONTRACEPTIVE) IMP                  | Not Covered         |                           |                   | CAID                                        |
| J7307 | ETONOGESTREL (CONTRACEPTIVE) IN                     | No                  |                           |                   | ALL                                         |
| J7308 | AMINOLEVULINIC ACID HCL FOR TOPIQ                   | No                  |                           |                   | ALL                                         |
| J7309 | METHYL AMINOLEVULINATE (MAL) FOR                    | No                  |                           |                   | ALL                                         |
| J7310 | GANCICLOVIR, 4.5 MG, LONG-ACTING                    | No                  |                           |                   | ALL                                         |
| J7310 | GANCICLOVIR, 4.5 MG, LONG-ACTING IMPLA              | Not Covered         |                           |                   | CAID                                        |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVIT                    | No                  |                           |                   | ALL                                         |
| J7311 | FLUOCINOLONE ACETONIDE, INTRAVITREA                 | Not Covered         |                           |                   | CAID                                        |
| J7312 | INJECTION, DEXAMETHASONE, INTRA                     | No                  |                           |                   | ALL                                         |
| J7313 | Injection, fluocinolone acetonide, intravitreal imp | No                  |                           |                   | ALL                                         |
| J7314 | Injection, fluocinolone acetonide, intravitreal imp | No                  |                           |                   | ALL                                         |
| J7315 | Mitomycin, ophthalmic, 0.2 mg                       | No                  |                           |                   | ALL                                         |
| J7316 | Injection, ocriplasmin, 0.125 mg                    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7316 | Injection, ocriplasmin, 0.125 mg                    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7318 | Hyaluronan or derivative, durolane, for intra-a     | No                  |                           |                   | ALL                                         |
| J7320 | Hyaluronan or derivative, GenVisc 850, for          | No                  |                           |                   | ALL                                         |
| J7321 | HYALURONAN OR DERIVATIVE, HYALG                     | No                  |                           |                   | ALL                                         |
| J7322 | Hyaluronan or derivative, Hymovis, for intra        | No                  |                           |                   | ALL                                         |
| J7323 | HYALURONAN OR DERIVATIVE, EUFLE                     | No                  |                           |                   | ALL                                         |
| J7324 | HYALURONAN OR DERIVATIVE, ORTHO                     | No                  |                           |                   | ALL                                         |
| J7325 | HYALURONAN OR DERIVATIVE, SYNVI                     | No                  |                           |                   | ALL                                         |
| J7326 | HYALURONAN OR DERIVATIVE, GEL-O                     | No                  |                           |                   | ALL                                         |
| J7327 | Hyaluronan or derivative, monovisc, for int         | No                  |                           |                   | ALL                                         |
| J7328 | Hyaluronan or derivative, gel-syn, for intra-       | No                  |                           |                   | ALL                                         |
| J7329 | Hyaluronan or derivative, trivisc, for intra-a      | No                  |                           |                   | ALL                                         |
| J7330 | AUTOLOGOUS CULTURED CHONDROC                        | Yes                 | <a href="#">TPC-MSK</a>   |                   | ALL (Except McWRAP)                         |
| J7330 | AUTOLOGOUS CULTURED CHONDROC                        | No                  |                           |                   | MCWRAP                                      |
| J7331 | Hyaluronan or derivative, synojoynt, for int        | No                  |                           |                   | ALL                                         |
| J7332 | Hyaluronan or derivative, triluron, for intra-      | No                  |                           |                   | ALL                                         |
| J7336 | Capsaicin 8% patch, per square centimete            | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J7336 | Capsaicin 8% patch, per square centimete            | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral s             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral s             | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7340 | Carbidopa 5 mg/levodopa 20 mg enteral s             | Not Covered         |                           |                   | CAID                                        |
| J7342 | Installation, ciprofloxacin otic suspension,        | No                  |                           |                   | ALL                                         |
| J7345 | Aminolevulinic acid hcl for topical administ        | No                  |                           |                   | ALL                                         |
| J7351 | 'Injection, bimatoprost, intracameral implan        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, PRICHO, MCWRAP)       |
| J7351 | 'Injection, bimatoprost, intracameral implan        | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP                    |
| J7352 | Afamelanotide implant, 1 mg                         | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, PRICHO, MCWRAP, MMP, CAI   |
| J7352 | Afamelanotide implant, 1 mg                         | No                  |                           |                   | MED, PRICHO, MCWRAP, MMP, CAID              |
| J7353 | Anacaulase-bcdb, 8.8% gel, 1 gram                   | Not covered         |                           |                   | ALL                                         |
| J7354 | Cantharidin for topical administration, 0.7%        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J7354 | Cantharidin for topical administration, 0.7%        | No                  |                           |                   | MA, McWRAP                                  |
| J7355 | Injection, travoprost, intracameral implant,        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J7355 | Injection, travoprost, intracameral implant,        | No                  |                           |                   | MCWRAP                                      |
| J7402 | Mometasone furoate sinus implant, (sinuva           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP, MED, MMP, PRICHO)       |
| J7402 | Mometasone furoate sinus implant, (sinuva           | No                  |                           |                   | MCWRAP, MED, MMP, PRICHO                    |
| J7500 | AZATHIOPRINE, ORAL, 50 MG                           | No                  |                           |                   | ALL                                         |
| J7500 | AZATHIOPRINE, ORAL, 50 MG                           | Not Covered         |                           |                   | CAID                                        |
| J7501 | AZATHIOPRINE, PARENTERAL, 100 MG                    | No                  |                           |                   | ALL                                         |
| J7502 | CYCLOSPORINE, ORAL, 100 MG                          | No                  |                           |                   | ALL                                         |
| J7502 | CYCLOSPORINE, ORAL, 100 MG                          | Not Covered         |                           |                   | CAID                                        |
| J7503 | Tacrolimus, extended release, (envarsus x           | No                  |                           |                   | ALL                                         |
| J7504 | LYMPHOCYTE IMMUNE GLOBULIN, AN                      | No                  |                           |                   | ALL                                         |
| J7505 | MUROMONAB-CD3, PARENTERAL, 5 M                      | No                  |                           |                   | ALL                                         |
| J7505 | MUROMONAB-CD3, PARENTERAL, 5 MG                     | Not Covered         |                           |                   | CAID                                        |
| J7507 | TACROLIMUS, ORAL, PER 1 MG                          | No                  |                           |                   | ALL                                         |
| J7507 | TACROLIMUS, ORAL, PER 1 MG                          | Not Covered         |                           |                   | CAID                                        |
| J7508 | Tacrolimus, extended release, oral, 0.1 mg          | No                  |                           |                   | ALL                                         |
| J7509 | METHYLPREDNISOLONE ORAL, PER 4                      | No                  |                           |                   | ALL                                         |
| J7509 | METHYLPREDNISOLONE ORAL, PER 4 MG                   | Not Covered         |                           |                   | CAID                                        |
| J7510 | PREDNISOLONE ORAL, PER 5 MG                         | No                  |                           |                   | ALL                                         |
| J7510 | PREDNISOLONE ORAL, PER 5 MG                         | Not Covered         |                           |                   | CAID                                        |
| J7511 | LYMPHOCYTE IMMUNE GLOBULIN, AN                      | No                  |                           |                   | ALL                                         |
| J7512 | Prednisone, immediate release or delayed            | No                  |                           |                   | ALL (Except MMP)                            |
| J7512 | Prednisone, immediate release or delayed            | Yes                 |                           |                   | MMP                                         |
| J7512 | Prednisone, immediate release or delayed            | Not Covered         |                           |                   | CAID                                        |
| J7513 | DACLIZUMAB, PARENTERAL, 25 MG                       | No                  |                           |                   | ALL                                         |
| J7514 | Mycophenolate mofetil (myhibbin), oral sus          | No                  |                           |                   | ALL                                         |
| J7515 | CYCLOSPORINE, ORAL, 25 MG                           | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|---------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| J7515 | CYCLOSPORINE, ORAL, 25 MG                   | Not Covered         |                           |                   | CAID                                        |
| J7516 | Injection, cyclosporine, 250 mg             | No                  |                           |                   | ALL                                         |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG         | No                  |                           |                   | ALL                                         |
| J7517 | MYCOPHENOLATE MOFETIL, ORAL, 250 MG         | Not Covered         |                           |                   | CAID                                        |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG             | No                  |                           |                   | ALL                                         |
| J7518 | MYCOPHENOLIC ACID, ORAL, 180 MG             | Not Covered         |                           |                   | CAID                                        |
| J7519 | Injection, mycophenolate mofetil, 10 mg     | No                  |                           |                   | ALL                                         |
| J7520 | SIROLIMUS, ORAL, 1 MG                       | No                  |                           |                   | ALL                                         |
| J7520 | SIROLIMUS, ORAL, 1 MG                       | Not Covered         |                           |                   | CAID                                        |
| J7525 | TACROLIMUS, PARENTERAL, 5 MG                | No                  |                           |                   | ALL                                         |
| J7527 | Everolimus, oral, 0. 25 mg                  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7527 | Everolimus, oral, 0. 25 mg                  | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7527 | Everolimus, oral, 0. 25 mg                  | Not Covered         |                           |                   | CAID                                        |
| J7599 | IMMUNOSUPPRESSIVE DRUG, NOT OT              | No                  |                           |                   | ALL                                         |
| J7601 | Ensifentrine, inhalation suspension, fda ap | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J7601 | Ensifentrine, inhalation suspension, fda ap | No                  |                           |                   | MCWRAP                                      |
| J7604 | ACETYLCYSTEINE, INHALATION SOLU             | Not Covered         |                           |                   | ALL                                         |
| J7605 | ARFORMOTEROL, INHALATION SOLUT              | No                  |                           |                   | ALL (Except CAID)                           |
| J7605 | ARFORMOTEROL, INHALATION SOLUT              | Not Covered         |                           |                   | CAID                                        |
| J7606 | INJECTION, ANTIHEMOPHILIC FACTOR            | No                  |                           |                   | ALL (Except CAID)                           |
| J7606 | FORMOTEROL FUMARATE, INHALATIO              | Not Covered         |                           |                   | CAID                                        |
| J7607 | LEVALBUTEROL, INHALATION SOLUTI             | Not Covered         |                           |                   | ALL                                         |
| J7608 | ACETYLCYSTEINE, INHALATION SOLU             | No                  |                           |                   | ALL                                         |
| J7609 | ALBUTEROL, INHALATION SOLUTION, I           | Not Covered         |                           |                   | ALL                                         |
| J7610 | ALBUTEROL, INHALATION SOLUTION, I           | Not Covered         |                           |                   | ALL                                         |
| J7611 | ALBUTEROL, INHALATION SOLUTION, I           | No                  |                           |                   | ALL (Except CAID)                           |
| J7611 | ALBUTEROL, INHALATION SOLUTION, I           | Not Covered         |                           |                   | CAID                                        |
| J7612 | LEVALBUTEROL, INHALATION SOLUTI             | No                  |                           |                   | ALL (Except CAID)                           |
| J7612 | LEVALBUTEROL, INHALATION SOLUTI             | Not Covered         |                           |                   | CAID                                        |
| J7613 | ALBUTEROL, INHALATION SOLUTION, I           | No                  |                           |                   | ALL (Except CAID)                           |
| J7613 | ALBUTEROL, INHALATION SOLUTION, I           | Not Covered         |                           |                   | CAID                                        |
| J7614 | LEVALBUTEROL, INHALATION SOLUTI             | No                  |                           |                   | ALL (Except CAID)                           |
| J7614 | LEVALBUTEROL, INHALATION SOLUTI             | Not Covered         |                           |                   | CAID                                        |
| J7615 | LEVALBUTEROL, INHALATION SOLUTI             | Not Covered         |                           |                   | ALL                                         |
| J7620 | ALBUTEROL, UP TO 2.5 MG AND IPRAT           | No                  |                           |                   | ALL (Except CAID)                           |
| J7620 | ALBUTEROL, UP TO 2.5 MG AND IPRAT           | Not Covered         |                           |                   | CAID                                        |
| J7622 | BECLOMETHASONE, INHALATION SOL              | Not Covered         |                           |                   | ALL                                         |
| J7624 | BETAMETHASONE, INHALATION SOLU              | Not Covered         |                           |                   | ALL                                         |
| J7626 | BUDESONIDE INHALATION SOLUTION,             | No                  |                           |                   | ALL (Except CAID)                           |
| J7626 | BUDESONIDE INHALATION SOLUTION,             | Not Covered         |                           |                   | CAID                                        |
| J7627 | BUDESONIDE, POWDER, COMPOUNDE               | Not Covered         |                           |                   | ALL                                         |
| J7628 | BITOLTEROL MESYLATE, INHALATION             | Not Covered         |                           |                   | ALL                                         |
| J7629 | BITOLTEROL MESYLATE, INHALATION             | Not Covered         |                           |                   | ALL                                         |
| J7631 | CROMOLYN SODIUM, INHALATION SOL             | No                  |                           |                   | ALL (Except CAID)                           |
| J7631 | CROMOLYN SODIUM, INHALATION SOL             | Not Covered         |                           |                   | CAID                                        |
| J7632 | CROMOLYN SODIUM, INHALATION SOL             | Not Covered         |                           |                   | ALL                                         |
| J7633 | BUDESONIDE, INHALATION SOLUTION             | No                  |                           |                   | ALL (Except CAID)                           |
| J7633 | BUDESONIDE, INHALATION SOLUTION             | Not Covered         |                           |                   | CAID                                        |
| J7634 | BUDESONIDE, INHALATION SOLUTION             | Not Covered         |                           |                   | ALL                                         |
| J7635 | ATROPINE, INHALATION SOLUTION AD            | Not Covered         |                           |                   | ALL                                         |
| J7636 | ATROPINE, INHALATION SOLUTION AD            | Not Covered         |                           |                   | ALL                                         |
| J7637 | DEXAMETHASONE, INHALATION SOLU              | Not Covered         |                           |                   | ALL                                         |
| J7638 | DEXAMETHASONE, INHALATION SOLU              | Not Covered         |                           |                   | ALL                                         |
| J7639 | DORNASE ALPHA, INHALATION SOLUT             | No                  |                           |                   | ALL (Except CAID)                           |
| J7639 | DORNASE ALPHA, INHALATION SOLUT             | Not Covered         |                           |                   | CAID                                        |
| J7640 | FORMOTEROL, INHALATION SOLUTION             | Not Covered         |                           |                   | ALL                                         |
| J7641 | FLUNISOLIDE, INHALATION SOLUTION            | Not Covered         |                           |                   | ALL                                         |
| J7642 | GLYCOPYRROLATE, INHALATION SOL              | Not Covered         |                           |                   | ALL                                         |
| J7643 | GLYCOPYRROLATE, INHALATION SOL              | Not Covered         |                           |                   | ALL                                         |
| J7644 | IPRATROPIUM BROMIDE, INHALATION             | No                  |                           |                   | ALL (Except CAID)                           |
| J7644 | IPRATROPIUM BROMIDE, INHALATION             | Not Covered         |                           |                   | CAID                                        |
| J7645 | IPRATROPIUM BROMIDE, INHALATION             | Not Covered         |                           |                   | ALL                                         |
| J7647 | ISOETHARINE HCL, INHALATION SOLU            | Not Covered         |                           |                   | ALL                                         |
| J7648 | ISOETHARINE HCL, INHALATION SOLU            | No                  |                           |                   | ALL                                         |
| J7649 | ISOETHARINE HCL, INHALATION SOLU            | No                  |                           |                   | ALL                                         |
| J7650 | ISOETHARINE HCL, INHALATION SOLU            | Not Covered         |                           |                   | ALL                                         |
| J7657 | ISOPROTERENOL HCL, INHALATION S             | Not Covered         |                           |                   | ALL                                         |
| J7658 | ISOPROTERENOL HCL, INHALATION S             | No                  |                           |                   | ALL                                         |
| J7659 | ISOPROTERENOL HCL, INHALATION S             | No                  |                           |                   | ALL                                         |
| J7660 | ISOPROTERENOL HCL, INHALATION S             | Not Covered         |                           |                   | ALL                                         |
| J7665 | MANNITOL, ADMINISTERED THROUGH              | No                  |                           |                   | ALL (Except CAID)                           |
| J7665 | MANNITOL, ADMINISTERED THROUGH              | Not Covered         |                           |                   | CAID                                        |
| J7667 | METAPROTERENOL SULFATE, INHALA              | Not Covered         |                           |                   | ALL                                         |
| J7668 | METAPROTERENOL SULFATE, INHALA              | No                  |                           |                   | ALL (Except CAID)                           |
| J7668 | METAPROTERENOL SULFATE, INHALA              | Not Covered         |                           |                   | CAID                                        |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                        | Rider Requirement | Product Lines                               |
|-------|-----------------------------------------------|---------------------|----------------------------|-------------------|---------------------------------------------|
| J7669 | METAPROTERENOL SULFATE, INHALA                | No                  |                            |                   | ALL (Except CAID)                           |
| J7669 | METAPROTERENOL SULFATE, INHALA                | Not Covered         |                            |                   | CAID                                        |
| J7670 | METAPROTERENOL SULFATE, INHALA                | Not Covered         |                            |                   | ALL                                         |
| J7674 | METHACHOLINE CHLORIDE ADMINIST                | No                  |                            |                   | ALL                                         |
| J7676 | PENTAMIDINE ISETHIONATE, INHALAT              | Not Covered         |                            |                   | ALL                                         |
| J7677 | Revefenacin inhalation solution, fda-appro    | No                  |                            |                   | ALL                                         |
| J7680 | TERBUTALINE SULFATE, INHALATION               | Not Covered         |                            |                   | ALL                                         |
| J7681 | TERBUTALINE SULFATE, INHALATION               | Not Covered         |                            |                   | ALL                                         |
| J7682 | TOBRAMYCIN, UNIT DOSE FORM, 300               | No                  |                            |                   | ALL (Except CAID)                           |
| J7682 | TOBRAMYCIN, UNIT DOSE FORM, 300               | Not Covered         |                            |                   | CAID                                        |
| J7683 | TRIAMCINOLONE, INHALATION SOLUT               | Not Covered         |                            |                   | ALL                                         |
| J7684 | TRIAMCINOLONE, INHALATION SOLUT               | Not Covered         |                            |                   | ALL                                         |
| J7685 | TOBRAMYCIN, INHALATION SOLUTION               | Not Covered         |                            |                   | ALL                                         |
| J7686 | TREPROSTINIL, INHALATION SOLUTIO              | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J7686 | TREPROSTINIL, INHALATION SOLUTIO              | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J7686 | TREPROSTINIL, INHALATION SOLUTIO              | Not Covered         |                            |                   | CAID                                        |
| J7699 | NOC DRUGS, INHALATION SOLUTION                | Not Covered         |                            |                   | ALL (Except MED)                            |
| J7699 | NOC DRUGS, INHALATION SOLUTION                | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | MED                                         |
| J7799 | NOC DRUGS, OTHER THAN INHALATIC               | Not Covered         | <a href="#">NTM POLICY</a> |                   | ALL                                         |
| J7999 | Compounded drug, not otherwise classifie      | No                  |                            |                   | ALL                                         |
| J8498 | ANTIEMETIC DRUG, RECTAL/SUPPOSI               | No                  |                            |                   | ALL (Except CAID)                           |
| J8498 | ANTIEMETIC DRUG, RECTAL/SUPPOSITORY           | Not Covered         |                            |                   | CAID                                        |
| J8499 | PRESCRIPTION DRUG, ORAL, NON CH               | No                  |                            |                   | ALL                                         |
| J8501 | APREPITANT, ORAL, 5 MG                        | No                  |                            |                   | ALL (Except CAID)                           |
| J8501 | APREPITANT, ORAL, 5 MG                        | Not Covered         |                            |                   | CAID                                        |
| J8510 | BULSULFAN; ORAL, 2 MG                         | No                  |                            |                   | ALL                                         |
| J8515 | CABERGOLINE, ORAL, 0.25 MG                    | No                  |                            |                   | ALL (Except CAID)                           |
| J8515 | CABERGOLINE, ORAL, 0.25 MG                    | Not Covered         |                            |                   | CAID                                        |
| J8522 | Capecitabine, oral, 50 mg                     | No                  |                            |                   | ALL                                         |
| J8530 | CYCLOPHOSPHAMIDE; ORAL, 25 MG                 | No                  |                            |                   | ALL                                         |
| J8540 | DEXAMETHASONE, ORAL, 0.25 MG                  | No                  |                            |                   | ALL (Except CAID)                           |
| J8541 | Dexamethasone (hemady), oral, 0.25 mg         | No                  |                            |                   | ALL                                         |
| J8560 | ETOPOSIDE; ORAL, 50 MG                        | No                  |                            |                   | ALL                                         |
| J8562 | FLUDARABINE PHOSPHATE, ORAL, 10               | No                  |                            |                   | ALL                                         |
| J8565 | GEFITINIB, ORAL, 250 MG                       | No                  |                            |                   | ALL                                         |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHER              | No                  |                            |                   | ALL (Except CAID)                           |
| J8597 | ANTIEMETIC DRUG, ORAL, NOT OTHERWISE          | Not Covered         |                            |                   | CAID                                        |
| J8600 | MELPHALAN; ORAL, 2 MG                         | No                  |                            |                   | ALL                                         |
| J8610 | METHOTREXATE; ORAL, 2.5 MG                    | No                  |                            |                   | ALL                                         |
| J8611 | Methotrexate (jylamvo), oral, 2.5 mg          | Not covered         |                            |                   | ALL                                         |
| J8612 | Methotrexate (xatmep), oral, 2.5 mg           | Not covered         |                            |                   | ALL                                         |
| J8650 | NABILONE, ORAL, 1 MG                          | No                  |                            |                   | ALL (Except CAID)                           |
| J8650 | NABILONE, ORAL, 1 MG                          | Not Covered         |                            |                   | CAID                                        |
| J8655 | Netupitant 300 mg and palonosetron 0.5 m      | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J8655 | Netupitant 300 mg and palonosetron 0.5 m      | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J8670 | Rolapitant, oral, 1 mg                        | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J8670 | Rolapitant, oral, 1 mg                        | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J8670 | Rolapitant, oral, 1 mg                        | Not Covered         |                            |                   | CAID                                        |
| J8700 | TEMOZOLOMIDE, ORAL, 5MG                       | No                  |                            |                   | ALL                                         |
| J8705 | TOPOTECAN, ORAL, 0.25 MG                      | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J8705 | TOPOTECAN, ORAL, 0.25 MG                      | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMO                | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J8999 | PRESCRIPTION DRUG, ORAL, CHEMO                | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9000 | DOXORUBICIN HCL, 10 MG                        | No                  |                            |                   | ALL                                         |
| J9015 | ALDESLEUKIN, PER SINGLE USE VIAL              | No                  |                            |                   | ALL                                         |
| J9017 | ARSENIC TRIOXIDE, 1MG                         | No                  |                            |                   | ALL                                         |
| J9019 | Injection, asparaginase (erwinaze), 1,000     | Not Covered         |                            |                   | ALL                                         |
| J9020 | ASPARAGINASE, 10,000 UNITS                    | No                  |                            |                   | ALL                                         |
| J9021 | Injection, asparaginase, recombinant, (ryla   | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except MED, CAID, MMP, PRICHO, MCWRAP) |
| J9021 | Injection, asparaginase, recombinant, (ryla   | No                  |                            |                   | MED, CAID, MMP, PRICHO, MCWRAP              |
| J9022 | Injection, atezolizumab, 10 mg                | No                  |                            |                   | ALL                                         |
| J9023 | Injection, avelumab, 10 mg                    | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9023 | Injection, avelumab, 10 mg                    | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9025 | INJECTION, AZACITIDINE, 1 MG                  | No                  |                            |                   | ALL                                         |
| J9026 | Injection, tarlatamab-dlle, 1 mg              | No                  |                            |                   | ALL                                         |
| J9027 | INJECTION, CLOFARABINE, 1 MG                  | No                  |                            |                   | ALL                                         |
| J9028 | Injection, nogapendekin alfa inbakicept-pr    | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWRAP, MED)                    |
| J9028 | Injection, nogapendekin alfa inbakicept-pr    | No                  |                            |                   | MCWRAP, MED                                 |
| J9029 | Intravesical instillation, nadofaragene firad | Yes                 | <a href="#">RMT</a>        |                   | ALL (Except MED, MCWRAP)                    |
| J9029 | Intravesical instillation, nadofaragene firad | No                  |                            |                   | MED, MCWRAP                                 |
| J9030 | BCG live intravesical instillation, 1 mg      | No                  |                            |                   | ALL                                         |
| J9032 | Injection, belinostat, 10 mg                  | No                  |                            |                   | ALL                                         |
| J9033 | INJECTION, BENDAMUSTINE, 1MG                  | No                  |                            |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key                                        | Rider Requirement   | Product Lines                               |
|-------|-----------------------------------------------|---------------------|--------------------------------------------|---------------------|---------------------------------------------|
| J9034 | Injection, bendamustine hcl (bendeka), 1 mg   | No                  |                                            |                     | ALL                                         |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG                 | Yes                 | <a href="#">PCM/LINK - see note in Key</a> | <a href="#">BPF</a> | ALL (Except McWrap, CAID)                   |
| J9035 | INJECTION, BEVACIZUMAB, 10 MG                 | No                  |                                            |                     | MCWRAP, CAID                                |
| J9036 | Injection, bendamustine hydrochloride, (Be    | No                  |                                            |                     | ALL                                         |
| J9037 | INJECTION, BELANTAMAB MAFODOTIN               | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9037 | INJECTION, BELANTAMAB MAFODOTIN               | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9039 | Injection, blinatumomab, 1 microgram          | No                  |                                            |                     | ALL                                         |
| J9040 | BLEOMYCIN SULFATE, 15 UNITS                   | No                  |                                            |                     | ALL                                         |
| J9041 | INJECTION, BORTEZOMIB, 0.1 MG                 | No                  |                                            |                     | ALL                                         |
| J9042 | Injection, brentuximab vedotin, 1 mg          | No                  |                                            |                     | ALL                                         |
| J9043 | INJECTION, CABAZITAXEL, 1 MG                  | No                  |                                            |                     | ALL                                         |
| J9045 | CARBOPLATIN, 50 MG                            | No                  |                                            |                     | ALL                                         |
| J9046 | Injection, bortezomib, (dr. reddy's), not the | No                  |                                            |                     | ALL                                         |
| J9047 | Injection, carfilzomib, 1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9047 | Injection, carfilzomib, 1 mg                  | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9048 | Injection, bortezomib (fresenius kabi), not   | No                  |                                            |                     | ALL                                         |
| J9049 | Injection, bortezomib (hospira), not therap   | No                  |                                            |                     | ALL                                         |
| J9050 | CARMUSTINE, 100 MG                            | No                  |                                            |                     | ALL                                         |
| J9051 | Injection, bortezomib (maia), not therapeut   | No                  |                                            |                     | ALL                                         |
| J9052 | Injection, carmustine (accord), not therap    | No                  |                                            |                     | ALL                                         |
| J9055 | INJECTION, CETUXIMAB, 10 MG                   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J9055 | INJECTION, CETUXIMAB, 10 MG                   | No                  |                                            |                     | MCWRAP, MMP, MED, CAID, PRICHO              |
| J9056 | Injection, bendamustine hydrochloride (viv    | No                  |                                            |                     | ALL                                         |
| J9057 | Injection, copanlisib, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9057 | Injection, copanlisib, 1 mg                   | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9060 | INJECTION, CISPLATIN, POWDER OR S             | No                  |                                            |                     | ALL                                         |
| J9061 | Injection, amivantamab-vmjw, 2 mg             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MED, MMP, McWRAP, PRICHO, CAI   |
| J9061 | Injection, amivantamab-vmjw, 2 mg             | No                  |                                            |                     | MED, MMP, MCWRAP, PRICHO, CAID              |
| J9063 | Injection, mirvetuximab soravtansine-gynx     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MED, MCWRAP, MMP, PRICHO, CAI   |
| J9063 | Injection, mirvetuximab soravtansine-gynx     | No                  |                                            |                     | MED, MCWRAP, MMP, PRICHO, CAID              |
| J9064 | Injection, cabazitaxel (sandoz), not therap   | No                  |                                            |                     | ALL                                         |
| J9065 | INJECTION, CLADRIBINE, PER 1 MG               | No                  |                                            |                     | ALL                                         |
| J9071 | Injection, cyclophosphamide (auromedics)      | No                  |                                            |                     | ALL                                         |
| J9072 | Injection, cyclophosphamide (dr. reddy's),    | No                  |                                            |                     | ALL                                         |
| J9073 | Injection, cyclophosphamide (ingenus), 5 r    | No                  |                                            |                     | ALL                                         |
| J9074 | Injection, cyclophosphamide (sandoz), 5 m     | No                  |                                            |                     | ALL                                         |
| J9075 | Injection, cyclophosphamide, not otherwise    | No                  |                                            |                     | ALL                                         |
| J9076 | Injection, cyclophosphamide (baxter), 5 m     | No                  |                                            |                     | ALL                                         |
| J9098 | CYTARABINE LIPOSOME, 10 MG                    | No                  |                                            |                     | ALL                                         |
| J9100 | CYTARABINE, 100 MG                            | No                  |                                            |                     | ALL                                         |
| J9118 | Injection, calaspargase pegol-mknl, 10 uni    | No                  |                                            |                     | ALL                                         |
| J9119 | Injection, cemiplimab-rlwc, 1 mg              | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9119 | Injection, cemiplimab-rlwc, 1 mg              | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9120 | DACTINOMYCIN, 0.5 MG                          | No                  |                                            |                     | ALL                                         |
| J9130 | DACARBAZINE, 100 MG                           | No                  |                                            |                     | ALL                                         |
| J9144 | Injection, daratumumab, 10 mg and hyalur      | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except McWrap, PRICHO, CAID, MED, MMP) |
| J9144 | Injection, daratumumab, 10 mg and hyalur      | No                  |                                            |                     | MCWRAP, PRICHO, CAID, MMP, MED              |
| J9145 | Injection, daratumumab, 10 mg                 | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9145 | Injection, daratumumab, 10 mg                 | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9150 | DAUNORUBICIN, 10 MG                           | No                  |                                            |                     | ALL                                         |
| J9151 | DAUNORUBICIN CITRATE, LIPOSOMAL               | No                  |                                            |                     | ALL                                         |
| J9153 | Injection, liposomal, 1 mg daunorubicin an    | No                  |                                            |                     | ALL                                         |
| J9155 | INJECTION, DEGARELIX, 1 MG                    | No                  |                                            |                     | ALL                                         |
| J9165 | DIETHYLSTILBESTROL DIPHOSPHATE                | No                  |                                            |                     | ALL                                         |
| J9171 | INJECTION, DOCETAXEL, 1 MG                    | No                  |                                            |                     | ALL                                         |
| J9172 | Injection, docetaxel (ingenus) not therapeu   | No                  |                                            |                     | ALL                                         |
| J9173 | Injection, durvalumab, 10 mg                  | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9173 | Injection, durvalumab, 10 mg                  | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9175 | INJECTION, ELLIOTT'S B SOLUTION, 1            | No                  |                                            |                     | ALL                                         |
| J9175 | INJECTION, ELLIOTT'S B SOLUTION, 1 ML         | Not Covered         |                                            |                     | CAID                                        |
| J9176 | Injection, elotuzumab, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9176 | Injection, elotuzumab, 1 mg                   | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.25 mg   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9177 | Injection, enfortumab vedotin-ejfv, 0.2       | No                  |                                            |                     | MED, MMP, PRICHO, McWRAP, CAID              |
| J9178 | INJECTION, EPIRUBICIN HCL, 2 MG               | No                  |                                            |                     | ALL                                         |
| J9179 | INJECTION, ERIBULIN MESYLATE, 0.1 M           | No                  |                                            |                     | ALL                                         |
| J9181 | ETOPOSIDE, 10 MG                              | No                  |                                            |                     | ALL                                         |
| J9185 | FLUDARABINE PHOSPHATE, 50 MG                  | No                  |                                            |                     | ALL                                         |
| J9190 | FLUOROURACIL, 500 MG                          | No                  |                                            |                     | ALL                                         |
| J9196 | Injection, gemcitabine hydrochloride (acco    | No                  |                                            |                     | ALL                                         |
| J9198 | Injection, gemcitabine hydrochloride, (infu   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9198 | Injection, gemcitabine hydrochloride, (infu   | No                  |                                            |                     | MED, MMP, PRICHO, McWRAP, CAID              |



**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key                                        | Rider Requirement | Product Lines                               |
|-------|---------------------------------------------|---------------------|--------------------------------------------|-------------------|---------------------------------------------|
| J9200 | FLOXURIDINE, 500 MG                         | No                  |                                            |                   | ALL                                         |
| J9201 | GEMCITABINE HCL, 200 MG                     | No                  |                                            |                   | ALL                                         |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3            | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J9202 | GOSERELIN ACETATE IMPLANT, PER 3            | No                  |                                            |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9203 | Injection, gemtuzumab ozogamicin, 0.1 mg    | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg         | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9204 | Injection, mogamulizumab-kpkc, 1 mg         | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9205 | Injection, irinotecan liposome, 1 mg        | No                  |                                            |                   | ALL                                         |
| J9206 | IRINOTECAN, 20 MG                           | No                  |                                            |                   | ALL                                         |
| J9207 | INJECTION, IXABEPILONE, 1 MG                | No                  |                                            |                   | ALL                                         |
| J9208 | IFOSFAMIDE, 1 GM                            | No                  |                                            |                   | ALL                                         |
| J9209 | MESNA, 200 MG                               | No                  |                                            |                   | ALL                                         |
| J9210 | Injection, emapalumab-lzsg, 1 mg            | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J9210 | Injection, emapalumab-lzsg, 1 mg            | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J9211 | IDARUBICIN HYDROCHLORIDE, 5 MG              | No                  |                                            |                   | ALL                                         |
| J9212 | INJECTION, INTERFERON ALFACON-1,            | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO)       |
| J9212 | INJECTION, INTERFERON ALFACON-1,            | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| J9213 | INTERFERON, ALFA-2A, RECOMBINAN             | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9213 | INTERFERON, ALFA-2A, RECOMBINAN             | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9214 | INTERFERON, ALFA-2B, RECOMBINAN             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9214 | INTERFERON, ALFA-2B, RECOMBINAN             | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9215 | INTERFERON, ALFA-N3, (HUMAN LEUK            | No                  |                                            |                   | ALL                                         |
| J9216 | INTERFERON, GAMMA 1-B, 3 MILLION U          | Yes                 | <a href="#">SPC/ExGEN</a>                  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J9216 | INTERFERON, GAMMA 1-B, 3 MILLION U          | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT S             | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9217 | LEUPROLIDE ACETATE (FOR DEPOT S             | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9218 | LEUPROLIDE ACETATE, PER 1 MG                | No                  |                                            |                   | ALL                                         |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 M            | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J9219 | LEUPROLIDE ACETATE IMPLANT, 65 M            | No                  |                                            |                   | MCWRAP, Caid, MMP, MED, PRICHO              |
| J9223 | Injection, lurbnectedin, 0.1 mg             | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9223 | Injection, lurbnectedin, 0.1 mg             | No                  |                                            |                   | MED,CAID, MMP, PRICHO, MCWRAP               |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG           | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, MMP, CAID, MED, PRICHO) |
| J9225 | HISTRELIN IMPLANT (VANTAS), 50 MG           | No                  |                                            |                   | MCWRAP, MMP, CAID, MED, PRICHO              |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA),           | Yes                 | <a href="#">PCM/LINK - see note in Key</a> |                   | ALL (Except McWrap, MMP, CAID, MED, PRICHO) |
| J9226 | HISTRELIN IMPLANT (SUPPRELIN LA),           | No                  |                                            |                   | MCWRAP, MMP, CAID, MED, PRICHO              |
| J9227 | 'Injection, isatuximab-irfc, 10 mg          | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9227 | 'Injection, isatuximab-irfc, 10 mg          | No                  |                                            |                   | MED, MMP, PRICHO, MCWRAP, CAID              |
| J9228 | INJECTION, IPILIMUMAB, 1 MG                 | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9228 | INJECTION, IPILIMUMAB, 1 MG                 | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9229 | Injection, inotuzumab ozogamicin, 0.1 mg    | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9230 | MECHLORETHAMINE HYDROCHLORID                | No                  |                                            |                   | ALL                                         |
| J9245 | INJECTION, MELPHALAN HYDROCHLO              | No                  |                                            |                   | ALL                                         |
| J9246 | Injection, melphalan (evomela), 1 mg        | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9246 | Injection, melphalan (evomela), 1 mg        | No                  |                                            |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J9247 | Injection, melphalan flufenamide, 1mg       | No                  |                                            |                   | ALL                                         |
| J9248 | Injection, melphalan (hepzato), 1 mg        | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MA, McWRAP)                     |
| J9248 | Injection, melphalan (hepzato), 1 mg        | No                  |                                            |                   | MA, McWRAP                                  |
| J9249 | Injection, melphalan (apotex), 1 mg         | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MCWRAP)                         |
| J9249 | Injection, melphalan (apotex), 1 mg         | No                  |                                            |                   | MCWRAP                                      |
| J9255 | Injection, methotrexate (accord) not therap | No                  |                                            |                   | ALL                                         |
| J9260 | Injection, methotrexate sodium, 50 mg       | No                  |                                            |                   | ALL                                         |
| J9261 | INJECTION, NELARABINE, 50 MG                | No                  |                                            |                   | ALL                                         |
| J9262 | Injection, omacetaxine mepesuccinate, 0.0   | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9262 | Injection, omacetaxine mepesuccinate, 0.0   | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9263 | INJECTION, OXALIPLATIN, 0.5 MG              | No                  |                                            |                   | ALL                                         |
| J9264 | INJECTION, PACLITAXEL PROTEIN-BOI           | No                  |                                            |                   | ALL                                         |
| J9266 | PEGASPARGASE, PER SINGLE DOSE \             | No                  |                                            |                   | ALL                                         |
| J9267 | Injection, paclitaxel, 1 mg                 | No                  |                                            |                   | ALL                                         |
| J9268 | PENTOSTATIN, PER 10 MG                      | No                  |                                            |                   | ALL                                         |
| J9269 | Injection, tagraxofusp-erzs, 10 micrograms  | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9269 | Injection, tagraxofusp-erzs, 10 micrograms  | No                  |                                            |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9270 | PLICAMYCIN, 2.5 MG                          | No                  |                                            |                   | ALL                                         |
| J9271 | Injection, pembrolizumab, 1 mg              | No                  |                                            |                   | ALL                                         |
| J9272 | Injection, dostarlimab-gxly, 10 mg          | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, MMP, McWRAP, PRICHO, CAID) |
| J9272 | Injection, dostarlimab-gxly, 10 mg          | No                  |                                            |                   | MED, MMP, MCWRAP, PRICHO, CAID              |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, MMP, McWRAP, PRICHO, CAID) |
| J9273 | Injection, tisotumab vedotin-tftv, 1 mg     | No                  |                                            |                   | MED, MMP, MCWRAP, PRICHO, CAID              |
| J9274 | Injection, tebentafusp-tebn, 1 microgram    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                   | ALL (Except MED, MMP, McWRAP, PRICHO, CAID) |
| J9274 | Injection, tebentafusp-tebn, 1 microgram    | No                  |                                            |                   | MED, MMP, MCWRAP, PRICHO, CAID              |
| J9280 | MITOMYCIN, 5 MG                             | No                  |                                            |                   | ALL                                         |

| Services that require Prior Authorization List |                                             |                     |                           |                   |                                             |
|------------------------------------------------|---------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| Code                                           | Description                                 | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
| J9281                                          | Mitomycin pyelocalyceal instillation, 1 mg  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9281                                          | Mitomycin pyelocalyceal instillation, 1 mg  | No                  |                           |                   | MCWRAP, MMP, CAID, MED, PRICHO              |
| J9285                                          | Injection, olaratumab, 10 mg                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9285                                          | Injection, olaratumab, 10 mg                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9286                                          | Injection, glofitamab-gxbm, 2.5 mg          | No                  |                           |                   | ALL                                         |
| J9290                                          | Injection, pemetrexed (avyxa), not therape  | No                  |                           |                   | ALL                                         |
| J9293                                          | INJECTION, MITOXANTRONE HYDROCLORIDE        | No                  |                           |                   | ALL                                         |
| J9294                                          | Injection, pemetrexed (hospira) not therap  | No                  |                           |                   | ALL                                         |
| J9295                                          | Injection, necitumumab, 1 mg                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9295                                          | Injection, necitumumab, 1 mg                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9296                                          | Injection, pemetrexed (accord) not therape  | No                  |                           |                   | ALL                                         |
| J9297                                          | Injection, pemetrexed (sandoz), not therap  | No                  |                           |                   | ALL                                         |
| J9298                                          | Injection, nivolumab and relatlimab-rmbw,   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, McWRAP, PRICHO, CAID) |
| J9298                                          | Injection, nivolumab and relatlimab-rmbw,   | No                  |                           |                   | MED, MMP, MCWRAP, PRICHO, CAID              |
| J9299                                          | Injection, nivolumab, 1 mg                  | No                  |                           |                   | ALL                                         |
| J9301                                          | Injection, obinutuzumab, 10 mg              | No                  |                           |                   | ALL                                         |
| J9302                                          | INJECTION, OFATUMUMAB, 10 MG                | No                  |                           |                   | ALL                                         |
| J9303                                          | INJECTION, PANITUMUMAB, 10 MG               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9303                                          | INJECTION, PANITUMUMAB, 10 MG               | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9304                                          | 'Injection, pemetrexed (pemfexy), 10 mg     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MMP, PRICHO, MCWRAP)       |
| J9304                                          | 'Injection, pemetrexed (pemfexy), 10 mg     | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP                    |
| J9305                                          | INJECTION, PEMETREXED, 10 MG                | No                  |                           |                   | ALL                                         |
| J9306                                          | Injection, pertuzumab, 1 mg                 | No                  |                           |                   | ALL                                         |
| J9307                                          | INJECTION, PRALATREXATE, 1 MG               | No                  |                           |                   | ALL                                         |
| J9308                                          | Injection, ramucirumab, 5 mg                | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9308                                          | Injection, ramucirumab, 5 mg                | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9309                                          | Injection, polatuzumab vedotin-piiq, 1 mg   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J9309                                          | Injection, polatuzumab vedotin-piiq, 1 mg   | No                  |                           |                   | MCWRAP, MED                                 |
| J9311                                          | Injection, rituximab 10 mg and hyaluronida  | Yes                 | <a href="#">BPF</a>       |                   | ALL (Except Caid, PRICHO, CAID)             |
| J9311                                          | Injection, rituximab 10 mg and hyaluronida  | No                  |                           |                   | MCWRAP, PRICHO, CAID                        |
| J9312                                          | Injection, rituximab, 10 mg                 | Yes                 | <a href="#">BPF</a>       |                   | ALL (Except McWrap, CAID)                   |
| J9312                                          | Injection, rituximab, 10 mg                 | No                  |                           |                   | MCWRAP, CAID                                |
| J9313                                          | Injection, moxetumomab pasudotox-tdfk, 0    | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9313                                          | Injection, moxetumomab pasudotox-tdfk, 0    | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9314                                          | Injection, pemetrexed (Teva) not therapeu   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP, MED, MMP, PRICHO)       |
| J9314                                          | Injection, pemetrexed (Teva) not therapeu   | No                  |                           |                   | MCWRAP, MED, MMP, PRICHO                    |
| J9316                                          | Injection, pertuzumab, trastuzumab, and h   | Yes                 | <a href="#">BPF</a>       |                   | ALL (Except Caid, PRICHO, MCWRAP)           |
| J9316                                          | Injection, pertuzumab, trastuzumab, and h   | No                  |                           |                   | PRICHO, MCWRAP, CAID                        |
| J9317                                          | Injection, sacituzumab govitecan-hziy, 2.5  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9317                                          | Injection, sacituzumab govitecan-hziy, 2.5  | No                  |                           |                   | MED, MMP, PRICHO, MCWRAP, CAID              |
| J9318                                          | Injection, romidepsin, non-lyophilized, 0.1 | No                  |                           |                   | ALL                                         |
| J9319                                          | Injection, romidepsin, lyophilized, 0.1 mg  | No                  |                           |                   | ALL                                         |
| J9320                                          | STREPTOZOCIN, 1 GM                          | No                  |                           |                   | ALL                                         |
| J9321                                          | Injection, epcoritamab-bysp, 0.16 mg        | No                  |                           |                   | ALL                                         |
| J9322                                          | Injection, pemetrexed (bluepoint) not thera | No                  |                           |                   | ALL                                         |
| J9323                                          | Injection, pemetrexed ditromethamine, 10    | No                  |                           |                   | ALL                                         |
| J9324                                          | Injection, pemetrexed (pemrydi rtu), 10 mg  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| J9324                                          | Injection, pemetrexed (pemrydi rtu), 10 mg  | No                  |                           |                   | McWRAP                                      |
| J9325                                          | Injection, talimogene laherparepvec, per 1  | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| J9325                                          | Injection, talimogene laherparepvec, per 1  | No                  |                           |                   | MCWRAP, MMP, MED, CAID, PRICHO              |
| J9328                                          | INJECTION, TEMOZOLOMIDE, 1 MG               | No                  |                           |                   | ALL                                         |
| J9329                                          | Injection, tislelizumab-jsgr, 1mg           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J9329                                          | Injection, tislelizumab-jsgr, 1mg           | No                  |                           |                   | MCWRAP, MED                                 |
| J9330                                          | INJECTION, TEMSIROLIMUS, 1 MG               | No                  |                           |                   | ALL                                         |
| J9331                                          | Injection, sirolimus protein-bound part     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9331                                          | Injection, sirolimus protein-bound part     | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9332                                          | Injection, efgartigimod alfa-fcab, 2mg      | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, PRICHO)                 |
| J9332                                          | Injection, efgartigimod alfa-fcab, 2mg      | No                  |                           |                   | MCWRAP, PRICHO                              |
| J9333                                          | Injection, rozanolixizumab-noli, 1 mg       | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP, MED)                    |
| J9333                                          | Injection, rozanolixizumab-noli, 1 mg       | No                  |                           |                   | McWRAP                                      |
| J9333                                          | Injection, rozanolixizumab-noli, 1 mg       | Not Covered         |                           |                   | MED                                         |
| J9334                                          | Injection, efgartigimod alfa, 2 mg and hyal | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MA, McWRAP)                     |
| J9334                                          | Injection, efgartigimod alfa, 2 mg and hyal | No                  |                           |                   | MA, McWRAP                                  |
| J9340                                          | THIOTEPA, 15 MG                             | No                  |                           |                   | ALL                                         |
| J9345                                          | Injection, retifanlimab-dlwr, 1 mg          | No                  |                           |                   | ALL                                         |
| J9347                                          | Injection, tremelimumab-actl, 1 mg          | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MCWRAP, MMP, PRICHO, CAID) |
| J9347                                          | Injection, tremelimumab-actl, 1 mg          | No                  |                           |                   | MED, MCWRAP, MMP, PRICHO, CAID              |
| J9348                                          | Injection, naxitamab-ggqk, 1 mg             | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MCWRAP, MED, MMP, PRICHO, CAID) |
| J9348                                          | Injection, naxitamab-ggqk, 1 mg             | No                  |                           |                   | MCWRAP, MED, MMP, PRICHO, caid              |
| J9349                                          | Injection, tafasitamab-cxix, 2 mg           | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9349                                          | Injection, tafasitamab-cxix, 2 mg           | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9350                                          | Injection, mosunetuzumab-axgb, 1 mg         | No                  |                           |                   | ALL                                         |
| J9351                                          | INJECTION, TOPOTECAN, 0.1 MG                | No                  |                           |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key                         | Rider Requirement | Product Lines                               |
|-------|---------------------------------------------------|---------------------|-----------------------------|-------------------|---------------------------------------------|
| J9352 | Injection, trabectedin, 0.1 mg                    | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9352 | Injection, trabectedin, 0.1 mg                    | No                  |                             |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9353 | Injection, margetuximab-cmkb, 5 mg                | Yes                 | <a href="#">BPF</a>         |                   | ALL (Except MCWRAP, MED, MMP, PRICHO, CAID) |
| J9353 | Injection, margetuximab-cmkb, 5 mg                | No                  |                             |                   | MCWRAP, MED, MMP, PRICHO, CAID              |
| J9354 | Injection, ado-trastuzumab emtansine, 1 mg        | No                  |                             |                   | ALL                                         |
| J9355 | TRASTUZUMAB, 10 MG                                | Yes                 | <a href="#">BPF</a>         |                   | ALL (Except McWRAP, CAID)                   |
| J9355 | TRASTUZUMAB, 10 MG                                | No                  |                             |                   | McWRAP, CAID                                |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluro         | Yes                 | <a href="#">BPF</a>         |                   | ALL (Except McWrap, PRICHO, CAID)           |
| J9356 | Injection, trastuzumab, 10 mg and Hyaluro         | No                  |                             |                   | MCWRAP, PRICHO, CAID                        |
| J9357 | VALRUBICIN, INTRAVESICAL, 200 MG                  | No                  |                             |                   | ALL                                         |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxk         | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9358 | Injection, fam-trastuzumab deruxtecan-nxk         | No                  |                             |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.075     | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except Caid, MED, MMP, PRICHO, MCWRAP) |
| J9359 | Injection, loncastuximab tesirine-lpyl, 0.075     | No                  |                             |                   | MED, MMP, PRICHO, McWRAP, CAID              |
| J9360 | VINBLASTINE SULFATE, 1 MG                         | No                  |                             |                   | ALL                                         |
| J9361 | Injection, efbemalenograstim alfa-vuxw, 0.1       | Not covered         |                             |                   | ALL                                         |
| J9370 | VINCRISTINE SULFATE, 1 MG                         | No                  |                             |                   | ALL                                         |
| J9376 | Injection, pozelimab-bbfg, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except MA, McWRAP)                     |
| J9376 | Injection, pozelimab-bbfg, 1 mg                   | No                  |                             |                   | MA, McWRAP                                  |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg               | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except MED, MCWRAP, MMP, PRICHO, CAID) |
| J9380 | Injection, teclistamab-cqyv, 0.5 mg               | No                  |                             |                   | MED, MCWRAP, MMP, PRICHO, CAID              |
| J9381 | Injection, tepilizumab-mzvw, 5 mcg                | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except MED, MCWRAP, MMP, PRICHO, CAID) |
| J9381 | Injection, tepilizumab-mzvw, 5 mcg                | No                  |                             |                   | MED, MCWRAP, MMP, PRICHO, CAID              |
| J9390 | VINORELBINE TARTRATE, PER 10 MG                   | No                  |                             |                   | ALL                                         |
| J9393 | Injection, fulvestrant (teva) not therapeutic     | No                  |                             |                   | ALL                                         |
| J9394 | Injection, fulvestrant (fresenius kabi) not th    | No                  |                             |                   | ALL                                         |
| J9395 | INJECTION, FULVESTRANT, 25 MG                     | No                  |                             |                   | ALL                                         |
| J9400 | Injection, ziv-aflibercept, 1 mg                  | Yes                 | <a href="#">PCM/ExGEN</a>   |                   | ALL (Except McWrap, MMP, MED, PRICHO, CAID) |
| J9400 | Injection, ziv-aflibercept, 1 mg                  | No                  |                             |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| J9600 | PORFIMER SODIUM, 75 MG                            | No                  |                             |                   | ALL                                         |
| J9999 | NOT OTHERWISE CLASSIFIED, ANTINE                  | No                  | <a href="#">NTM POLICY</a>  |                   | ALL                                         |
| K0606 | 'AUTOMATIC EXTERNAL DEFIBRILLATOR                 | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP)                         |
| K0606 | 'AUTOMATIC EXTERNAL DEFIBRILLATOR                 | No                  |                             |                   | MCWRAP                                      |
| L8600 | IMPLANTABLE BREAST PROSTHESIS, SILICONE           | No                  |                             |                   | ALL                                         |
| L8603 | COLLAGEN IMPLANT, URINARY TRACT                   | No                  |                             |                   | ALL                                         |
| L8604 | INJECTION, TEMSIROLIMUS, 1 MG                     | No                  |                             |                   | ALL                                         |
| L8605 | Injectable bulking agent, dextranomer/hyal        | Not Covered         |                             |                   | ALL (Except MED, MMP, CAID)                 |
| L8605 | Injectable bulking agent, dextranomer/hyal        | No                  |                             |                   | MED, MMP, CAID                              |
| L8606 | INJECTABLE BULKING AGENT, SYNTHETIC               | No                  |                             |                   | ALL                                         |
| L8607 | Injectable bulking agent for vocal cord medializa | No                  |                             |                   | ALL                                         |
| L8609 | ARTIFICIAL CORNEA                                 | No                  |                             |                   | ALL                                         |
| L8610 | OCULAR IMPLANT                                    | No                  |                             |                   | ALL                                         |
| L8612 | AQUEOUS SHUNT                                     | No                  |                             |                   | ALL                                         |
| L8613 | OSSICULA IMPLANT                                  | No                  |                             |                   | ALL                                         |
| L8614 | COCHLEAR DEVICE, INCLUDES ALL INTRACRANIAL        | No                  |                             |                   | ALL                                         |
| L8615 | HEADSET/HEADPIECE FOR USE W/COCHLEAR              | No                  |                             |                   | ALL                                         |
| L8616 | MICROPHONE FOR USE W/COCHLEAR                     | No                  |                             |                   | ALL                                         |
| L8617 | TRANSMITTING COIL FOR USW W/COCHLEAR              | No                  |                             |                   | ALL                                         |
| L8618 | TRANSMITTER CABLE FOR USE W/COCHLEAR              | No                  |                             |                   | ALL                                         |
| L8619 | COCHLEAR IMPLANT EXTERNAL SPEECH                  | No                  |                             |                   | ALL                                         |
| L8621 | ZINC AIR BATTERY FOR USE W/COCHLEAR               | Not Covered         |                             |                   | ALL (Except CAID, MMP, MED, UAW)            |
| L8621 | ZINC AIR BATTERY FOR USE W/COCHLEAR               | Yes                 |                             |                   | Caid, MMP                                   |
| L8621 | ZINC AIR BATTERY FOR USE W/COCHLEAR               | No                  |                             |                   | MED, UAW                                    |
| L8622 | ALKALINE BATTERY FOR USE W/COCHLEAR               | Not Covered         |                             |                   | ALL (Except CAID, MMP, MED, UAW)            |
| L8622 | ALKALINE BATTERY FOR USE W/COCHLEAR               | Yes                 |                             |                   | Caid, MMP                                   |
| L8622 | ALKALINE BATTERY FOR USE W/COCHLEAR               | No                  |                             |                   | MED, UAW                                    |
| L8623 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | Not Covered         |                             |                   | ALL (Except CAID, MMP, MED, UAW)            |
| L8623 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | Yes                 |                             |                   | Caid, MMP                                   |
| L8623 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | No                  |                             |                   | MED, UAW                                    |
| L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | Not Covered         |                             |                   | ALL (Except CAID, MMP, MED, UAW)            |
| L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | Yes                 |                             |                   | Caid, MMP                                   |
| L8624 | LITHIUM ION BATTERY FOR USE WITH COCHLEAR         | No                  |                             |                   | MED, UAW                                    |
| L8627 | COCHLEAR IMPLANT, EXTERNAL SPEECH                 | No                  |                             |                   | ALL                                         |
| L8628 | COCHLEAR IMPLANT, EXTERNAL CONNECTION             | No                  |                             |                   | ALL                                         |
| L8629 | TRANSMITTING COIL AND CABLE, INTERNAL             | No                  |                             |                   | ALL                                         |
| L8630 | METACARPOPHALANGEAL JOINT IMPLANT                 | No                  |                             |                   | ALL                                         |
| L8631 | METACARPAL PHALANGEAL JOINT IMPLANT               | No                  |                             |                   | ALL                                         |
| L8641 | METATARSAL JOINT IMPLANT                          | No                  |                             |                   | ALL                                         |
| L8642 | HALLUX IMPLANT                                    | No                  |                             |                   | ALL                                         |
| L8658 | INTERPHALANGEAL JOINT SPACER, SILICONE            | No                  |                             |                   | ALL                                         |
| L8659 | INTERPHALANGEAL FINGER JOINT IMPLANT              | No                  |                             |                   | ALL                                         |
| L8670 | VASCULAR GRAFT MATERIAL, SYNTHETIC                | No                  |                             |                   | ALL                                         |
| L8680 | IMPLANTABLE NEUROSTIMULATOR ELECTRODE             | No                  |                             |                   | ALL                                         |
| L8681 | PATIENT PROGRAMMER (EXTERNAL) FOR NEUROSTIMULATOR | No                  |                             |                   | ALL                                         |
| L8682 | IMPLANTABLE NEUROSTIMULATOR RECHARGER             | No                  |                             |                   | ALL                                         |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines               |
|-------|----------------------------------------------|---------------------|----------------------|-------------------|-----------------------------|
| L8683 | RADIOFREQUENCY TRANSMITTER (EX               | No                  |                      |                   | ALL                         |
| L8684 | RADIOFREQUENCY TRANSMITTER (EX               | No                  |                      |                   | ALL                         |
| L8685 | IMPLANTABLE NEUROSTIMULATOR PU               | No                  |                      |                   | ALL                         |
| L8686 | IMPLANTABLE NEUROSTIMULATOR PU               | No                  |                      |                   | ALL                         |
| L8687 | IMPLANTABLE NEUROSTIMULATOR PU               | No                  |                      |                   | ALL                         |
| L8688 | IMPLANTABLE NEUROSTIMULATOR PU               | No                  |                      |                   | ALL                         |
| L8689 | EXTERNAL RECHARGING SYSTEM FOI               | No                  |                      |                   | ALL                         |
| L8690 | AUDITORY OSSEOINTEGRATED DEVIC               | No                  |                      |                   | ALL                         |
| L8691 | AUDITORY OSSEOINTEGRATED DEVIC               | No                  |                      |                   | ALL                         |
| L8692 | AUDITORY OSSEOINTEGRATED DEVIC               | No                  |                      |                   | ALL                         |
| L8693 | AUDITORY OSSEOINTEGRATED DEVIC               | No                  |                      |                   | ALL                         |
| L8695 | EXTERNAL RECHARGING SYSTEM FOI               | No                  |                      |                   | ALL                         |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERW               | Yes                 |                      |                   | ALL (Except MCWRAP, PRICHO) |
| L8699 | PROSTHETIC IMPLANT, NOT OTHERW               | No                  |                      |                   | MCWRAP,PRICHO               |
| L9900 | ORTHOTIC AND PROSTHETIC SUPPLY               | No                  |                      |                   | ALL                         |
| M0001 | Advancing cancer care mips value pathwa      | Not covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0002 | Optimal care for kidney health mips value    | Not covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0004 | Supportive care for neurodegenerative cor    | Not covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0005 | Promoting wellness mips value pathways       | Not covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0010 | Enhancing oncology model (eom) monthly       | Not covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0075 | CELLULAR THERAPY                             | Not Covered         |                      |                   | ALL                         |
| M0076 | PROLOTHERAPY                                 | Not Covered         |                      |                   | ALL                         |
| M0100 | INTRAGASTRIC HYPOTHERMIA USING               | No                  |                      |                   | ALL                         |
| M0100 | INTRAGASTRIC HYPOTHERMIA USING               | Not Covered         |                      |                   | CAID                        |
| M0201 | COVID-19 vaccine administration inside a     | No                  |                      |                   | ALL                         |
| M0220 | Injection, tixagevimab and cilgavimab, for   | No                  |                      |                   | ALL                         |
| M0221 | Injection, tixagevimab and cilgavimab, for   | No                  |                      |                   | ALL                         |
| M0222 | Intravenous injection, bebtelovimab, includ  | No                  |                      |                   | ALL                         |
| M0223 | Intravenous injection, bebtelovimab, includ  | No                  |                      |                   | ALL                         |
| M0224 | Pemivibart infusion                          | No                  |                      |                   | ALL                         |
| M0239 | Intravenous infusion, bamlanivimab-xxxx, i   | No                  |                      |                   | ALL                         |
| M0240 | Intravenous infusion or subcutaneous injed   | No                  |                      |                   | ALL                         |
| M0241 | Intravenous infusion or subcutaneous injed   | No                  |                      |                   | ALL                         |
| M0243 | intravenous infusion, casirivimab and imde   | No                  |                      |                   | ALL                         |
| M0244 | Intravenous infusion, casirivimab and imde   | No                  |                      |                   | ALL (Except CAID)           |
| M0244 | Intravenous infusion, casirivimab and imde   | Not covered         |                      |                   | CAID                        |
| M0245 | intravenous infusion, bamlanivimab and et    | No                  |                      |                   | ALL                         |
| M0246 | Intravenous infusion, bamlanivimab and et    | No                  |                      |                   | ALL (Except CAID)           |
| M0246 | Intravenous infusion, bamlanivimab and et    | Not covered         |                      |                   | CAID                        |
| M0247 | Intravenous infusion, sotrovimab, includes   | No                  |                      |                   | ALL                         |
| M0248 | Intravenous infusion, sotrovimab, includes   | No                  |                      |                   | ALL                         |
| M0249 | Intravenous infusion, tocilizumab, for hosp  | No                  |                      |                   | ALL                         |
| M0250 | Intravenous infusion, tocilizumab, for hosp  | No                  |                      |                   | ALL                         |
| M0300 | IV CHELATION THERAPY (CHEMICAL E             | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M0301 | FABRIC WRAPPING OF ABDOMINAL AN              | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1003 | Tb screening performed and results interpr   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1004 | Documentation of medical reason for not s    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1005 | Tb screening not performed or results not    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1006 | Disease activity not assessed, reason not    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1007 | >=50% of total number of a patient's outpa   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1008 | <50% of total number of a patient's outpati  | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1009 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1010 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1011 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1012 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1013 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1014 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1015 | Patient treatment and final evaluation com   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1016 | Female patients unable to bear children      | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1018 | Patients with an active diagnosis or history | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1019 | Adolescent patients 12 to 17 years of age    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1020 | Adolescent patients 12 to 17 years of age    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1021 | Patient had only urgent care visits during t | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1023 | Adolescent patients 12 to 17 years of age    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1024 | Adolescent patients 12 to 17 years of age    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1027 | Imaging of the head (ct or mri) was obtaine  | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1028 | Documentation of patients with primary he    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1029 | Imaging of the head (ct or mri) was not obt  | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1032 | Adults currently taking pharmacotherapy fo   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1033 | Pharmacotherapy for oud initiated after jur  | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1034 | Adults who have at least 180 days of conti   | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1035 | Adults who are deliberately phased out of    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1036 | Adults who have not had at least 180 days    | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |
| M1037 | Patients with a diagnosis of lumbar spine f  | Not Covered         | <a href="#">INFO</a> |                   | ALL                         |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|--------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| M1038 | Patients with a diagnosis of lumbar spine r      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1039 | Patients with a diagnosis of lumbar spine r      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1040 | Patients with a diagnosis of lumbar idiopat      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1041 | Patient had cancer, fracture or infection re     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1043 | Functional status measurement with score         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1045 | Functional status measurement with score         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1046 | Functional status measurement with score         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1049 | Functional status measurement with score         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1051 | Patient had cancer, fracture or infection re     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1052 | Leg pain was not measured by the visual anal     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1054 | Patient had only urgent care visits during the p | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1055 | Aspirin or another antiplatelet therapy used     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1056 | Prescribed anticoagulant medication during th    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1057 | Aspirin or another antiplatelet therapy not use  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1058 | Patient was a permanent nursing home reside      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1059 | Patient was in hospice or receiving palliative c | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1060 | Patient died prior to the end of the performan   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1061 | Patient pregnancy                                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1062 | Patient immunocompromised                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1063 | Patients receiving high doses of immunosuppr     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1064 | Shingrix vaccine documented as administered      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1065 | Shingrix vaccine was not administered for reas   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1066 | Shingrix vaccine not documented as administe     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1067 | Hospice services for patient provided any time   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1068 | Adults who are not ambulatory                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1069 | Patient screened for future fall risk            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1070 | Patient not screened for future fall risk, reaso | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1072 | Radiation therapy for anal cancer under th       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1073 | Radiation therapy for anal cancer under th       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1074 | Radiation therapy for bladder cancer unde        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1075 | Radiation therapy for bladder cancer unde        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1076 | Radiation therapy for bone metastases un         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1077 | Radiation therapy for bone metastases un         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1078 | Radiation therapy for brain metastases un        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1079 | Radiation therapy for brain metastases un        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1080 | Radiation therapy for breast cancer under        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1081 | Radiation therapy for breast cancer under        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1082 | Radiation therapy for cervical cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1083 | Radiation therapy for cervical cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1084 | Radiation therapy for cns tumors under the       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1085 | Radiation therapy for cns tumors under the       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1086 | Radiation therapy for colorectal cancer unc      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1087 | Radiation therapy for colorectal cancer unc      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1088 | Radiation therapy for head and neck canc         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1089 | Radiation therapy for head and neck canc         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1094 | Radiation therapy for lung cancer under th       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1095 | Radiation therapy for lung cancer under th       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1096 | Radiation therapy for lymphoma under the         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1097 | Radiation therapy for lymphoma under the         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1098 | Radiation therapy for pancreatic cancer un       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1099 | Radiation therapy for pancreatic cancer un       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1100 | Radiation therapy for prostate cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1101 | Radiation therapy for prostate cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1102 | Radiation therapy for upper gi cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1103 | Radiation therapy for upper gi cancer unde       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1104 | Radiation therapy for uterine cancer under       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1105 | Radiation therapy for uterine cancer under       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1106 | The start of an episode of care documente        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1107 | Documentation stating patient has a diagn        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1108 | Ongoing care not indicated, patient seen c       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1109 | Ongoing care not indicated, patient discha       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1110 | Ongoing care not indicated, patient self-dis     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1111 | The start of an episode of care documente        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1112 | Documentation stating patient has a diagn        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1113 | Ongoing care not indicated, patient seen c       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1114 | Ongoing care not indicated, patient discha       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1115 | Ongoing care not indicated, patient self-dis     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1116 | The start of an episode of care documente        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1117 | Documentation stating patient has a diagn        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1118 | Ongoing care not indicated, patient seen c       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| M1119 | Ongoing care not indicated, patient discha     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1120 | Ongoing care not indicated, patient self-dis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1121 | The start of an episode of care documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1122 | Documentation stating patient has a diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1123 | Ongoing care not indicated, patient seen d     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1124 | Ongoing care not indicated, patient discha     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1125 | Ongoing care not indicated, patient self-dis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1126 | The start of an episode of care documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1127 | Documentation stating patient has a diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1128 | Ongoing care not indicated, patient seen d     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1129 | Ongoing care not indicated, patient discha     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1130 | Ongoing care not indicated, patient self-dis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1131 | Documentation stating patient has a diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1132 | Ongoing care not indicated, patient seen d     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1133 | Ongoing care not indicated, patient discha     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1134 | Ongoing care not indicated, patient self-dis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1135 | The start of an episode of care documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1136 | The start of an episode of care documente      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1137 | Documentation stating patient has a diagn      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1138 | Ongoing care not indicated, patient seen d     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1139 | Ongoing care not indicated, patient self-dis   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1140 | Ongoing care not indicated, patient discha     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1141 | Functional status was not measured by the      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1142 | Emergent cases                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1143 | Initiated episode of rehabilitation therapy, r | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1144 | Ongoing care not indicated, patient seen d     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1146 | Ongoing care not clinically indicated becau    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1147 | Ongoing care not medically possible becau      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1148 | Ongoing care not possible because the pa       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1149 | Patient unable to complete the neck fs pro     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1150 | Left ventricular ejection fraction (Ivef) less | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1151 | Patients with a history of heart transplant d  | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1152 | Patients with a history of heart transplant d  | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1153 | Patient with diagnosis of osteoporosis on d    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1159 | Hospice services provided to patient any ti    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1160 | Patient had anaphylaxis due to the mening      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1161 | Patient had anaphylaxis due to the tetanus     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1162 | Patient had encephalitis due to the tetanus    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1163 | Patient had anaphylaxis due to the hpv vac     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1164 | Patients with dementia any time during the     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1165 | Patients who use hospice services any tim      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1166 | Pathology report for tissue specimens prog     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1167 | In hospice or using hospice services durin     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1168 | Patient received an influenza vaccine on o     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1169 | Documentation of medical reason(s) for no      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1170 | Patient did not receive an influenza vaccin    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1171 | Patient received at least one td vaccine or    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1172 | Documentation of medical reason(s) for no      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1173 | Patient did not receive at least one td vacc   | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1174 | Patient received at least one dose of the h    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1175 | Documentation of medical reason(s) for no      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1176 | Patient did not receive at least one dose o    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1177 | Patient received any pneumococcal conjug       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1178 | Documentation of medical reason(s) for no      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1179 | Patient did not receive any pneumococcal       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1180 | Patients on immune checkpoint inhibitor th     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1181 | Grade 2 or above diarrhea and/or grade 2       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1182 | Patients not eligible due to pre-existing infl | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1183 | Documentation of immune checkpoint inhi        | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1184 | Documentation of medical reason(s) for no      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1185 | Documentation of immune checkpoint inhi        | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1186 | Patients who have an order for or are rece     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1187 | Patients with a diagnosis of end stage ren     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1188 | Patients with a diagnosis of chronic kidney    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1189 | Documentation of a kidney health evaluati      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1190 | Documentation of a kidney health evaluati      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1191 | Hospice services provided to patient any ti    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1192 | Patients with an existing diagnosis of squa    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1193 | Surgical pathology reports that contain imp    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1194 | Documentation of medical reason(s) surgic      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1195 | Surgical pathology reports that do not cont    | Not covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|-------------------------------------------------|---------------------|----------------------|-------------------|---------------|
| M1196 | Initial (index visit) numeric rating scale (nrs | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1197 | Itch severity assessment score is reduced       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1198 | Itch severity assessment score was not re       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1199 | Patients receiving rrt                          | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1200 | Ace inhibitor (ace-i) or arb therapy prescri    | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1201 | Documentation of medical reason(s) for no       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1202 | Documentation of patient reason(s) for not      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1203 | Ace inhibitor or arb therapy not prescribed     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1204 | Initial (index visit) numeric rating scale (nrs | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1205 | Itch severity assessment score is reduced       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1206 | Itch severity assessment score was not re       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1207 | Number of patients screened for food inse       | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1208 | Number of patients not screened for food i      | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1209 | At least two orders for high-risk medicatio     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1210 | At least two orders for high-risk medicatio     | Not covered         | <a href="#">INFO</a> |                   | ALL           |
| M1211 | Hemoglobin a1c level >9.0%                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1212 | Missing hb a1c level                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1213 | No hx spiro prs spiro>=70%                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1214 | Spiro results wth obs doc                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1215 | Med rsn for no doc spiro                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1216 | No spiro doc no res doc                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1217 | Sys rsn no doc spiro                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1218 | Pt copd symptoms                                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1220 | Dre wth interp rtnophy                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1221 | Dre w/o rtnophy                                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1222 | Glaucoma pln of care not doc                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1223 | Glaucoma plan of care doc                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1224 | lop dec <20% from base                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1225 | lop dec>=20% from base                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1226 | lop not doc                                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1227 | Eb therapy prescribed                           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1228 | Pt + hcv aby +vir w/ rx 3 mo                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1229 | Pt w/ +hcv +vir ref win 1 mo                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1230 | Pt hcv rctv aby no f/u tst                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1231 | Pt hcv tst no reactive res                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1232 | Pt hcv tst reactive result                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1233 | Pt no hcv aby or result                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1234 | Pt hcv rctv aby f/u neg                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1235 | Doc pt hcv aby rna tst                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1236 | Baseline mrs > 2                                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1237 | Pt rsn no scrn                                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1238 | Doc 2nd recom hzv 2-6 mo int                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1239 | Pt no resp heard                                | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1240 | Pt no resp best int                             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1241 | Pt no resp seen as person                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1242 | Pt no resp imprt to me                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1243 | Pt othr thn true heard                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1244 | Pt othr thn true best int                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1245 | Pt othr thn true person                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1246 | Pt othr thn true imprt to me                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1247 | Pt resp true best int                           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1248 | Pt resp true seen as person                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1249 | Pt resp true imprt to me                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1250 | Pt resp true heard                              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1251 | Pts proxy cmplt hu surv                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1252 | Pts no cmplt hu survey                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1253 | Pts hu surv no amb plltv                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1254 | Pts deceased prior hu surv                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1255 | Pts w/ othr rsn vst,+prg tst                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1256 | Prior history of known cvd                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1257 | Cvd risk assess not perf                        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1258 | Cvd risk assess perf                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1259 | Pt kid transplt wtlist lv don                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1260 | Pt no kd trnsplt wtlist lv do                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1261 | Pts on wtlist bef dialysis                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1262 | Pts transplt bef dialysis                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1263 | Pts hosp dialysis dt                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1265 | Cms 2728 completed                              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1266 | Pts admit snf                                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1267 | Pt no act kid transplt wtlist                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1268 | Pt ac stat kid trnsplt wtlist                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|------------------------------|---------------------|----------------------|-------------------|---------------|
| M1269 | Rec'd esrd mcp 1st day of mo | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1270 | Pts no kid transplt wlst     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1271 | Pts dem any time/dur mo      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1272 | Pts kid transplt wlst        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1273 | Pts snf 1 yr dialysis        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1274 | Pts snf exl mo               | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1275 | Pts hosp exl                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1276 | Calc bmi out nrm param nof/u | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1277 | Colorectal ca screen doc rev | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1278 | Pre-htn or htn doc, f/u indc | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1279 | Pre-htn/htn, no f/u, not gvn | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1280 | Bilat mast/hx bi /unilat mas | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1281 | Bp scrn no perf at interval  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1282 | Pt scrn tbco id as non user  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1283 | Pt scrn tbco and id as user  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1284 | Pt 66+ snp or ltc pos > 90d  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1285 | Scrn mam perf rsIts not doc  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1286 | Bmi doc onl fup not cmpltd   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1287 | Calc bmi blw low param f/u   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1288 | Doc rsn no hbp scrn or f/u   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1289 | No pt tbco cess interv rng   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1290 | Pt not eli d/t act dig htn   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1291 | Pt 66+ frailty and med dem   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1292 | Pt 66+ frail inpt adv ill    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1293 | Calc bmi abv up param f/u    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1294 | Bp scrn perf rec interval    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1295 | Pt hx tot col or colon ca    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1296 | Calc bmi norm parameters     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1297 | Bmi not doc medrsn ptref     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1298 | Doc pt preg dur msrmt pd     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1299 | Flu immunize order/admin     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1300 | Flu imm no admin doc rea     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1301 | Pt rcv tbco cess interv      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1302 | Scrn mam perf rsIts doc      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1303 | Hospc serv dur meas pd       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1304 | No pneum vax admin 19+       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1305 | Pneum vax admin 19+          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1306 | Pt anphx due to pneum        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1307 | Doc pt pal or hospice        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1308 | Flu immunize no admin        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1309 | Pall serv during meas        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1310 | Pt scr tob & cess int        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1311 | Aphlx to vax bef enc         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1312 | No pt tbco scrn rng          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1313 | No tob scr/cess int          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1314 | Bmi not calculated           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1315 | Crc no doc no rsn            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1316 | Tobacco non-user             | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1317 | Pts counsl cpt opt out       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1318 | Pts no csp doc contact       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1319 | Pts csp doc contact          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1320 | Pts scrn + hrsn              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1321 | Pts no 7wk inj,no iop,iop>25 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1322 | Pts 7wk inj, scrn iop =<25   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1323 | Pts 7wk inj, scrn iop >25    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1324 | Pts intravitreal/pci         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1325 | Doc med rsn not seen         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1326 | Pts dx hypotony              | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1327 | Pts no eval ini xm no 8 wks  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1328 | Pts dx acute vitreous hem    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1329 | Pts act pvd 2 wks 8 wks      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1330 | Doc pts rsn no f/u xm        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1331 | Pts eval ini xm 8 wks        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1332 | Pts no eval ini xm no 2 wks  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1333 | Acute vitreous hemorrhage    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1334 | Pts act pvd 2 wks 2 wks      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1335 | Doc pts rsn no f/u xm        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1336 | Pts eval ini xm 2 wks        | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1337 | Acute pvd                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1338 | Pt f/u 30-180 dys no + imprv | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1339 | Pts f/u 30-180 dys + improv  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                  | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|----------------------|-------------------|---------------|
| M1340 | Indx whodas 2.0 or sds                       | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1341 | Pt no f/u 30-180 dys                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1342 | Pts died perf per                            | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1343 | Pt pam lvl 4 base or srt lin                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1344 | Pts no bsln or 2nd pam score                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1345 | Pt bsln pam, 2nd scr 6-12 mo                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1346 | Pts no pam 6 pts 6-12 mo                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1347 | Pt pam incr 3 pt 6-12 mo                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1348 | Pt pam incr 6 pt 6-12 mo                     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1349 | Pt no pam 3 pts 6-12 mo                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1350 | Pt w/ suic saf pln init rev                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1351 | Pt cmplt suicd saf pln 120dy                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1352 | Suicd c-ssrs assessment, equ                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1353 | Pts no cmplt suicd saf pln                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1354 | Pt no suicd saf pln 120dy                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1355 | Suicd based cln eval                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1356 | Pt died dur meas pd                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1357 | Pt w/red suic idea 120 days                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1358 | Pts no <suicd idea 120 dys                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1359 | Indx suicd idea, no 0 scr                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1360 | Suicd c-ssrs assessment                      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1361 | Suicd based cln eval                         | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1362 | Pt died dur meas pd                          | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1363 | Pts no f/u 120 dys                           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1364 | Ascvd risk >=20pct                           | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1365 | Hosp+pall care spec code 17                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1366 | Focus on women's health mvp                  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1367 | Qual care ent disorder mvp                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1368 | Prev trt inf d/o hiv/hep mvp                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1369 | Qualcare mental hlth/sud mvp                 | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1370 | Rehab support msk care mvp                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1371 | Most recent glycemic status assessment (     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1372 | Most recent glycemic status assessment (     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1373 | Most recent glycemic status assessment (     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1374 | An additional encounter with an ra diagnos   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1375 | An additional encounter with an ra diagnos   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1376 | An additional encounter with an ra diagnos   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1377 | Recommended follow-up interval for repea     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1378 | Documentation of medical reason(s) for nd    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1379 | A 10 year follow-up interval for colonoscop  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1380 | Filled at least two prescriptions during the | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1381 | Patients with secondary stroke (e.g., a sub  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1382 | Patient encounter during the performance     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1383 | Acute pvd                                    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1384 | Patients who died during the performance     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1385 | Documentation of patient reasons for patie   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1386 | Patients with an excisional surgery for mel  | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1387 | Patients who died during the performance     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1388 | Patients with documentation of an exam p     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1389 | Documentation of patient reasons for no e    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1390 | Patients who do not have a documented e      | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1391 | All patients who were diagnosed with recu    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1392 | Documentation of patient reasons for no e    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1393 | Patients who were not diagnosed with recu    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1394 | Stages i-iii breast cancer                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1395 | Patients receiving an initial chemotherapy   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1396 | Patients on a therapeutic clinical trial     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1397 | Patients with recurrence/disease progress    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1398 | Patients with baseline and follow-up promi   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1399 | Patients who leave the practice during the   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1400 | Patients who died during the follow-up per   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1401 | Stages i-iii breast cancer                   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1402 | Patients receiving an initial chemotherapy   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1403 | Patients with baseline and follow-up promi   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1404 | Patients on a therapeutic clinical trial     | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1405 | Patients with recurrence/disease progress    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1406 | Patients who leave the practice during the   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1407 | Patients who died during the follow-up per   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1408 | Patients who have germline brca testing c    | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1409 | Patients who received germline testing for   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |
| M1410 | Patients who did not have germline testing   | Not Covered         | <a href="#">INFO</a> |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key                  | Rider Requirement | Product Lines     |
|-------|---------------------------------------------|---------------------|----------------------|-------------------|-------------------|
| M1411 | Currently on first-line immune checkpoint i | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1412 | Patients with metastatic nsclc with epidern | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1413 | Patients who had a positive pd-11 biomark   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1414 | Documentation of medical reason(s) for no   | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1415 | Patients who did not have a positive pd-11  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1416 | Patient received hospice services any time  | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1417 | Patients who are up to date on their covid- | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1418 | Patients who are not up to date on their co | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1419 | Patients who are not up to date on their co | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1420 | Complete ophthalmologic care mips value     | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1421 | Dermatological care mips value pathway      | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1422 | Gastroenterology care mips value pathway    | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1423 | Optimal care for patients with urologic con | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1424 | Pulmonology care mips value pathway         | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| M1425 | Surgical care mips value pathway            | Not Covered         | <a href="#">INFO</a> |                   | ALL               |
| P2028 | CEPHALIN FLOCCULATION, BLOOD                | No                  |                      |                   | ALL               |
| P2028 | CEPHALIN FLOCCULATION, BLOOD                | Not Covered         |                      |                   | CAID              |
| P2029 | CONGO RED, BLOOD                            | No                  |                      |                   | ALL               |
| P2029 | CONGO RED, BLOOD                            | Not Covered         |                      |                   | CAID              |
| P2031 | HAIR ANALYSIS (EXCLUDING ARSENIC            | Not Covered         |                      |                   | ALL               |
| P2033 | THYMOL TURBIDITY, BLOOD                     | No                  |                      |                   | ALL               |
| P2033 | THYMOL TURBIDITY, BLOOD                     | Not Covered         |                      |                   | CAID              |
| P2038 | MUCOPROTEIN, BLOOD (SEROMUCOIN              | No                  |                      |                   | ALL (Except CAID) |
| P2038 | MUCOPROTEIN, BLOOD (SEROMUCOID) (M          | Not Covered         |                      |                   | CAID              |
| P3000 | SCREENING PAPANICOLAOU SMEAR,               | No                  |                      |                   | ALL (Except CAID) |
| P3000 | SCREENING PAPANICOLAOU SMEAR, CERV          | Not Covered         |                      |                   | CAID              |
| P3001 | SCREENING PAPANICOLAOU SMEAR,               | No                  |                      |                   | ALL (Except CAID) |
| P3001 | SCREENING PAPANICOLAOU SMEAR, CERV          | Not Covered         |                      |                   | CAID              |
| P7001 | CULTURE, BACTERIAL, URINE; QUANT            | No                  |                      |                   | ALL               |
| P7001 | CULTURE, BACTERIAL, URINE; QUANTITATI       | Not Covered         |                      |                   | CAID              |
| P9010 | BLOOD (WHOLE), FOR TRANSFUSION,             | No                  |                      |                   | ALL               |
| P9010 | BLOOD (WHOLE), FOR TRANSFUSION, PER         | Not Covered         |                      |                   | CAID              |
| P9011 | BLOOD (SPLIT UNIT), SPECIFY AMOUN           | No                  |                      |                   | ALL               |
| P9011 | BLOOD (SPLIT UNIT), SPECIFY AMOUNT          | Not Covered         |                      |                   | CAID              |
| P9012 | CRYOPRECIPITATE, EACH UNIT                  | No                  |                      |                   | ALL               |
| P9012 | CRYOPRECIPITATE, EACH UNIT                  | Not Covered         |                      |                   | CAID              |
| P9016 | RED BLOOD CELLS, LEUKOCYTES REDU            | No                  |                      |                   | ALL               |
| P9016 | RED BLOOD CELLS, LEUKOCYTES REDUCE          | Not Covered         |                      |                   | CAID              |
| P9017 | FRESH FROZEN PLASMA (SINGLE DON             | No                  |                      |                   | ALL               |
| P9017 | FRESH FROZEN PLASMA (SINGLE DONOR),         | Not Covered         |                      |                   | CAID              |
| P9019 | PLATELETS, EACH UNIT                        | No                  |                      |                   | ALL               |
| P9019 | PLATELETS, EACH UNIT                        | Not Covered         |                      |                   | CAID              |
| P9020 | PLATELET RICH PLASMA, EACH UNIT             | Not Covered         |                      |                   | ALL               |
| P9021 | RED BLOOD CELLS, EACH UNIT                  | No                  |                      |                   | ALL               |
| P9021 | RED BLOOD CELLS, EACH UNIT                  | Not Covered         |                      |                   | CAID              |
| P9022 | RED BLOOD CELLS, WASHED, EACH U             | No                  |                      |                   | ALL               |
| P9022 | RED BLOOD CELLS, WASHED, EACH UNIT          | Not Covered         |                      |                   | CAID              |
| P9023 | PLASMA, POOLED MULTIPLE DONOR,              | No                  |                      |                   | ALL               |
| P9023 | PLASMA, POOLED MULTIPLE DONOR, SOLV         | Not Covered         |                      |                   | CAID              |
| P9025 | Plasma, cryoprecipitate reduced, pathoge    | No                  |                      |                   | ALL               |
| P9026 | Cryoprecipitated fibrinogen complex, path   | No                  |                      |                   | ALL               |
| P9031 | PLATELETS, LEUKOCYTES REDUCED,              | No                  |                      |                   | ALL               |
| P9031 | PLATELETS, LEUKOCYTES REDUCED, EACH         | Not Covered         |                      |                   | CAID              |
| P9032 | PLATELETS, IRRADIATED, EACH UNIT            | No                  |                      |                   | ALL               |
| P9032 | PLATELETS, IRRADIATED, EACH UNIT            | Not Covered         |                      |                   | CAID              |
| P9033 | PLATELETS, LEUKOCYTES REDUCED,              | No                  |                      |                   | ALL               |
| P9033 | PLATELETS, LEUKOCYTES REDUCED, IRR          | Not Covered         |                      |                   | CAID              |
| P9034 | PLATELETS, PHERESIS, EACH UNIT              | No                  |                      |                   | ALL               |
| P9034 | PLATELETS, PHERESIS, EACH UNIT              | Not Covered         |                      |                   | CAID              |
| P9035 | PLATELETS, PHERESIS, LEUKOCYTES             | No                  |                      |                   | ALL               |
| P9035 | PLATELETS, PHERESIS, LEUKOCYTES REDU        | Not Covered         |                      |                   | CAID              |
| P9036 | PLATELETS, PHERESIS, IRRADIATED,            | No                  |                      |                   | ALL               |
| P9036 | PLATELETS, PHERESIS, IRRADIATED, EACH       | Not Covered         |                      |                   | CAID              |
| P9037 | PLATELETS, PHERESIS, LEUKOCYTES             | No                  |                      |                   | ALL               |
| P9037 | PLATELETS, PHERESIS, LEUKOCYTES REDU        | Not Covered         |                      |                   | CAID              |
| P9038 | RED BLOOD CELLS, IRRADIATED, EAC            | No                  |                      |                   | ALL               |
| P9038 | RED BLOOD CELLS, IRRADIATED, EACH UN        | Not Covered         |                      |                   | CAID              |
| P9039 | RED BLOOD CELLS, DEGLYCEROLIZE              | No                  |                      |                   | ALL               |
| P9039 | RED BLOOD CELLS, DEGLYCEROLIZED, EAC        | Not Covered         |                      |                   | CAID              |
| P9040 | RED BLOOD CELLS, LEUKOCYTES REDU            | No                  |                      |                   | ALL               |
| P9040 | RED BLOOD CELLS, LEUKOCYTES REDUCE          | Not Covered         |                      |                   | CAID              |
| P9041 | INFUSION, ALBUMIN (HUMAN), 5%, 50 M         | No                  |                      |                   | ALL               |
| P9041 | INFUSION, ALBUMIN (HUMAN), 5%, 50 ML        | Not Covered         |                      |                   | CAID              |
| P9043 | INFUSION, PLASMA PROTEIN FRACTIC            | No                  |                      |                   | ALL               |
| P9043 | INFUSION, PLASMA PROTEIN FRACTION (H)       | Not Covered         |                      |                   | CAID              |
| P9044 | PLASMA, CRYOPRECIPITATE REDUCE              | No                  |                      |                   | ALL               |

**Services that require Prior Authorization List**

| Code  | Description                                                        | Prior Auth Required | Key | Rider Requirement | Product Lines                       |
|-------|--------------------------------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| P9044 | PLASMA, CRYOPRECIPITATE REDUCED, EA                                | Not Covered         |     |                   | CAID                                |
| P9045 | INFUSION, ALBUMIN (HUMAN), 5%, 250                                 | No                  |     |                   | ALL                                 |
| P9045 | INFUSION, ALBUMIN (HUMAN), 5%, 250 ML                              | Not Covered         |     |                   | CAID                                |
| P9046 | INFUSION, ALBUMIN (HUMAN), 25%, 20                                 | No                  |     |                   | ALL                                 |
| P9046 | INFUSION, ALBUMIN (HUMAN), 25%, 20 ML                              | Not Covered         |     |                   | CAID                                |
| P9047 | INFUSION, ALBUMIN (HUMAN), 25%, 50                                 | No                  |     |                   | ALL                                 |
| P9047 | INFUSION, ALBUMIN (HUMAN), 25%, 50 ML                              | Not Covered         |     |                   | CAID                                |
| P9048 | INFUSION, PLASMA PROTEIN FRACTIO                                   | No                  |     |                   | ALL                                 |
| P9048 | INFUSION, PLASMA PROTEIN FRACTION (HU                              | Not Covered         |     |                   | CAID                                |
| P9050 | GRANULOCYTES, PHERESIS, EACH UN                                    | No                  |     |                   | ALL                                 |
| P9050 | GRANULOCYTES, PHERESIS, EACH UNIT                                  | Not Covered         |     |                   | CAID                                |
| P9051 | WHOLE BLOOD OR RED BLOOD CELLS                                     | No                  |     |                   | ALL                                 |
| P9051 | WHOLE BLOOD OR RED BLOOD CELLS, LEU                                | Not Covered         |     |                   | CAID                                |
| P9052 | PLATELETS, HLA-MATCHED LEUKOCY                                     | No                  |     |                   | ALL                                 |
| P9052 | PLATELETS, HLA-MATCHED LEUKOCYTES F                                | Not Covered         |     |                   | CAID                                |
| P9053 | PLATELETS, PHERESIS, LEUKOCYTES                                    | No                  |     |                   | ALL                                 |
| P9053 | PLATELETS, PHERESIS, LEUKOCYTES REDU                               | Not Covered         |     |                   | CAID                                |
| P9054 | WHOLE BLOOD OR RED BLOOD CELLS                                     | No                  |     |                   | ALL                                 |
| P9054 | WHOLE BLOOD OR RED BLOOD CELLS, LEU                                | Not Covered         |     |                   | CAID                                |
| P9055 | PLATELETS, LEUKOCYTES REDUCED,                                     | No                  |     |                   | ALL                                 |
| P9055 | PLATELETS, LEUKOCYTES REDUCED, CMV-                                | Not Covered         |     |                   | CAID                                |
| P9056 | WHOLE BLOOD, LEUKOCYTES REDUC                                      | No                  |     |                   | ALL                                 |
| P9056 | WHOLE BLOOD, LEUKOCYTES REDUCED, IF                                | Not Covered         |     |                   | CAID                                |
| P9057 | RED BLOOD CELLS, FROZEN/DEGLYCI                                    | No                  |     |                   | ALL                                 |
| P9057 | RED BLOOD CELLS, FROZEN/DEGLYCEROL                                 | Not Covered         |     |                   | CAID                                |
| P9058 | RED BLOOD CELLS, LEUKOCYTES REI                                    | No                  |     |                   | ALL                                 |
| P9058 | RED BLOOD CELLS, LEUKOCYTES REDUCE                                 | Not Covered         |     |                   | CAID                                |
| P9059 | FRESH FROZEN PLASMA BETWEEN 8-                                     | No                  |     |                   | ALL                                 |
| P9059 | FRESH FROZEN PLASMA BETWEEN 8-24 HC                                | Not Covered         |     |                   | CAID                                |
| P9060 | FRESH FROZEN PLASMA, DONOR RET                                     | No                  |     |                   | ALL                                 |
| P9060 | FRESH FROZEN PLASMA, DONOR RETESTE                                 | Not Covered         |     |                   | CAID                                |
| P9070 | Plasma, pooled multiple donor, pathogen reduce                     | No                  |     |                   | ALL                                 |
| P9070 | Plasma, pooled multiple donor, pathogen reduced, frozen, each unit | Not Covered         |     |                   | CAID                                |
| P9071 | Plasma (single donor), pathogen reduced, frozen                    | No                  |     |                   | ALL                                 |
| P9071 | Plasma (single donor), pathogen reduced, frozen, each unit         | Not Covered         |     |                   | CAID                                |
| P9073 | Platelets, pheresis, pathogen-reduced, ea                          | No                  |     |                   | ALL                                 |
| P9073 | Platelets, pheresis, pathogen-reduced, each unit                   | Not Covered         |     |                   | CAID                                |
| P9099 | Blood component or product not otherwise                           | YES                 |     |                   | ALL (Except PRICHO, PRIQHP, MCWRAP) |
| P9099 | Blood component or product not otherwise                           | No                  |     |                   | MCWRAP                              |
| P9100 | Pathogen(s) test for platelets                                     | No                  |     |                   | ALL                                 |
| P9100 | Pathogen(s) test for platelets                                     | Not Covered         |     |                   | CAID                                |
| P9603 | TRAVEL ALLOWANCE ONE WAY IN CO                                     | No                  |     |                   | ALL                                 |
| P9604 | TRAVEL ALLOWANCE ONE WAY IN CO                                     | No                  |     |                   | ALL (Except MMP)                    |
| P9604 | TRAVEL ALLOWANCE ONE WAY IN CONNEC                                 | Not Covered         |     |                   | CAID                                |
| P9612 | CATHETERIZATION FOR COLLECTION                                     | No                  |     |                   | ALL (Except MMP)                    |
| P9612 | CATHETERIZATION FOR COLLECTION OF SF                               | Not Covered         |     |                   | CAID                                |
| P9615 | CATHETERIZATION FOR COLLECTION                                     | No                  |     |                   | ALL (Except MMP)                    |
| P9615 | CATHETERIZATION FOR COLLECTION OF SF                               | Not Covered         |     |                   | CAID                                |
| Q0035 | CARDIOKYMOGRAPHY                                                   | No                  |     |                   | ALL                                 |
| Q0035 | CARDIOKYMOGRAPHY                                                   | Not Covered         |     |                   | CAID                                |
| Q0081 | INFUSION THERAPY, USING OTHER TH                                   | No                  |     |                   | ALL                                 |
| Q0081 | INFUSION THERAPY, USING OTHER THAN C                               | Not Covered         |     |                   | CAID                                |
| Q0083 | CHEMOTHERAPY ADMINISTRATION BY                                     | No                  |     |                   | ALL                                 |
| Q0083 | CHEMOTHERAPY ADMINISTRATION BY OTH                                 | Not Covered         |     |                   | CAID                                |
| Q0084 | CHEMOTHERAPY ADMINISTRATION BY                                     | No                  |     |                   | ALL                                 |
| Q0084 | CHEMOTHERAPY ADMINISTRATION BY INFU                                | Not Covered         |     |                   | CAID                                |
| Q0085 | CHEMOTHERAPY ADMINISTRATION BY                                     | No                  |     |                   | ALL                                 |
| Q0085 | CHEMOTHERAPY ADMINISTRATION BY BOT                                 | Not Covered         |     |                   | CAID                                |
| Q0091 | SCREENING PAPANICOLAOU SMEAR;                                      | No                  |     |                   | ALL                                 |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT                                    | Not Covered         |     |                   | ALL (Except MED, MCWRAP, CAID)      |
| Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT                                    | No                  |     |                   | MED, MCWRAP, CAID                   |
| Q0111 | WET MOUNTS, INCLUDING PREPARAT                                     | No                  |     |                   | ALL                                 |
| Q0112 | ALL POTASSIUM HYDROXIDE (KOH) PF                                   | No                  |     |                   | ALL                                 |
| Q0113 | PINWORM EXAMINATIONS                                               | No                  |     |                   | ALL                                 |
| Q0114 | FERN TEST                                                          | No                  |     |                   | ALL                                 |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE E                                  | Yes                 |     |                   | ALL (Except Medicare Comp, Caid)    |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE E                                  | No                  |     |                   | MEDICARE COMP/MCWRAP, Caid          |
| Q0115 | POST-COITAL DIRECT, QUALITATIVE E                                  | No                  |     |                   | PRICHO                              |
| Q0138 | INJECTION, FERUMOXYTOL, FOR TREA                                   | No                  |     |                   | ALL                                 |
| Q0139 | INJECTION, FERUMOXYTOL, FOR TREA                                   | No                  |     |                   | ALL                                 |
| Q0144 | AZITHROMYCIN DIHYDRATE, ORAL, CA                                   | No                  |     |                   | ALL                                 |
| Q0155 | Dronabinol (syndros), 0.1 mg, oral, fda app                        | No                  |     |                   | ALL                                 |
| Q0161 | Chlorpromazine hydrochloride, 5 mg, oral,                          | No                  |     |                   | ALL                                 |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APP                                    | No                  |     |                   | ALL                                 |
| Q0162 | ONDANSETRON 1 MG, ORAL, FDA APPROVE                                | Not Covered         |     |                   | CAID                                |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines     |
|-------|-----------------------------------------------|---------------------|-----|-------------------|-------------------|
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE                 | No                  |     |                   | ALL               |
| Q0163 | DIPHENHYDRAMINE HYDROCHLORIDE, 50 N           | Not Covered         |     |                   | CAID              |
| Q0164 | PROCHLORPERAZINE MALEATE, 5 MG                | No                  |     |                   | ALL               |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 M                | No                  |     |                   | ALL               |
| Q0166 | GRANISETRON HYDROCHLORIDE, 1 MG, OF           | Not Covered         |     |                   | CAID              |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APP             | No                  |     |                   | ALL               |
| Q0167 | DRONABINOL, 2.5 MG, ORAL, FDA APPROVE         | Not Covered         |     |                   | CAID              |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12                | No                  |     |                   | ALL               |
| Q0169 | PROMETHAZINE HYDROCHLORIDE, 12.5 MG           | Not Covered         |     |                   | CAID              |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE               | No                  |     |                   | ALL               |
| Q0173 | TRIMETHOBENZAMIDE HYDROCHLORIDE, 2            | Not Covered         |     |                   | CAID              |
| Q0174 | THIETHYLPERAZINE MALEATE, 10 MG,              | No                  |     |                   | ALL               |
| Q0174 | THIETHYLPERAZINE MALEATE, 10 MG, ORAI         | Not Covered         |     |                   | CAID              |
| Q0175 | PERPHENAZINE, 4 MG, ORAL, FDA APP             | No                  |     |                   | ALL               |
| Q0177 | HYDROXYZINE PAMOATE, 25 MG, ORA               | No                  |     |                   | ALL               |
| Q0180 | DOLASETRON MESYLATE, 100 MG, OF               | No                  |     |                   | ALL               |
| Q0180 | DOLASETRON MESYLATE, 100 MG, ORAL, F          | Not Covered         |     |                   | CAID              |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, F               | No                  |     |                   | ALL               |
| Q0181 | UNSPECIFIED ORAL DOSAGE FORM, FDA AI          | Not Covered         |     |                   | CAID              |
| Q0220 | Injection, tixagevimab and cilgavimab, for    | No                  |     |                   | ALL               |
| Q0221 | Injection, tixagevimab and cilgavimab, for    | No                  |     |                   | ALL               |
| Q0222 | Injection, bebtelovimab, 175 mg               | No                  |     |                   | ALL               |
| Q0224 | Injection, permivibart, 4500 mg               | No                  |     |                   | ALL               |
| Q0239 | Injection, bamlanivimab, 700 mg               | No                  |     |                   | ALL               |
| Q0240 | Injection, casirivimab and imdevimab, 600     | No                  |     |                   | ALL               |
| Q0243 | Injection, casirivimab and imdevimab, 240     | No                  |     |                   | ALL               |
| Q0244 | Injection, casirivimab and imdevimab, 120     | No                  |     |                   | ALL               |
| Q0245 | Injection, bamlanivimab and etesevimab, 2     | No                  |     |                   | ALL               |
| Q0247 | Injection, sotrovimab, 500 mg                 | No                  |     |                   | ALL               |
| Q0249 | Injection, tocilizumab, for hospitalized adul | No                  |     |                   | ALL               |
| Q0477 | Power module patient cable for use with el    | No                  |     |                   | ALL (Except Caid) |
| Q0477 | Power module patient cable for use with el    | Yes                 |     |                   | Caid              |
| Q0478 | POWER ADAPTER FOR USE WITH ELE                | No                  |     |                   | ALL               |
| Q0478 | POWER ADAPTER FOR USE WITH ELECTRIC           | Not Covered         |     |                   | CAID              |
| Q0478 | POWER ADAPTER FOR USE WITH ELE                | Yes                 |     |                   | MMP               |
| Q0479 | POWER MODULE FOR USE WITH ELEC                | No                  |     |                   | ALL               |
| Q0479 | POWER MODULE FOR USE WITH ELECTRIC            | Not Covered         |     |                   | CAID              |
| Q0479 | POWER MODULE FOR USE WITH ELEC                | Yes                 |     |                   | MMP               |
| Q0480 | DRIVER FOR USE WITH PNEUMATIC V               | No                  |     |                   | ALL               |
| Q0480 | DRIVER FOR USE WITH PNEUMATIC VENTR           | Not Covered         |     |                   | CAID              |
| Q0480 | DRIVER FOR USE WITH PNEUMATIC V               | Yes                 |     |                   | MMP               |
| Q0481 | MICROPROCESSOR CONTROL UNIT F                 | No                  |     |                   | ALL               |
| Q0481 | MICROPROCESSOR CONTROL UNIT FOR US            | Not Covered         |     |                   | CAID              |
| Q0481 | MICROPROCESSOR CONTROL UNIT F                 | Yes                 |     |                   | MMP               |
| Q0482 | MICROPROCESSOR CONTROL UNIT F                 | No                  |     |                   | ALL               |
| Q0482 | MICROPROCESSOR CONTROL UNIT FOR US            | Not Covered         |     |                   | CAID              |
| Q0482 | MICROPROCESSOR CONTROL UNIT F                 | Yes                 |     |                   | MMP               |
| Q0483 | MONITOR/DISPLAY MODULE FOR USE                | No                  |     |                   | ALL               |
| Q0483 | MONITOR/DISPLAY MODULE FOR USE WITH           | Not Covered         |     |                   | CAID              |
| Q0483 | MONITOR/DISPLAY MODULE FOR USE                | Yes                 |     |                   | MMP               |
| Q0484 | MONITOR/DISPLAY MODULE FOR USE                | No                  |     |                   | ALL               |
| Q0484 | MONITOR/DISPLAY MODULE FOR USE WITH           | Not Covered         |     |                   | CAID              |
| Q0484 | MONITOR/DISPLAY MODULE FOR USE                | Yes                 |     |                   | MMP               |
| Q0485 | MONITOR CONTROL CABLE FOR USE                 | No                  |     |                   | ALL               |
| Q0485 | MONITOR CONTROL CABLE FOR USE WITH            | Not Covered         |     |                   | CAID              |
| Q0485 | MONITOR CONTROL CABLE FOR USE                 | Yes                 |     |                   | MMP               |
| Q0486 | MONITOR CONTROL CABLE FOR USE                 | No                  |     |                   | ALL               |
| Q0486 | MONITOR CONTROL CABLE FOR USE WITH            | Not Covered         |     |                   | CAID              |
| Q0486 | MONITOR CONTROL CABLE FOR USE                 | Yes                 |     |                   | MMP               |
| Q0487 | LEADS (PNEUMATIC/ELECTRICAL) FOR              | No                  |     |                   | ALL               |
| Q0487 | LEADS (PNEUMATIC/ELECTRICAL) FOR USE          | Not Covered         |     |                   | CAID              |
| Q0487 | LEADS (PNEUMATIC/ELECTRICAL) FOR              | Yes                 |     |                   | MMP               |
| Q0488 | POWER PACK BASE FOR USE WITH EI               | No                  |     |                   | ALL               |
| Q0488 | POWER PACK BASE FOR USE WITH ELECTR           | Not Covered         |     |                   | CAID              |
| Q0489 | POWER PACK BASE FOR USE WITH EI               | No                  |     |                   | ALL               |
| Q0489 | POWER PACK BASE FOR USE WITH ELECTR           | Not Covered         |     |                   | CAID              |
| Q0489 | POWER PACK BASE FOR USE WITH EI               | Yes                 |     |                   | MMP               |
| Q0490 | EMERGENCY POWER SOURCE FOR U                  | No                  |     |                   | ALL               |
| Q0490 | EMERGENCY POWER SOURCE FOR USE W              | Not Covered         |     |                   | CAID              |
| Q0490 | EMERGENCY POWER SOURCE FOR U                  | Yes                 |     |                   | MMP               |
| Q0491 | EMERGENCY POWER SOURCE FOR U                  | No                  |     |                   | ALL               |
| Q0491 | EMERGENCY POWER SOURCE FOR USE W              | Not Covered         |     |                   | CAID              |
| Q0491 | EMERGENCY POWER SOURCE FOR U                  | Yes                 |     |                   | MMP               |
| Q0492 | EMERGENCY POWER SUPPLY CABLE                  | No                  |     |                   | ALL               |
| Q0492 | EMERGENCY POWER SUPPLY CABLE FOR              | Not Covered         |     |                   | CAID              |
| Q0492 | EMERGENCY POWER SUPPLY CABLE                  | Yes                 |     |                   | MMP               |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines                             |
|-------|--------------------------------------------|---------------------|-----|-------------------|-------------------------------------------|
| Q0493 | EMERGENCY POWER SUPPLY CABLE               | No                  |     |                   | ALL                                       |
| Q0493 | EMERGENCY POWER SUPPLY CABLE FOR           | Not Covered         |     |                   | CAID                                      |
| Q0493 | EMERGENCY POWER SUPPLY CABLE               | Yes                 |     |                   | MMP                                       |
| Q0494 | EMERGENCY HAND PUMP FOR USE W              | No                  |     |                   | ALL                                       |
| Q0494 | EMERGENCY HAND PUMP FOR USE WITH E         | Not Covered         |     |                   | CAID                                      |
| Q0494 | EMERGENCY HAND PUMP FOR USE W              | Yes                 |     |                   | MMP                                       |
| Q0495 | BATTERY/POWER PACK CHARGER FO              | No                  |     |                   | ALL                                       |
| Q0495 | BATTERY/POWER PACK CHARGER FOR US          | Not Covered         |     |                   | CAID                                      |
| Q0495 | BATTERY/POWER PACK CHARGER FO              | Yes                 |     |                   | MMP                                       |
| Q0496 | BATTERY FOR USE WITH ELECTRIC O            | No                  |     |                   | ALL                                       |
| Q0496 | BATTERY FOR USE WITH ELECTRIC OR ELE       | Not Covered         |     |                   | CAID                                      |
| Q0496 | BATTERY FOR USE WITH ELECTRIC O            | Yes                 |     |                   | MMP                                       |
| Q0497 | BATTERY CLIPS FOR USE WITH ELECT           | No                  |     |                   | ALL                                       |
| Q0497 | BATTERY CLIPS FOR USE WITH ELECTRIC O      | Not Covered         |     |                   | CAID                                      |
| Q0497 | BATTERY CLIPS FOR USE WITH ELECT           | Yes                 |     |                   | MMP                                       |
| Q0498 | HOLSTER FOR USE WITH ELECTRIC O            | No                  |     |                   | ALL                                       |
| Q0498 | HOLSTER FOR USE WITH ELECTRIC OR ELE       | Not Covered         |     |                   | CAID                                      |
| Q0498 | HOLSTER FOR USE WITH ELECTRIC O            | Yes                 |     |                   | MMP                                       |
| Q0499 | BELT/VEST/BAG FOR USE TO CARRY E           | No                  |     |                   | ALL                                       |
| Q0499 | BELT/VEST/BAG FOR USE TO CARRY EXTEF       | Not Covered         |     |                   | CAID                                      |
| Q0499 | BELT/VEST/BAG FOR USE TO CARRY E           | Yes                 |     |                   | MMP                                       |
| Q0500 | FILTERS FOR USE WITH ELECTRIC OR           | No                  |     |                   | ALL                                       |
| Q0500 | FILTERS FOR USE WITH ELECTRIC OR ELEC      | Not Covered         |     |                   | CAID                                      |
| Q0500 | FILTERS FOR USE WITH ELECTRIC OR           | Yes                 |     |                   | MMP                                       |
| Q0501 | SHOWER COVER FOR USE WITH ELEC             | No                  |     |                   | ALL                                       |
| Q0501 | SHOWER COVER FOR USE WITH ELECTRIC         | Not Covered         |     |                   | CAID                                      |
| Q0501 | SHOWER COVER FOR USE WITH ELEC             | Yes                 |     |                   | MMP                                       |
| Q0502 | MOBILITY CART FOR PNEUMATIC VEN            | No                  |     |                   | ALL                                       |
| Q0502 | MOBILITY CART FOR PNEUMATIC VENTRICU       | Not Covered         |     |                   | CAID                                      |
| Q0502 | MOBILITY CART FOR PNEUMATIC VEN            | Yes                 |     |                   | MMP                                       |
| Q0503 | BATTERY FOR PNEUMATIC VENTRICU             | No                  |     |                   | ALL                                       |
| Q0503 | BATTERY FOR PNEUMATIC VENTRICULAR A        | Not Covered         |     |                   | CAID                                      |
| Q0503 | BATTERY FOR PNEUMATIC VENTRICU             | Yes                 |     |                   | MMP                                       |
| Q0504 | POWER ADAPTER FOR PNEUMATIC VI             | No                  |     |                   | ALL                                       |
| Q0504 | POWER ADAPTER FOR PNEUMATIC VENTR          | Not Covered         |     |                   | CAID                                      |
| Q0504 | POWER ADAPTER FOR PNEUMATIC VI             | Yes                 |     |                   | MMP                                       |
| Q0506 | BATTERY, LITHIUM-ION, FOR USE WIT          | No                  |     |                   | ALL                                       |
| Q0506 | BATTERY, LITHIUM-ION, FOR USE WITH ELE     | Not Covered         |     |                   | CAID                                      |
| Q0506 | BATTERY, LITHIUM-ION, FOR USE WIT          | Yes                 |     |                   | MMP                                       |
| Q0507 | Miscellaneous supply or accessory for use  | No                  |     |                   | ALL                                       |
| Q0508 | Miscellaneous supply or accessory for use  | No                  |     |                   | ALL                                       |
| Q0509 | Miscellaneous supply or accessory for use  | No                  |     |                   | ALL                                       |
| Q0510 | PHARMACY SUPPLY FEE FOR INITIAL I          | No                  |     |                   | ALL                                       |
| Q0510 | PHARMACY SUPPLY FEE FOR INITIAL IMMUN      | Not Covered         |     |                   | CAID                                      |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL ANTI-C        | No                  |     |                   | ALL                                       |
| Q0511 | PHARMACY SUPPLY FEE FOR ORAL ANTI-C        | Not Covered         |     |                   | CAID                                      |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL ANTI-C        | No                  |     |                   | ALL                                       |
| Q0512 | PHARMACY SUPPLY FEE FOR ORAL ANTI-C        | Not Covered         |     |                   | CAID                                      |
| Q0513 | PHARMACY DISPENSING FEE FOR INH            | No                  |     |                   | ALL                                       |
| Q0513 | PHARMACY DISPENSING FEE FOR INHALAT        | Not Covered         |     |                   | CAID                                      |
| Q0514 | PHARMACY DISPENSING FEE FOR INH            | No                  |     |                   | ALL                                       |
| Q0514 | PHARMACY DISPENSING FEE FOR INHALAT        | Not Covered         |     |                   | CAID                                      |
| Q0515 | INJECTION, SERMORELIN ACETATE, 1           | No                  |     |                   | ALL                                       |
| Q0521 | Pharmacy supplying fee for hiv pre-exposu  | No                  |     |                   | ALL                                       |
| Q1004 | NEW TECHNOLOGY INTRAOCULAR LE              | No                  |     |                   | ALL                                       |
| Q1004 | NEW TECHNOLOGY INTRAOCULAR LENS C          | Not Covered         |     |                   | CAID                                      |
| Q1005 | NEW TECHNOLOGY INTRAOCULAR LE              | No                  |     |                   | ALL                                       |
| Q1005 | NEW TECHNOLOGY INTRAOCULAR LENS C          | Not Covered         |     |                   | CAID                                      |
| Q2004 | IRRIGATION SOLUTION FOR TREATME            | No                  |     |                   | ALL                                       |
| Q2004 | IRRIGATION SOLUTION FOR TREATMENT O        | Not Covered         |     |                   | CAID                                      |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG             | No                  |     |                   | ALL                                       |
| Q2009 | INJECTION, FOSPHENYTOIN, 50 MG             | Not Covered         |     |                   | CAID                                      |
| Q2017 | INJECTION, TENIPOSIDE, 50 MG               | No                  |     |                   | ALL                                       |
| Q2026 | Injection, Radiesse, 0.1 ml                | Yes                 | RMT |                   | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP) |
| Q2026 | Injection, Radiesse, 0.1 ml                | No                  |     |                   | MCWRAP/CAID                               |
| Q2026 | Injection, Radiesse, 0.1 ml                | No                  |     |                   | PRICHO                                    |
| Q2028 | Injection, sculptra, 0.5 mg                | No                  |     |                   | ALL                                       |
| Q2034 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2035 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2036 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2037 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2038 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2039 | INFLUENZA VIRUS VACCINE, SPLIT VIF         | No                  |     |                   | ALL                                       |
| Q2041 | Axicabtagene Ciloleucl, up to 200 Million  | Yes                 | RMT |                   | ALL                                       |
| Q2042 | Tisagenlecleucl, up to 600 million car-pos | Yes                 | RMT |                   | ALL                                       |
| Q2043 | SIPULEUCEL-T, MINIMUM OF 50 MILLIO         | No                  |     |                   | ALL                                       |
| Q2049 | INJECTION, DOXORUBICIN HYDROCHL            | No                  |     |                   | ALL                                       |

**Services that require Prior Authorization List**

| Code  | Description                                       | Prior Auth Required | Key                        | Rider Requirement | Product Lines                               |
|-------|---------------------------------------------------|---------------------|----------------------------|-------------------|---------------------------------------------|
| Q2050 | Injection, Doxorubicin Hydrochloride, Lipos       | No                  |                            |                   | ALL                                         |
| Q2052 | Services, supplies and accessories used in        | No                  |                            |                   | ALL                                         |
| Q2052 | Services, supplies and accessories used in the i  | Not Covered         |                            |                   | CAID                                        |
| Q2053 | Brexucabtagene autoleucl, up to 200 mill          | Yes                 | <a href="#">RMT</a>        |                   | ALL                                         |
| Q2054 | Lisocabtagene maraleucl, up to 110 millio         | Yes                 | <a href="#">RMT</a>        |                   | ALL                                         |
| Q2055 | Idecabtagene vicleucl, up to 460 million a        | Yes                 | <a href="#">RMT</a>        |                   | ALL (Except MCWRAP)                         |
| Q2055 | Idecabtagene vicleucl, up to 460 million a        | No                  |                            |                   | MCWRAP                                      |
| Q2056 | Ciltacabtagene autoleucl, up to 100 millio        | Yes                 | <a href="#">RMT</a>        |                   | ALL                                         |
| Q3001 | RADIOELEMENTS FOR BRACHYTHERA                     | No                  |                            |                   | ALL                                         |
| Q3001 | RADIOELEMENTS FOR BRACHYTHERAPY, A                | Not Covered         |                            |                   | CAID                                        |
| Q3014 | TELEHEALTH ORIGINATING SITE FACIL                 | No                  |                            |                   | ALL                                         |
| Q3027 | Injection, interferon beta-1a, 1 mcg for intr     | No                  |                            |                   | ALL                                         |
| Q3028 | Injection, interferon beta-1a, 1 mcg for sub      | No                  |                            |                   | ALL                                         |
| Q3028 | Injection, interferon beta-1a, 1 mcg for subcutan | Not Covered         |                            |                   | CAID                                        |
| Q3031 | COLLAGEN SKIN TEST                                | No                  |                            |                   | ALL                                         |
| Q3031 | COLLAGEN SKIN TEST                                | Not Covered         |                            |                   | CAID                                        |
| Q4001 | CASTING SUPPLIES, BODY CAST ADUL                  | No                  |                            |                   | ALL                                         |
| Q4002 | CAST SUPPLIES, BODY CAST ADULT, V                 | No                  |                            |                   | ALL                                         |
| Q4003 | CAST SUPPLIES, SHOULDER CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4004 | CAST SUPPLIES, SHOULDER CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4005 | CAST SUPPLIES, LONG ARM CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4006 | CAST SUPPLIES, LONG ARM CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4007 | CAST SUPPLIES, LONG ARM CAST, PE                  | No                  |                            |                   | ALL                                         |
| Q4008 | CAST SUPPLIES, LONG ARM CAST, PE                  | No                  |                            |                   | ALL                                         |
| Q4009 | CAST SUPPLIES, SHORT ARM CAST, A                  | No                  |                            |                   | ALL                                         |
| Q4010 | CAST SUPPLIES, SHORT ARM CAST, A                  | No                  |                            |                   | ALL                                         |
| Q4011 | CAST SUPPLIES, SHORT ARM CAST, P                  | No                  |                            |                   | ALL                                         |
| Q4012 | CAST SUPPLIES, SHORT ARM CAST, P                  | No                  |                            |                   | ALL                                         |
| Q4013 | CAST SUPPLIES, GAUNTLET CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4014 | CAST SUPPLIES, GAUNTLET CAST, AD                  | No                  |                            |                   | ALL                                         |
| Q4015 | CAST SUPPLIES, GAUNTLET CAST , PE                 | No                  |                            |                   | ALL                                         |
| Q4016 | CAST SUPPLIES, GAUNTLET CAST, PE                  | No                  |                            |                   | ALL                                         |
| Q4017 | CAST SUPPLIES, LONG ARM SPLINT, A                 | No                  |                            |                   | ALL                                         |
| Q4018 | CAST SUPPLIES, LONG ARM SPLINT, A                 | No                  |                            |                   | ALL                                         |
| Q4019 | CAST SUPPLIES, LONG ARM SPLINT, P                 | No                  |                            |                   | ALL                                         |
| Q4020 | CAST SUPPLIES, LONG ARM SPLINT, P                 | No                  |                            |                   | ALL                                         |
| Q4021 | CAST SUPPLIES, SHORT ARM SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4022 | CAST SUPPLIES, SHORT ARM SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4023 | CAST SUPPLIES, SHORT ARM SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4024 | CAST SUPPLIES, SHORT ARM SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4025 | CAST SUPPLIES, HIP SPICA (ONE OR E                | No                  |                            |                   | ALL                                         |
| Q4026 | CAST SUPPLIES, HIP SPICA (ONE OR E                | No                  |                            |                   | ALL                                         |
| Q4027 | CAST SUPPLIES, HIP SPICA (ONE OR E                | No                  |                            |                   | ALL                                         |
| Q4028 | CAST SUPPLIES, HIP SPICA (ONE OR E                | No                  |                            |                   | ALL                                         |
| Q4029 | CAST SUPPLIES, LONG LEG CAST, ADI                 | No                  |                            |                   | ALL                                         |
| Q4030 | CAST SUPPLIES, LONG LEG CAST, ADI                 | No                  |                            |                   | ALL                                         |
| Q4031 | CAST SUPPLIES, LONG LEG CAST, PEI                 | No                  |                            |                   | ALL                                         |
| Q4032 | CAST SUPPLIES, LONG LEG CAST, PEI                 | No                  |                            |                   | ALL                                         |
| Q4033 | CAST SUPPLIES, LONG LEG CYLINDER                  | No                  |                            |                   | ALL                                         |
| Q4034 | CAST SUPPLIES, LONG LEG CYLINDER                  | No                  |                            |                   | ALL                                         |
| Q4035 | CAST SUPPLIES, LONG LEG CYLINDER                  | No                  |                            |                   | ALL                                         |
| Q4036 | CAST SUPPLIES, LONG LEG CYLINDER                  | No                  |                            |                   | ALL                                         |
| Q4037 | CAST SUPPLIES, SHORT LEG CAST, AI                 | No                  |                            |                   | ALL                                         |
| Q4038 | CAST SUPPLIES, SHORT LEG CAST, AI                 | No                  |                            |                   | ALL                                         |
| Q4039 | CAST SUPPLIES, SHORT LEG CAST, PI                 | No                  |                            |                   | ALL                                         |
| Q4040 | CAST SUPPLIES, SHORT LEG CAST, PI                 | No                  |                            |                   | ALL                                         |
| Q4041 | CAST SUPPLIES, LONG LEG SPLINT, A                 | No                  |                            |                   | ALL                                         |
| Q4042 | CAST SUPPLIES, LONG LEG SPLINT, A                 | No                  |                            |                   | ALL                                         |
| Q4043 | CAST SUPPLIES, LONG LEG SPLINT, P                 | No                  |                            |                   | ALL                                         |
| Q4044 | CAST SUPPLIES, LONG LEG SPLINT, P                 | No                  |                            |                   | ALL                                         |
| Q4045 | CAST SUPPLIES, SHORT LEG SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4046 | CAST SUPPLIES, SHORT LEG SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4047 | CAST SUPPLIES, SHORT LEG SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4048 | CAST SUPPLIES, SHORT LEG SPLINT,                  | No                  |                            |                   | ALL                                         |
| Q4049 | FINGER SPLINT, STATIC                             | No                  |                            |                   | ALL                                         |
| Q4050 | CAST SUPPLIES, FOR UNLISTED TYPE                  | Not Covered         |                            |                   | ALL (Except Caid)                           |
| Q4050 | CAST SUPPLIES, FOR UNLISTED TYPE                  | Yes                 |                            |                   | Caid                                        |
| Q4074 | ILOPROST, INHALATION SOLUTION, FD                 | Yes                 | <a href="#">PCM/ExGEN</a>  |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| Q4074 | ILOPROST, INHALATION SOLUTION, FD                 | No                  |                            |                   | MCWRAP, MMP, MED, PRICHO                    |
| Q4074 | ILOPROST, INHALATION SOLUTION, FDA-AP             | Not Covered         |                            |                   | CAID                                        |
| Q4081 | INJECTION, EPOETIN ALFA, 100 UNITS                | No                  |                            |                   | ALL                                         |
| Q4082 | DRUG OR BIOLOGICAL, NOT OTHERW                    | No                  | <a href="#">NTM POLICY</a> |                   | ALL                                         |
| Q4082 | DRUG OR BIOLOGICAL, NOT OTHERWISE C               | Not Covered         | <a href="#">NTM POLICY</a> |                   | CAID                                        |
| Q4100 | SKIN SUBSTITUTE, NOT OTHERWISE S                  | Yes                 |                            |                   | ALL                                         |
| Q4100 | SKIN SUBSTITUTE, NOT OTHERWISE S                  | No                  |                            |                   | MEDICARE COMP/MCWRAP                        |
| Q4100 | SKIN SUBSTITUTE, NOT OTHERWISE S                  | No                  |                            |                   | PRICHO                                      |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines                         |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| Q4100 | SKIN SUBSTITUTE, NOT OTHERWISE SPECI         | Not Covered         |     |                   | CAID                                  |
| Q4101 | APLIGRAF, PER SQUARE CENTIMETER              | No                  |     |                   | ALL                                   |
| Q4102 | OASIS WOUND MATRIX, PER SQUARE               | No                  |     |                   | ALL                                   |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CE             | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4103 | OASIS BURN MATRIX, PER SQUARE CE             | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4104 | INTEGRA BILAYER MATRIX WOUND DF              | No                  |     |                   | ALL                                   |
| Q4105 | INTEGRA DERMAL REGENERATION TE               | No                  |     |                   | ALL                                   |
| Q4106 | DERMAGRAFT, PER SQUARE CENTIME               | No                  |     |                   | ALL                                   |
| Q4107 | GRAFTJACKET, PER SQUARE CENTIM               | No                  |     |                   | ALL                                   |
| Q4108 | INTEGRA MATRIX, PER SQUARE CENT              | No                  |     |                   | ALL                                   |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETE              | Yes                 |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4110 | PRIMATRIX, PER SQUARE CENTIMETE              | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIME               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4111 | GAMMAGRAFT, PER SQUARE CENTIME               | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4112 | CYMETRA, INJECTABLE, 1CC                     | Yes                 |     |                   | ALL (Except McWRAP, MED, PRICHO, MMP) |
| Q4112 | CYMETRA, INJECTABLE, 1CC                     | No                  |     |                   | McWrap, MED, PRICHO, MMP              |
| Q4113 | GRAFTJACKET XPRESS, INJECTABLE,              | Not Covered         |     |                   | ALL (Except MMP, CAID)                |
| Q4113 | GRAFTJACKET XPRESS, INJECTABLE,              | No                  |     |                   | MMP, CAID                             |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX                | Not Covered         |     |                   | ALL (Except CAID, MMP)                |
| Q4114 | INTEGRA FLOWABLE WOUND MATRIX                | No                  |     |                   | CAID, MMP                             |
| Q4115 | ALLOSKIN, PER SQUARE CENTIMETER              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4115 | ALLOSKIN, PER SQUARE CENTIMETER              | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4116 | ALLODERM, PER SQUARE CENTIMETE               | No                  |     |                   | ALL                                   |
| Q4116 | SKIN SUBSTITUTE, ALLODERM, PER SQUAR         | Not Covered         |     |                   | CAID                                  |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIME              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4117 | HYALOMATRIX, PER SQUARE CENTIME              | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4118 | MATRISTEM MICROMATRIX, 1 MG                  | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4118 | MATRISTEM MICROMATRIX, 1 MG                  | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4121 | THERASKIN, PER SQUARE CENTIMETE              | No                  |     |                   | ALL                                   |
| Q4122 | DERMACELL, PER SQUARE CENTIMET               | No                  |     |                   | ALL                                   |
| Q4122 | DERMACELL, PER SQUARE CENTIMETER             | Not Covered         |     |                   | CAID                                  |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIME              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4123 | ALLOSKIN RT, PER SQUARE CENTIME              | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MAT              | No                  |     |                   | ALL                                   |
| Q4124 | OASIS ULTRA TRI-LAYER WOUND MATRIX, F        | Not Covered         |     |                   | CAID                                  |
| Q4125 | ARTHROFLEX, PER SQUARE CENTIME               | Not Covered         |     |                   | ALL                                   |
| Q4126 | MEMODERM, PER SQUARE CENTIMET                | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4126 | MEMODERM, PER SQUARE CENTIMET                | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4127 | TALYMED, PER SQUARE CENTIMETER               | No                  |     |                   | ALL                                   |
| Q4128 | FLEXHD OR ALLOPATCH HD, PER SQU              | No                  |     |                   | ALL                                   |
| Q4130 | STRATTICE TM, PER SQUARE CENTIM              | No                  |     |                   | ALL                                   |
| Q4132 | Grafix core, per square centimeter           | No                  |     |                   | ALL (Except MMP)                      |
| Q4132 | Grafix core, per square centimeter           | Yes                 |     |                   | MMP                                   |
| Q4132 | Grafix core, per square centimeter           | Not Covered         |     |                   | CAID                                  |
| Q4133 | Grafix prime, per square centimeter          | No                  |     |                   | ALL                                   |
| Q4133 | Grafix prime, per square centimeter          | Not Covered         |     |                   | CAID                                  |
| Q4134 | Hmatrix, per square centimeter               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4134 | Hmatrix, per square centimeter               | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4135 | Mediskin, per square centimeter              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4135 | Mediskin, per square centimeter              | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4136 | Ez-derm, per square centimeter               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4136 | Ez-derm, per square centimeter               | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4137 | Amnioexcel or biodexcel, per square centi    | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4137 | Amnioexcel or biodexcel, per square centi    | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4138 | Biodfence dryflex, per square centimeter     | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4138 | Biodfence dryflex, per square centimeter     | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4139 | Amniomatrix or biodmatrix, injectable, 1 cc  | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4139 | Amniomatrix or biodmatrix, injectable, 1 cc  | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4140 | Biodfence, per square centimeter             | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4140 | Biodfence, per square centimeter             | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4141 | Alloskin ac, per square centimeter           | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4141 | Alloskin ac, per square centimeter           | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4142 | Xcm biologic tissue matrix, per square cen   | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4142 | Xcm biologic tissue matrix, per square cen   | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4143 | Repriza, per square centimeter               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4143 | Repriza, per square centimeter               | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4145 | Epifix, injectable, 1 mg                     | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |
| Q4145 | Epifix, injectable, 1 mg                     | No                  |     |                   | MED, MMP, PRICHO, CAID                |
| Q4146 | Tensix, per square centimeter                | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4146 | Tensix, per square centimeter                | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4147 | Architect extracellular matrix, per square c | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4147 | Architect extracellular matrix, per square c | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4148 | Neox 1k, per square centimeter               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4148 | Neox 1k, per square centimeter               | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4149 | Excellagen, 0.1 cc                           | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)         |
| Q4149 | Excellagen, 0.1 cc                           | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4150 | Allowrap ds or dry, per square centimeter    | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID)   |

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|-------|--------------------------------------------|---------------------|-----|-------------------|-------------------------------------|
| Q4150 | Allowrap ds or dry, per square centimeter  | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4151 | Amnioband or guardian, per square centim   | Yes                 |     |                   | ALL (Except MED, MCWRAP)            |
| Q4151 | Amnioband or guardian, per square centim   | No                  |     |                   | MED, MCWRAP                         |
| Q4152 | Dermapure, per square centimeter           | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4152 | Dermapure, per square centimeter           | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4153 | Dermavest, per square centimeter           | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4153 | Dermavest, per square centimeter           | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4154 | Biovance, per square centimeter            | Yes                 |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4154 | Biovance, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4155 | Neoxflo or clariflo, 1 mg                  | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4155 | Neoxflo or clariflo, 1 mg                  | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4156 | Neox 100, per square centimeter            | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4156 | Neox 100, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4157 | Revitalon, per square centimeter           | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4157 | Revitalon, per square centimeter           | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4158 | Marigen, per square centimeter             | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4158 | Marigen, per square centimeter             | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4159 | Affinity, per square centimeter            | Yes                 |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4159 | Affinity, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4160 | Nushield, per square centimeter            | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4160 | Nushield, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4161 | Bio-connekt wound matrix, per square cen   | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4161 | Bio-connekt wound matrix, per square cen   | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4162 | Amniopro flow, bioskin flow, biorenew flow | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4162 | Amniopro flow, bioskin flow, biorenew flow | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4163 | Amniopro, bioskin, biorenew, woundex, an   | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4163 | Amniopro, bioskin, biorenew, woundex, an   | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4164 | Helicoll, per square centimeter            | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4164 | Helicoll, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4165 | Keramatrix, per square centimeter          | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4165 | Keramatrix, per square centimeter          | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4166 | Cytal, per square centimeter               | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4166 | Cytal, per square centimeter               | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4167 | Truskin, per square centimeter             | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4167 | Truskin, per square centimeter             | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4168 | Amnioband, 1 mg                            | Yes                 |     |                   | ALL (Except MED, MCWRAP)            |
| Q4168 | Amnioband, 1 mg                            | No                  |     |                   | MED, MCWRAP                         |
| Q4169 | Artacent wound, per square centimeter      | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4169 | Artacent wound, per square centimeter      | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4170 | Cygnus, per square centimeter              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4170 | Cygnus, per square centimeter              | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4171 | Interfyl, 1 mg                             | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4171 | Interfyl, 1 mg                             | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4173 | Palingen or palingen xplus, per square cer | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4173 | Palingen or palingen xplus, per square cer | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4174 | Palingen or promatr, 0.36 mg per 0.25 cc   | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4174 | Palingen or promatr, 0.36 mg per 0.25 cc   | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4175 | Miroderm, per square centimeter            | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4175 | Miroderm, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4176 | Neopatch, per square centimeter            | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4176 | Neopatch, per square centimeter            | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4177 | Floweramnioflo, 0.1 cc                     | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4177 | Floweramnioflo, 0.1 cc                     | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4178 | Floweramniopatch, per square centimeter    | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4178 | Floweramniopatch, per square centimeter    | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4179 | Flowerderm, per square centimeter          | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4179 | Flowerderm, per square centimeter          | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4180 | Revita, per square centimeter              | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO, CAID) |
| Q4180 | Revita, per square centimeter              | No                  |     |                   | MED, MMP, PRICHO, CAID              |
| Q4181 | Amnio wound, per square centimeter         | Not Covered         |     |                   | ALL (Except MED, MMP, PRICHO)       |
| Q4181 | Amnio wound, per square centimeter         | No                  |     |                   | MED, MMP, PRICHO                    |
| Q4182 | Transcyte, per square centimeter           | Yes                 |     |                   | ALL (Except MED, MCWRAP)            |
| Q4182 | Transcyte, per square centimeter           | No                  |     |                   | MED, MCWRAP                         |
| Q4183 | Surgigraft, per square centimeter          | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4183 | Surgigraft, per square centimeter          | No                  |     |                   | McWRAP/PRICHO                       |
| Q4184 | Cellesta, per square centimeter            | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4184 | Cellesta, per square centimeter            | No                  |     |                   | McWRAP/PRICHO                       |
| Q4185 | Cellesta flowable amnion (25 mg per cc); f | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4185 | Cellesta flowable amnion (25 mg per cc); f | No                  |     |                   | McWRAP/PRICHO                       |
| Q4186 | Epifix, per square centimeter              | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4186 | Epifix, per square centimeter              | No                  |     |                   | McWRAP/PRICHO                       |
| Q4187 | Epicord, per square centimeter             | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4187 | Epicord, per square centimeter             | No                  |     |                   | McWRAP/PRICHO                       |
| Q4188 | Amnioarmor, per square centimeter          | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4188 | Amnioarmor, per square centimeter          | No                  |     |                   | McWRAP/PRICHO                       |
| Q4189 | Artacent ac, 1 mg                          | Yes                 |     |                   | ALL (Except McWrap/PRICHO)          |
| Q4189 | Artacent ac, 1 mg                          | No                  |     |                   | McWRAP/PRICHO                       |



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|-------|-------------------------------------------|---------------------|-----|-------------------|---------------------------------------|
| Q4190 | Artacent ac, per square centimeter        | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4190 | Artacent ac, per square centimeter        | No                  |     |                   | McWRAP/PRICHO                         |
| Q4191 | Restorigin, per square centimeter         | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4191 | Restorigin, per square centimeter         | No                  |     |                   | McWRAP/PRICHO                         |
| Q4192 | Restorigin, 1 cc                          | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4192 | Restorigin, 1 cc                          | No                  |     |                   | McWRAP/PRICHO                         |
| Q4193 | Coll-e-derm, per square centimeter        | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4193 | Coll-e-derm, per square centimeter        | No                  |     |                   | McWRAP/PRICHO                         |
| Q4194 | Novachor, per square centimeter           | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4194 | Novachor, per square centimeter           | No                  |     |                   | McWRAP/PRICHO                         |
| Q4195 | Puraply, per square centimeter            | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4195 | Puraply, per square centimeter            | No                  |     |                   | McWRAP/PRICHO                         |
| Q4196 | Puraply am, per square centimeter         | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4196 | Puraply am, per square centimeter         | No                  |     |                   | McWRAP/PRICHO                         |
| Q4197 | Puraply xt, per square centimeter         | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4197 | Puraply xt, per square centimeter         | No                  |     |                   | McWRAP/PRICHO                         |
| Q4198 | Genesis amniotic membrane, per square c   | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4198 | Genesis amniotic membrane, per square c   | No                  |     |                   | McWRAP/PRICHO                         |
| Q4199 | Cygnus matrix, per square centimeter      | Not Covered         |     |                   | ALL (Except MED, CAID, MMP, PRICHO)   |
| Q4199 | Cygnus matrix, per square centimeter      | Yes                 |     |                   | MED, CAID, MMP                        |
| Q4199 | Cygnus matrix, per square centimeter      | No                  |     |                   | PRICHO                                |
| Q4200 | Skin te, per square centimeter            | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4200 | Skin te, per square centimeter            | No                  |     |                   | McWRAP/PRICHO                         |
| Q4201 | Matrion, per square centimeter            | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4201 | Matrion, per square centimeter            | No                  |     |                   | McWRAP/PRICHO                         |
| Q4202 | Kerxxx (2.5g/cc), 1cc                     | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4202 | Kerxxx (2.5g/cc), 1cc                     | No                  |     |                   | McWRAP/PRICHO                         |
| Q4203 | Derma-gide, per square centimeter         | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4203 | Derma-gide, per square centimeter         | No                  |     |                   | McWRAP/PRICHO                         |
| Q4204 | Xwrap, per square centimeter              | Yes                 |     |                   | ALL (Except McWrap/PRICHO)            |
| Q4204 | Xwrap, per square centimeter              | No                  |     |                   | McWRAP/PRICHO                         |
| Q4205 | Membrane graft or membrane wrap, per sq   | Not Covered         |     |                   | All (Except MED, MMP, PRICHO,CAID)    |
| Q4205 | Membrane graft or membrane wrap, per sq   | No                  |     |                   | MED, MMP, PRICHO,CAID                 |
| Q4206 | Fluid flow or fluid GF, 1 cc              | Not Covered         |     |                   | All (Except MED, MMP, PRICHO,CAID)    |
| Q4206 | Fluid flow or fluid GF, 1 cc              | No                  |     |                   | MED, MMP, PRICHO,CAID                 |
| Q4208 | Novafix, per square cenitmeter            | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4208 | Novafix, per square cenitmeter            | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4209 | Surgraft, per square centimeter           | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4209 | Surgraft, per square centimeter           | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4211 | Amnion bio or Axobiomembrane, per squa    | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4211 | Amnion bio or Axobiomembrane, per squa    | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4212 | Allogen, per cc                           | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4212 | Allogen, per cc                           | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4213 | Ascent, 0.5 mg                            | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4213 | Ascent, 0.5 mg                            | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4214 | Cellesta cord, per square centimeter      | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4214 | Cellesta cord, per square centimeter      | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg   | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4215 | Axolotl ambient or axolotl cryo, 0.1 mg   | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4216 | Artacent cord, per square centimeter      | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4216 | Artacent cord, per square centimeter      | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4217 | Woundfix, BioWound, Woundfix Plus, Bio    | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4217 | Woundfix, BioWound, Woundfix Plus, Bio    | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4218 | Surgicord, per square centimeter          | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4218 | Surgicord, per square centimeter          | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4219 | Surgigraft-dual, per square centimeter    | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4219 | Surgigraft-dual, per square centimeter    | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4220 | BellaCell HD or Surederm, per square cen  | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4220 | BellaCell HD or Surederm, per square cen  | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4221 | Amniowrap2, per square centimeter         | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4221 | Amniowrap2, per square centimeter         | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4222 | Progenamatrix, per square centimeter      | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4222 | Progenamatrix, per square centimeter      | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4224 | Human health factor 10 amniotic patch (hf | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO) |
| Q4224 | Human health factor 10 amniotic patch (hf | No                  |     |                   | MED, MMP, MCWRAP, PRICHO              |
| Q4225 | Amniobind, per square centimeter          | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO) |
| Q4225 | Amniobind, per square centimeter          | No                  |     |                   | MED, MMP, MCWRAP, PRICHO              |
| Q4226 | MyOwn skin, includes harvesting and prep  | Not Covered         |     |                   | All (Except MED, MMP, PRICHO)         |
| Q4226 | MyOwn skin, includes harvesting and prep  | No                  |     |                   | MED, MMP, PRICHO                      |
| Q4227 | Amniocore, per square centimeter          | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)   |
| Q4227 | Amniocore, per square centimeter          | No                  |     |                   | MCWRAP                                |
| Q4229 | Cogenex amniotic membrane, per square     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)   |
| Q4229 | Cogenex amniotic membrane, per square     | No                  |     |                   | MCWRAP                                |
| Q4230 | Cogenex flowable amnion, per 0.5 cc       | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)   |
| Q4230 | Cogenex flowable amnion, per 0.5 cc       | No                  |     |                   | MCWRAP                                |
| Q4231 | Corplex p, per cc                         | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)   |
| Q4231 | Corplex p, per cc                         | No                  |     |                   | MCWRAP                                |

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|-------|----------------------------------------------|---------------------|-----|-------------------|-----------------------------------------------------|
| Q4232 | Corplex, per square centimeter               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4232 | Corplex, per square centimeter               | No                  |     |                   | MCWRAP                                              |
| Q4233 | Surfactor or nudyn, per 0.5 cc               | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4233 | Surfactor or nudyn, per 0.5 cc               | No                  |     |                   | MCWRAP                                              |
| Q4234 | Xcellerate, per square centimeter            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4234 | Xcellerate, per square centimeter            | No                  |     |                   | MCWRAP                                              |
| Q4235 | Amniorepair or altipty, per square centimet  | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4235 | Amniorepair or altipty, per square centimet  | No                  |     |                   | MCWRAP                                              |
| Q4237 | Cryo-cord, per square centimeter             | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4237 | Cryo-cord, per square centimeter             | No                  |     |                   | MCWRAP                                              |
| Q4238 | Derm-maxx, per square centimeter             | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4238 | Derm-maxx, per square centimeter             | No                  |     |                   | MCWRAP                                              |
| Q4239 | Amnio-maxx or amnio-maxx lite, per squar     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4239 | Amnio-maxx or amnio-maxx lite, per squar     | No                  |     |                   | MCWRAP                                              |
| Q4240 | Corecyte, for topical use only, per 0.5 cc   | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4240 | Corecyte, for topical use only, per 0.5 cc   | No                  |     |                   | MCWRAP                                              |
| Q4241 | Polycyte, for topical use only, per 0.5 cc   | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4241 | Polycyte, for topical use only, per 0.5 cc   | No                  |     |                   | MCWRAP                                              |
| Q4242 | Amniocyte plus, per 0.5 cc                   | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4242 | Amniocyte plus, per 0.5 cc                   | No                  |     |                   | MCWRAP                                              |
| Q4245 | Amniotext, per cc                            | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4245 | Amniotext, per cc                            | No                  |     |                   | MCWRAP                                              |
| Q4246 | Coretext or protext, per cc                  | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4246 | Coretext or protext, per cc                  | No                  |     |                   | MCWRAP                                              |
| Q4247 | Amniotext patch, per square centimeter       | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4247 | Amniotext patch, per square centimeter       | No                  |     |                   | MCWRAP                                              |
| Q4248 | Dermacyte amniotic membrane allograft, p     | Yes                 |     |                   | ALL (Except McWRAP, PRICHO, PRIQHP)                 |
| Q4248 | Dermacyte amniotic membrane allograft, p     | No                  |     |                   | MCWRAP                                              |
| Q4249 | 'Amnipty, for topical use only, per square c | Yes                 |     |                   | ALL (Except MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP) |
| Q4249 | 'Amnipty, for topical use only, per square c | No                  |     |                   | MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP              |
| Q4250 | 'Amnioamp-mp, per square centimeter          | Yes                 |     |                   | ALL (Except MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP) |
| Q4250 | 'Amnioamp-mp, per square centimeter          | No                  |     |                   | MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP              |
| Q4251 | Vim, per square centimeter                   | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4251 | Vim, per square centimeter                   | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4252 | Vendaje, per square centimeter               | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4252 | Vendaje, per square centimeter               | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4253 | Zenith amniotic membrane, per square ce      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4253 | Zenith amniotic membrane, per square ce      | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4254 | Novafix dl, per square centimeter            | Yes                 |     |                   | ALL (Except MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP) |
| Q4254 | Novafix dl, per square centimeter            | No                  |     |                   | MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP              |
| Q4255 | Reguard, for topical use only, per square c  | Yes                 |     |                   | ALL (Except MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP) |
| Q4255 | Reguard, for topical use only, per square c  | No                  |     |                   | MED, PRICHO, CAID, MMP, MCWRAP, PRIQHP              |
| Q4256 | Mlg-complete, per square centimeter          | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)               |
| Q4256 | Mlg-complete, per square centimeter          | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                            |
| Q4257 | Relese, per square centimeter                | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)               |
| Q4257 | Relese, per square centimeter                | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                            |
| Q4258 | Enverse, per square centimeter               | Yes                 |     |                   | ALL (Except MED, MMP, MCWRAP, PRICHO)               |
| Q4258 | Enverse, per square centimeter               | No                  |     |                   | MED, MMP, MCWRAP, PRICHO                            |
| Q4259 | Celera dual layer or celera dual membrane    | Not covered         |     |                   | ALL                                                 |
| Q4260 | Signature apatch, per square centimeter      | Not covered         |     |                   | ALL                                                 |
| Q4261 | Tag, per square centimeter                   | Not covered         |     |                   | ALL                                                 |
| Q4262 | Dual layer impax membrane, per square c      | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4262 | Dual layer impax membrane, per square c      | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4263 | Surgraft tl, per square centimeter           | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4263 | Surgraft tl, per square centimeter           | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4264 | Cocoon membrane, per square centimeter       | Yes                 |     |                   | ALL (Except MCWRAP, PRICHO)                         |
| Q4264 | Cocoon membrane, per square centimeter       | No                  |     |                   | MCWRAP, PRICHO                                      |
| Q4265 | Neostim tl, per square centimeter            | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4265 | Neostim tl, per square centimeter            | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4266 | Neostim membrane, per square centimete       | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4266 | Neostim membrane, per square centimete       | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4267 | Neostim dl, per square centimeter            | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4267 | Neostim dl, per square centimeter            | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4268 | Surgraft ft, per square centimeter           | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4268 | Surgraft ft, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4269 | Surgraft xt, per square centimeter           | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4269 | Surgraft xt, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4270 | Complete sl, per square centimeter           | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |
| Q4270 | Complete sl, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID                      |
| Q4271 | Complete ft, per square centimeter           | Not covered         |     |                   | ALL (Except MED, MCWRAP, PRICHO, MMP, CAI           |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines                    |
|-------|--------------------------------------------|---------------------|-----|-------------------|----------------------------------|
| Q4271 | Complete ft, per square centimeter         | No                  |     |                   | MED, MCWRAP, PRICHO, MMP, CAID   |
| Q4272 | Esano a, per square centimeter             | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4272 | Esano a, per square centimeter             | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4273 | Esano aaa, per square centimeter           | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4273 | Esano aaa, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4274 | Esano ac, per square centimeter            | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4274 | Esano ac, per square centimeter            | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4275 | Esano aca, per square centimeter           | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4275 | Esano aca, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4276 | Orion, per square centimeter               | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4276 | Orion, per square centimeter               | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4278 | Epieffect, per square centimeter           | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4278 | Epieffect, per square centimeter           | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4279 | Vendaje ac, per square centimeter          | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4279 | Vendaje ac, per square centimeter          | Yes                 |     |                   | MED                              |
| Q4280 | Xcell amnio matrix, per square centim      | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4280 | Xcell amnio matrix, per square centim      | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4281 | Barrera sl or barrera dl, per square ce    | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4281 | Barrera sl or barrera dl, per square ce    | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4282 | Cygnus dual, per square centimeter         | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4282 | Cygnus dual, per square centimeter         | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4283 | Biovance tri-layer or biovance 3l, per s   | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4283 | Biovance tri-layer or biovance 3l, per s   | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4284 | Dermabind sl, per square centimeter        | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4284 | Dermabind sl, per square centimeter        | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4285 | Nudyn dl or nudyn dl mesh, per square ce   | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4285 | Nudyn dl or nudyn dl mesh, per square ce   | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4286 | Nudyn sl or nudyn slw, per square centime  | Yes                 |     |                   | ALL (Except MED, MCWRAP, PRICHO) |
| Q4286 | Nudyn sl or nudyn slw, per square centime  | No                  |     |                   | MED, MCWRAP, PRICHO              |
| Q4287 | Dermabind dl, per square centimeter        | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4287 | Dermabind dl, per square centimeter        | Yes                 |     |                   | MED                              |
| Q4288 | Dermabind ch, per square centimeter        | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4288 | Dermabind ch, per square centimeter        | Yes                 |     |                   | MED                              |
| Q4289 | Revoshield + amniotic barrier, per square  | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4289 | Revoshield + amniotic barrier, per square  | Yes                 |     |                   | MED                              |
| Q4290 | Membrane wrap-hydro, per square centim     | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4290 | Membrane wrap-hydro, per square centim     | Yes                 |     |                   | MED                              |
| Q4291 | Lamellas xt, per square centimeter         | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4291 | Lamellas xt, per square centimeter         | Yes                 |     |                   | MED                              |
| Q4292 | Lamellas, per square centimeter            | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4292 | Lamellas, per square centimeter            | Yes                 |     |                   | MED                              |
| Q4293 | Acesso dl, per square centimeter           | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4293 | Acesso dl, per square centimeter           | Yes                 |     |                   | MED                              |
| Q4294 | Amnio quad-core, per square centimeter     | No                  |     |                   | ALL                              |
| Q4295 | Amnio tri-core amniotic, per square centim | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4295 | Amnio tri-core amniotic, per square centim | Yes                 |     |                   | MED                              |
| Q4296 | Rebound matrix, per square centimeter      | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4296 | Rebound matrix, per square centimeter      | Yes                 |     |                   | MED                              |
| Q4297 | Emerge matrix, per square centimeter       | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4297 | Emerge matrix, per square centimeter       | Yes                 |     |                   | MED                              |
| Q4298 | Amnicore pro, per square centimeter        | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4298 | Amnicore pro, per square centimeter        | Yes                 |     |                   | MED                              |
| Q4299 | Amnicore pro+, per square centimeter       | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4299 | Amnicore pro+, per square centimeter       | Yes                 |     |                   | MED                              |
| Q4300 | Acesso tl, per square centimeter           | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4300 | Acesso tl, per square centimeter           | Yes                 |     |                   | MED                              |
| Q4301 | Activate matrix, per square centimeter     | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4301 | Activate matrix, per square centimeter     | Yes                 |     |                   | MED                              |
| Q4302 | Complete aca, per square centimeter        | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4302 | Complete aca, per square centimeter        | Yes                 |     |                   | MED                              |
| Q4303 | Complete aa, per square centimeter         | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4303 | Complete aa, per square centimeter         | Yes                 |     |                   | MED                              |
| Q4304 | Grafix plus, per square centimeter         | Not Covered         |     |                   | ALL (Except MED)                 |
| Q4304 | Grafix plus, per square centimeter         | Yes                 |     |                   | MED                              |
| Q4305 | American amnion ac tri-layer, per square c | No                  |     |                   | ALL                              |
| Q4306 | American amnion ac, per square centimet    | No                  |     |                   | ALL                              |
| Q4307 | American amnion, per square centimeter     | No                  |     |                   | ALL                              |
| Q4308 | Sanopellis, per square centimeter          | No                  |     |                   | ALL                              |
| Q4309 | Via matrix, per square centimeter          | No                  |     |                   | ALL                              |
| Q4310 | Procenta, per 100 mg                       | Not Covered         |     |                   | ALL                              |
| Q4311 | Acesso, per square centimeter              | Not Covered         |     |                   | ALL (Except MED)                 |

**Services that require Prior Authorization List**

| Code  | Description                                    | Prior Auth Required | Key | Rider Requirement | Product Lines    |
|-------|------------------------------------------------|---------------------|-----|-------------------|------------------|
| Q4311 | Acesso, per square centimeter                  | Yes                 |     |                   | MED              |
| Q4312 | Acesso ac, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4312 | Acesso ac, per square centimeter               | Yes                 |     |                   | MED              |
| Q4313 | Dermabind fm, per square centimeter            | Not Covered         |     |                   | ALL (Except MED) |
| Q4313 | Dermabind fm, per square centimeter            | Yes                 |     |                   | MED              |
| Q4314 | Reeva ft, per square centimeter                | Not Covered         |     |                   | ALL (Except MED) |
| Q4314 | Reeva ft, per square centimeter                | Yes                 |     |                   | MED              |
| Q4315 | Regenelink amniotic membrane allograft,        | Not Covered         |     |                   | ALL (Except MED) |
| Q4315 | Regenelink amniotic membrane allograft,        | Yes                 |     |                   | MED              |
| Q4316 | Amchoplast, per square centimeter              | Not Covered         |     |                   | ALL (Except MED) |
| Q4316 | Amchoplast, per square centimeter              | Yes                 |     |                   | MED              |
| Q4317 | Vitograft, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4317 | Vitograft, per square centimeter               | Yes                 |     |                   | MED              |
| Q4318 | E-graft, per square centimeter                 | Not Covered         |     |                   | ALL (Except MED) |
| Q4318 | E-graft, per square centimeter                 | Yes                 |     |                   | MED              |
| Q4319 | Sanograft, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4319 | Sanograft, per square centimeter               | Yes                 |     |                   | MED              |
| Q4320 | Pellograft, per square centimeter              | Not Covered         |     |                   | ALL (Except MED) |
| Q4320 | Pellograft, per square centimeter              | Yes                 |     |                   | MED              |
| Q4321 | Renograft, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4321 | Renograft, per square centimeter               | Yes                 |     |                   | MED              |
| Q4322 | Caregraft, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4322 | Caregraft, per square centimeter               | Yes                 |     |                   | MED              |
| Q4323 | Alloply, per square centimeter                 | Not Covered         |     |                   | ALL (Except MED) |
| Q4323 | Alloply, per square centimeter                 | Yes                 |     |                   | MED              |
| Q4324 | Amniotx, per square centimeter                 | Not Covered         |     |                   | ALL (Except MED) |
| Q4324 | Amniotx, per square centimeter                 | Yes                 |     |                   | MED              |
| Q4325 | Acapatch, per square centimeter                | Not Covered         |     |                   | ALL (Except MED) |
| Q4325 | Acapatch, per square centimeter                | Yes                 |     |                   | MED              |
| Q4326 | Woundplus, per square centimeter               | Not Covered         |     |                   | ALL (Except MED) |
| Q4326 | Woundplus, per square centimeter               | Yes                 |     |                   | MED              |
| Q4327 | Duoamniion, per square centimeter              | Not Covered         |     |                   | ALL (Except MED) |
| Q4327 | Duoamniion, per square centimeter              | Yes                 |     |                   | MED              |
| Q4328 | Most, per square centimeter                    | Not Covered         |     |                   | ALL (Except MED) |
| Q4328 | Most, per square centimeter                    | Yes                 |     |                   | MED              |
| Q4329 | Singlay, per square centimeter                 | Not Covered         |     |                   | ALL (Except MED) |
| Q4329 | Singlay, per square centimeter                 | Yes                 |     |                   | MED              |
| Q4330 | Total, per square centimeter                   | Not Covered         |     |                   | ALL (Except MED) |
| Q4330 | Total, per square centimeter                   | Yes                 |     |                   | MED              |
| Q4331 | Axolotl graft, per square centimeter           | Not Covered         |     |                   | ALL (Except MED) |
| Q4331 | Axolotl graft, per square centimeter           | Yes                 |     |                   | MED              |
| Q4332 | Axolotl dualgraft, per square centimeter       | Not Covered         |     |                   | ALL (Except MED) |
| Q4332 | Axolotl dualgraft, per square centimeter       | Yes                 |     |                   | MED              |
| Q4333 | Ardeograft, per square centimeter              | Not Covered         |     |                   | ALL (Except MED) |
| Q4333 | Ardeograft, per square centimeter              | Yes                 |     |                   | MED              |
| Q4346 | Shelter dm matrix, per square centimeter       | Not Covered         |     |                   | ALL (Except MED) |
| Q4346 | Shelter dm matrix, per square centimeter       | No                  |     |                   | MED              |
| Q4347 | Rampart dl matrix, per square centimeter       | Not Covered         |     |                   | ALL (Except MED) |
| Q4347 | Rampart dl matrix, per square centimeter       | No                  |     |                   | MED              |
| Q4348 | Sentry sl matrix, per square centimeter        | Not Covered         |     |                   | ALL (Except MED) |
| Q4348 | Sentry sl matrix, per square centimeter        | No                  |     |                   | MED              |
| Q4349 | Mantle dl matrix, per square centimeter        | Not Covered         |     |                   | ALL (Except MED) |
| Q4349 | Mantle dl matrix, per square centimeter        | No                  |     |                   | MED              |
| Q4350 | Palisade dm matrix, per square centimeter      | Not Covered         |     |                   | ALL (Except MED) |
| Q4350 | Palisade dm matrix, per square centimeter      | No                  |     |                   | MED              |
| Q4351 | Enclose tl matrix, per square centimeter       | Not Covered         |     |                   | ALL (Except MED) |
| Q4351 | Enclose tl matrix, per square centimeter       | No                  |     |                   | MED              |
| Q4352 | Overlay sl matrix, per square centimeter       | Not Covered         |     |                   | ALL (Except MED) |
| Q4352 | Overlay sl matrix, per square centimeter       | No                  |     |                   | MED              |
| Q4353 | Xceed tl matrix, per square centimeter         | Not Covered         |     |                   | ALL (Except MED) |
| Q4353 | Xceed tl matrix, per square centimeter         | No                  |     |                   | MED              |
| Q5001 | HOSPICE CARE PROVIDED IN PATIENT               | No                  |     |                   | ALL              |
| Q5002 | HOSPICE CARE PROVIDED IN ASSISTE               | No                  |     |                   | ALL              |
| Q5003 | HOSPICE CARE PROVIDED IN NURSIN                | No                  |     |                   | ALL              |
| Q5004 | HOSPICE CARE PROVIDED IN SKILLED               | No                  |     |                   | ALL              |
| Q5005 | HOSPICE CARE PROVIDED IN INPATIE               | No                  |     |                   | ALL              |
| Q5006 | HOSPICE CARE PROVIDED IN INPATIE               | No                  |     |                   | ALL              |
| Q5007 | HOSPICE CARE PROVIDED IN LONG-TI               | No                  |     |                   | ALL              |
| Q5008 | HOSPICE CARE PROVIDED IN INPATIE               | No                  |     |                   | ALL              |
| Q5009 | HOSPICE CARE PROVIDED IN A APLAC               | No                  |     |                   | ALL              |
| Q5010 | HOSPICE HOME CARE PROVIDED IN A                | No                  |     |                   | ALL              |
| Q5010 | Injection, filgrastim-sndz, biosimilar, (zarxi | No                  |     |                   | ALL              |

**Services that require Prior Authorization List**

| Code  | Description                                      | Prior Auth Required | Key                                        | Rider Requirement   | Product Lines                         |
|-------|--------------------------------------------------|---------------------|--------------------------------------------|---------------------|---------------------------------------|
| Q5103 | Injection, infliximab-dyyb, biosimilar, (inflec  | No                  |                                            |                     | ALL                                   |
| Q5104 | Injection, infliximab-abda, biosimilar, (renfl   | No                  |                                            |                     | ALL                                   |
| Q5105 | Injection, epoetin alfa, biosimilar (Retacrit)   | No                  |                                            |                     | ALL                                   |
| Q5106 | Injection, epoetin alfa, biosimilar (Retacrit)   | No                  |                                            |                     | ALL                                   |
| Q5107 | Injection, bevacizumab-awwb, biosimilar, (f      | No                  |                                            |                     | ALL                                   |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (fu   | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except WRAP, PRICHO, CAID)       |
| Q5108 | Injection, pegfilgrastim-jmdb, biosimilar, (fu   | No                  |                                            |                     | WRAP, PRICHO, CAID                    |
| Q5109 | Injection, infliximab-qbtx, biosimilar, (ixifi), | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except McWrap, MMP, MED, PRICHO) |
| Q5109 | Injection, infliximab-qbtx, biosimilar, (ixifi), | No                  |                                            |                     | MCWRAP, MMP, MED, PRICHO              |
| Q5110 | Injection, filgrastim-aafi, biosimilar, (nivest  | No                  |                                            |                     | ALL                                   |
| Q5111 | Injection, Pegfilgrastim-cbqv, biosimilar, (u    | No                  |                                            |                     | ALL                                   |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (On     | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except WRAP, PRICHO, CAID)       |
| Q5112 | Injection, trastuzumab-dttb, biosimilar, (On     | No                  |                                            |                     | WRAP, PRICHO, CAID                    |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (H      | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except WRAP, PRICHO, CAID)       |
| Q5113 | Injection, trastuzumab-pkrb, biosimilar, (H      | No                  |                                            |                     | WRAP, PRICHO, CAID                    |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (O      | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except WRAP, PRICHO, CAID)       |
| Q5114 | Injection, Trastuzumab-dkst, biosimilar, (O      | No                  |                                            |                     | WRAP, PRICHO, CAID                    |
| Q5115 | Injection, rituximab-abbs, biosimilar, 10 mg     | No                  |                                            |                     | ALL                                   |
| Q5116 | Injection, trastuzumab-qyyp, biosimilar, (tra    | No                  |                                            |                     | ALL                                   |
| Q5117 | Injection, trastuzumab-anns, biosimilar, (k      | No                  |                                            |                     | ALL                                   |
| Q5118 | Injection, bevacizumab-bvzr, biosimilar, (Z      | No                  |                                            |                     | ALL                                   |
| Q5119 | Injection, rituximab-pvvr, biosimilar, (ruxier   | No                  |                                            |                     | ALL                                   |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, (z    | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except WRAP, PRICHO)             |
| Q5120 | Injection, pegfilgrastim-bmez, biosimilar, (z    | No                  |                                            |                     | WRAP, PRICHO                          |
| Q5121 | Injection, infliximab-axxq, biosimilar, (avso    | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except PRICHO, MCWRAP)           |
| Q5121 | Injection, infliximab-axxq, biosimilar, (avso    | No                  |                                            |                     | PRICHO, McWRAP                        |
| Q5122 | Injection, pegfilgrastim-apgf, biosimilar, (n)   | No                  |                                            |                     | ALL                                   |
| Q5123 | Injection, rituximab-arrx, biosimilar, (riabni   | Yes                 | <a href="#">BPF</a>                        |                     | ALL (Except MCWRAP, PRICHO, CAID)     |
| Q5123 | Injection, rituximab-arrx, biosimilar, (riabni   | No                  |                                            |                     | MCWRAP, PRICHO, CAID                  |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (b)     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MCWRAP, PRICHO)           |
| Q5124 | Injection, ranibizumab-nuna, biosimilar, (b)     | No                  |                                            |                     | MCWRAP, PRICHO                        |
| Q5125 | Injection, filgrastim-ayow, biosimilar, (releu   | No                  |                                            |                     | ALL                                   |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (a      | Yes                 | <a href="#">PCM/LINK - see note in Key</a> | <a href="#">***</a> | ALL (Except McWRAP)                   |
| Q5126 | Injection, bevacizumab-maly, biosimilar, (a      | No                  |                                            |                     | MCWRAP                                |
| Q5127 | Injection, pegfilgrastim-fpgk (stimufend), b     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP, PRICHO)           |
| Q5127 | Injection, pegfilgrastim-fpgk (stimufend), b     | No                  |                                            |                     | MCWRAP, PRICHO                        |
| Q5128 | Injection, ranibizumab-eqrm (cimerli), biosi     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP, PRICHO)           |
| Q5128 | Injection, ranibizumab-eqrm (cimerli), biosi     | No                  |                                            |                     | MCWRAP, PRICHO                        |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), f        | Yes                 | <a href="#">PCM/LINK - see note in Key</a> | <a href="#">***</a> | ALL (McWRAP)                          |
| Q5129 | Injection, bevacizumab-adcd (vegzelma), f        | No                  |                                            |                     | MCWRAP                                |
| Q5130 | Injection, pegfilgrastim-pbbk (fynetra), bio     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP, PRICHO)           |
| Q5130 | Injection, pegfilgrastim-pbbk (fynetra), bio     | No                  |                                            |                     | MCWRAP, PRICHO                        |
| Q5133 | Injection, tocilizumab-bavi (tofidence), bios    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5133 | Injection, tocilizumab-bavi (tofidence), bios    | No                  |                                            |                     | McWRAP                                |
| Q5134 | Injection, natalizumab-sztn (tyruko), biosin     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MA, McWRAP)               |
| Q5134 | Injection, natalizumab-sztn (tyruko), biosin     | No                  |                                            |                     | MA, McWRAP                            |
| Q5135 | Injection, tocilizumab-aazg (tyenne), biosin     | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MCWRAP)                   |
| Q5135 | Injection, tocilizumab-aazg (tyenne), biosin     | No                  |                                            |                     | MCWRAP                                |
| Q5136 | Injection, denosumab-bbdz (jubonti/wyos          | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MCWRAP)                   |
| Q5136 | Injection, denosumab-bbdz (jubonti/wyos          | No                  |                                            |                     | MCWRAP                                |
| Q5137 | Injection, ustekinumab-auub (wezlana), bic       | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5137 | Injection, ustekinumab-auub (wezlana), bic       | No                  |                                            |                     | MCWRAP                                |
| Q5138 | Injection, ustekinumab-auub (wezlana), bic       | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except MCWRAP)                   |
| Q5138 | Injection, ustekinumab-auub (wezlana), bic       | No                  |                                            |                     | MCWRAP                                |
| Q5139 | Injection, eculizumab-aeeb (bkemv), biosir       | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5139 | Injection, eculizumab-aeeb (bkemv), biosir       | No                  |                                            |                     | MCWRAP                                |
| Q5140 | Injection, adalimumab-fkjp, biosimilar, 1 m      | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5140 | Injection, adalimumab-fkjp, biosimilar, 1 m      | No                  |                                            |                     | MCWRAP                                |
| Q5141 | Injection, adalimumab-aaty, biosimilar, 1 m      | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5141 | Injection, adalimumab-aaty, biosimilar, 1 m      | No                  |                                            |                     | MCWRAP                                |
| Q5142 | Injection, adalimumab-ryvk biosimilar, 1 m       | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5142 | Injection, adalimumab-ryvk biosimilar, 1 m       | No                  |                                            |                     | MCWRAP                                |
| Q5143 | Injection, adalimumab-adbm, biosimilar, 1        | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5143 | Injection, adalimumab-adbm, biosimilar, 1        | No                  |                                            |                     | MCWRAP                                |
| Q5144 | Injection, adalimumab-aacf (idacio), biosin      | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5144 | Injection, adalimumab-aacf (idacio), biosin      | No                  |                                            |                     | MCWRAP                                |
| Q5145 | Injection, adalimumab-afzb (abrilada), bios      | Yes                 | <a href="#">SPC/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5145 | Injection, adalimumab-afzb (abrilada), bios      | No                  |                                            |                     | MCWRAP                                |
| Q5146 | Injection, trastuzumab-strf (hercessi), biosi    | Yes                 | <a href="#">PCM/ExGEN</a>                  |                     | ALL (Except McWRAP)                   |
| Q5146 | Injection, trastuzumab-strf (hercessi), biosi    | No                  |                                            |                     | MCWRAP                                |

**Services that require Prior Authorization List**

| Code  | Description                                     | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|-------------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| Q9001 | Assessment by department of veterans aff        | Not Covered         |                           |                   | ALL                                         |
| Q9002 | Counseling, individual, by department of v      | Not Covered         |                           |                   | ALL                                         |
| Q9003 | Counseling, group, by department of veter       | Not Covered         |                           |                   | ALL                                         |
| Q9004 | Department of veterans affairs whole heal       | Not Covered         |                           |                   | ALL                                         |
| Q9950 | Injection, sulfur hexafluoride lipid microsph   | No                  |                           |                   | ALL                                         |
| Q9951 | LOW OSMOLAR CONTRAST MATERIAL                   | No                  |                           |                   | ALL                                         |
| Q9953 | INJECTION, IRON-BASED MAGNETIC R                | No                  |                           |                   | ALL                                         |
| Q9954 | ORAL MAGNETIC RESONANCE CONTR                   | No                  |                           |                   | ALL                                         |
| Q9954 | ORAL MAGNETIC RESONANCE CONTRAST                | Not Covered         |                           |                   | CAID                                        |
| Q9955 | INJECTION, PERFLEXANE LIPID MICRC               | No                  |                           |                   | ALL                                         |
| Q9956 | INJECTION, OCTAFLUOROPROPANCE                   | No                  |                           |                   | ALL                                         |
| Q9957 | INJECTION, PERFLUTREN LIPID MICRC               | No                  |                           |                   | ALL                                         |
| Q9958 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9958 | HIGH OSMOLAR CONTRAST MATERIAL, UP              | Not Covered         |                           |                   | CAID                                        |
| Q9959 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9959 | HIGH OSMOLAR CONTRAST MATERIAL, 150             | Not Covered         |                           |                   | CAID                                        |
| Q9960 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9960 | HIGH OSMOLAR CONTRAST MATERIAL, 200             | Not Covered         |                           |                   | CAID                                        |
| Q9961 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9961 | HIGH OSMOLAR CONTRAST MATERIAL, 250             | Not Covered         |                           |                   | CAID                                        |
| Q9962 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9962 | HIGH OSMOLAR CONTRAST MATERIAL, 300             | Not Covered         |                           |                   | CAID                                        |
| Q9963 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9963 | HIGH OSMOLAR CONTRAST MATERIAL, 350             | Not Covered         |                           |                   | CAID                                        |
| Q9964 | HIGH OSMOLAR CONTRAST MATERIAL                  | No                  |                           |                   | ALL                                         |
| Q9964 | HIGH OSMOLAR CONTRAST MATERIAL, 400             | Not Covered         |                           |                   | CAID                                        |
| Q9965 | LOW OSMOLAR CONTRAST MATERIAL                   | No                  |                           |                   | ALL                                         |
| Q9966 | LOW OSMOLAR CONTRAST MATERIAL                   | No                  |                           |                   | ALL                                         |
| Q9967 | LOW OSMOLAR CONTRAST MATERIAL                   | No                  |                           |                   | ALL                                         |
| Q9968 | INJECTION, NON-RADIOACTIVE, NON-C               | No                  |                           |                   | ALL                                         |
| Q9968 | INJECTION, NON-RADIOACTIVE, NON-CONT            | Not Covered         |                           |                   | CAID                                        |
| Q9969 | Tc-99m from non-highly enriched uranium         | No                  |                           |                   | ALL                                         |
| Q9969 | Tc-99m from non-highly enriched uranium sourc   | Not Covered         |                           |                   | CAID                                        |
| Q9976 | Injection, Ferric Pyrophosphate Citrate Sol     | No                  |                           |                   | ALL                                         |
| Q9982 | Flutemetamol F18, diagnostic, per study d       | No                  |                           |                   | ALL                                         |
| Q9982 | Flutemetamol F18, diagnostic, per study dose, u | Not Covered         |                           |                   | CAID                                        |
| Q9983 | Florbetaben f18, diagnostic, per study dos      | No                  |                           |                   | ALL                                         |
| Q9983 | Florbetaben f18, diagnostic, per study dose, up | Not Covered         |                           |                   | CAID                                        |
| Q9991 | Injection, buprenorphine extended-release (subk | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| Q9991 | Injection, buprenorphine extended-release (subk | No                  |                           |                   | MCWRAP, MMP, MED, CAID, PRICHO              |
| Q9992 | Injection, buprenorphine extended-release (subk | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| Q9992 | Injection, buprenorphine extended-release (subk | No                  |                           |                   | MCWRAP, MMP, MED, CAID, PRICHO              |
| Q9996 | Injection, ustekinumab-ttwe (pyzchiva), sul     | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| Q9996 | Injection, ustekinumab-ttwe (pyzchiva), sul     | No                  |                           |                   | MCWRAP                                      |
| Q9997 | Injection, ustekinumab-ttwe (pyzchiva), int     | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| Q9997 | Injection, ustekinumab-ttwe (pyzchiva), int     | No                  |                           |                   | MCWRAP                                      |
| Q9998 | Injection, ustekinumab-aekn (selarsdi), 1 n     | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWRAP)                         |
| Q9998 | Injection, ustekinumab-aekn (selarsdi), 1 n     | No                  |                           |                   | MCWRAP                                      |
| R0070 | TRANSPORTATION OF PORTABLE X-R                  | Not Covered         |                           |                   | HAP, AHL, FED, UAW, QHP                     |
| R0070 | TRANSPORTATION OF PORTABLE X-R                  | No                  |                           |                   | MED, Caid, MCWRAP                           |
| R0075 | TRANSPORTATION OF PORTABLE X-R                  | Not Covered         |                           |                   | HAP, AHL, FED, UAW, QHP                     |
| R0075 | TRANSPORTATION OF PORTABLE X-R                  | No                  |                           |                   | MED, Caid, MCWRAP                           |
| R0076 | TRANSPORTATION OF PORTABLE EKG                  | Not Covered         |                           |                   | HAP, AHL, FED, UAW, QHP                     |
| R0076 | TRANSPORTATION OF PORTABLE EKG                  | No                  |                           |                   | MED                                         |
| S0012 | BUTORPHANOL TARTRATE, NASAL SP                  | No                  |                           |                   | ALL                                         |
| S0012 | BUTORPHANOL TARTRATE, NASAL SPRAY,              | Not Covered         |                           |                   | CAID                                        |
| S0013 | Esketamine, nasal spray, 1 mg                   | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except MED, MCWRAP, MMP, PRICHO, CAI   |
| S0013 | Esketamine, nasal spray, 1 mg                   | No                  |                           |                   | MED, MCWRAP, MMP, PRICHO, CAID              |
| S0014 | TACRINE HYDROCHLORIDE, 10 MG                    | No                  |                           |                   | ALL                                         |
| S0014 | TACRINE HYDROCHLORIDE, 10 MG                    | Not Covered         |                           |                   | CAID                                        |
| S0017 | INJECTION, AMINOCAPROIC ACID, 5 G               | No                  |                           |                   | ALL                                         |
| S0017 | INJECTION, AMINOCAPROIC ACID, 5 GRAMS           | Not Covered         |                           |                   | CAID                                        |
| S0021 | INJECTION, CEFOPERAZONE SODIUM,                 | No                  |                           |                   | ALL                                         |
| S0021 | INJECTION, CEFOPERAZONE SODIUM, 1 GR            | Not Covered         |                           |                   | CAID                                        |
| S0023 | INJECTION, CIMETIDINE HYDROCHLOF                | No                  |                           |                   | ALL                                         |
| S0023 | INJECTION, CIMETIDINE HYDROCHLORIDE,            | Not Covered         |                           |                   | CAID                                        |
| S0028 | INJECTION, FAMOTIDINE, 20 MG                    | No                  |                           |                   | ALL                                         |
| S0028 | INJECTION, FAMOTIDINE, 20 MG                    | Not Covered         |                           |                   | CAID                                        |
| S0032 | INJECTION, NAFACILLIN SODIUM, 2 GRA             | No                  |                           |                   | ALL                                         |
| S0034 | INJECTION, OFLOXACIN, 400 MG                    | No                  |                           |                   | ALL                                         |
| S0034 | INJECTION, OFLOXACIN, 400 MG                    | Not Covered         |                           |                   | CAID                                        |
| S0039 | INJECTION, SULFAMETHOXAZOLE ANI                 | No                  |                           |                   | ALL                                         |
| S0039 | INJECTION, SULFAMETHOXAZOLE AND TRIN            | Not Covered         |                           |                   | CAID                                        |
| S0040 | INJECTION, TICARCILLIN DISODIUM AN              | No                  |                           |                   | ALL                                         |
| S0040 | INJECTION, TICARCILLIN DISODIUM AND CL          | Not Covered         |                           |                   | CAID                                        |

**Services that require Prior Authorization List**

| Code  | Description                            | Prior Auth Required | Key                       | Rider Requirement | Product Lines                               |
|-------|----------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------|
| S0074 | INJECTION, CEFOTETAN DISODIUM, 50      | No                  |                           |                   | ALL                                         |
| S0078 | INJECTION, FOSPHENYTOIN SODIUM, 1      | No                  |                           |                   | ALL                                         |
| S0078 | INJECTION, FOSPHENYTOIN SODIUM, 750 M  | Not Covered         |                           |                   | CAID                                        |
| S0080 | INJECTION, PENTAMIDINE ISETHIONAT      | No                  |                           |                   | ALL                                         |
| S0081 | INJECTION, PIPERACILLIN SODIUM, 50     | No                  |                           |                   | ALL                                         |
| S0081 | INJECTION, PIPERACILLIN SODIUM, 500 MG | Not Covered         |                           |                   | CAID                                        |
| S0088 | IMATINIB INJECTION, 100 MG             | No                  |                           |                   | ALL                                         |
| S0088 | IMATINIB INJECTION, 100 MG             | Not Covered         |                           |                   | CAID                                        |
| S0090 | SILDENAFIL CITRATE, 25 MG              | No                  |                           |                   | ALL                                         |
| S0090 | SILDENAFIL CITRATE, 25 MG              | Not Covered         |                           |                   | CAID                                        |
| S0091 | TEST, GRANISETRON HYDROCHLORID         | No                  |                           |                   | ALL                                         |
| S0091 | TEST, GRANISETRON HYDROCHLORIDE, 1M    | Not Covered         |                           |                   | CAID                                        |
| S0092 | INJECTION, HYDROMORPHONE HYDR          | No                  |                           |                   | ALL                                         |
| S0092 | INJECTION, HYDROMORPHONE HYDROCHL      | Not Covered         |                           |                   | CAID                                        |
| S0093 | INJECTION, MORPHINE SULFATE, 500       | No                  |                           |                   | ALL                                         |
| S0093 | INJECTION, MORPHINE SULFATE, 500 MG (L | Not Covered         |                           |                   | CAID                                        |
| S0104 | ZIDOVUDINE, ORAL, 100 MG               | No                  |                           |                   | ALL                                         |
| S0104 | ZIDOVUDINE, ORAL, 100 MG               | Not Covered         |                           |                   | CAID                                        |
| S0106 | BUPROPION HCL SUSTAINED RELEAS         | No                  |                           |                   | ALL                                         |
| S0106 | BUPROPION HCL SUSTAINED RELEASE TAB    | Not Covered         |                           |                   | CAID                                        |
| S0108 | MERCAPTOPYRINE, ORAL, 50 MG            | No                  |                           |                   | ALL                                         |
| S0108 | MERCAPTOPYRINE, ORAL, 50 MG            | Not Covered         |                           |                   | CAID                                        |
| S0109 | METHADONE, ORAL, 5 MG                  | No                  |                           |                   | ALL                                         |
| S0109 | METHADONE, ORAL, 5 MG                  | Not Covered         |                           |                   | CAID                                        |
| S0117 | TRETINOIN, TOPICAL, 5 GRAMS            | No                  |                           |                   | ALL                                         |
| S0117 | TRETINOIN, TOPICAL, 5 GRAMS            | Not Covered         |                           |                   | CAID                                        |
| S0119 | ONDANSETRON, ORAL, 4 MG (FOR CIR       | No                  |                           |                   | ALL                                         |
| S0119 | ONDANSETRON, ORAL, 4 MG (FOR CIRCUM    | Not Covered         |                           |                   | CAID                                        |
| S0122 | INJECTION, MENOTROPINS 75 IU           | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0122 | INJECTION, MENOTROPINS 75 IU           | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| S0122 | INJECTION, MENOTROPINS 75 IU           | Not Covered         |                           |                   | CAID                                        |
| S0126 | INJECTION FOLLITROPIN ALFA, 75 IU      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0126 | INJECTION FOLLITROPIN ALFA, 75 IU      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| S0126 | INJECTION FOLLITROPIN ALFA, 75 IU      | Not Covered         |                           |                   | CAID                                        |
| S0128 | INJECTION FOLLITROPIN BETA, 75 IU      | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0128 | INJECTION FOLLITROPIN BETA, 75 IU      | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| S0128 | INJECTION FOLLITROPIN BETA, 75 IU      | Not Covered         |                           |                   | CAID                                        |
| S0132 | INJECTION, GANIRELIX ACETATE 250 M     | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0132 | INJECTION, GANIRELIX ACETATE 250 M     | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO                    |
| S0132 | INJECTION, GANIRELIX ACETATE 250 MG    | Not Covered         |                           |                   | CAID                                        |
| S0136 | CLOZAPINE, 25 MG                       | No                  |                           |                   | ALL                                         |
| S0136 | CLOZAPINE, 25 MG                       | Not Covered         |                           |                   | CAID                                        |
| S0137 | DIDANOSINE (DDL), 25 MG                | No                  |                           |                   | ALL                                         |
| S0137 | DIDANOSINE (DDL), 25 MG                | Not Covered         |                           |                   | CAID                                        |
| S0138 | FINASTERIDE, 5 MG                      | No                  |                           |                   | ALL                                         |
| S0138 | FINASTERIDE, 5 MG                      | Not Covered         |                           |                   | CAID                                        |
| S0139 | MINOXIDIL, 10 MG                       | Not Covered         |                           |                   | ALL                                         |
| S0140 | SAQUINAVIR, 200 MG                     | No                  |                           |                   | ALL                                         |
| S0140 | SAQUINAVIR, 200 MG                     | Not Covered         |                           |                   | CAID                                        |
| S0142 | COLISTIMETHATE SODIUM, INHALATIO       | No                  |                           |                   | ALL                                         |
| S0142 | COLISTIMETHATE SODIUM, INHALATION SO   | Not Covered         |                           |                   | CAID                                        |
| S0145 | INJECTION, PEGYLATED INTERFERON        | Yes                 | <a href="#">SPC/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0145 | INJECTION, PEGYLATED INTERFERON        | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| S0148 | INJECTION, PEGYLATED INTERFERON        | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO) |
| S0148 | INJECTION, PEGYLATED INTERFERON        | No                  |                           |                   | MCWRAP, MMP, MED, PRICHO, CAID              |
| S0155 | STERILE DILUTANT FOR EPOPROSTEN        | No                  |                           |                   | ALL                                         |
| S0155 | STERILE DILUTANT FOR EPOPROSTENOL, 5   | Not Covered         |                           |                   | CAID                                        |
| S0156 | EXEMESTANE, 25 MG                      | No                  |                           |                   | ALL                                         |
| S0156 | EXEMESTANE, 25 MG                      | Not Covered         |                           |                   | CAID                                        |
| S0157 | BECAPLERMIN GEL 0.01%, 0.5 GM          | No                  |                           |                   | ALL                                         |
| S0157 | BECAPLERMIN GEL 0.01%, 0.5 GM          | Not Covered         |                           |                   | CAID                                        |
| S0160 | DEXTROAMPHETAMINE SULFATE, 5 M         | No                  |                           |                   | ALL                                         |
| S0160 | DEXTROAMPHETAMINE SULFATE, 5 MG        | Not Covered         |                           |                   | CAID                                        |
| S0161 | CALCITROL, 0.25 MG                     | No                  |                           |                   | ALL                                         |
| S0169 | CALCITROL, 0.25 MICROGRAM              | No                  |                           |                   | ALL                                         |
| S0169 | CALCITROL, 0.25 MICROGRAM              | Not Covered         |                           |                   | CAID                                        |
| S0170 | ANASTROZOLE, ORAL, 1MG                 | No                  |                           |                   | ALL                                         |
| S0170 | ANASTROZOLE, ORAL, 1MG                 | Not Covered         |                           |                   | CAID                                        |
| S0172 | CHLORAMBUCIL, ORAL, 2MG                | No                  |                           |                   | ALL                                         |
| S0172 | CHLORAMBUCIL, ORAL, 2MG                | Not Covered         |                           |                   | CAID                                        |
| S0174 | DOLASETRON MESYLATE, ORAL 50MG         | No                  |                           |                   | ALL                                         |
| S0174 | DOLASETRON MESYLATE, ORAL 50MG         | Not Covered         |                           |                   | CAID                                        |
| S0175 | FLUTAMIDE, ORAL, 125MG                 | No                  |                           |                   | ALL                                         |
| S0175 | FLUTAMIDE, ORAL, 125MG                 | Not Covered         |                           |                   | CAID                                        |

**Services that require Prior Authorization List**

| Code  | Description                              | Prior Auth Required | Key                       | Rider Requirement | Product Lines                                     |
|-------|------------------------------------------|---------------------|---------------------------|-------------------|---------------------------------------------------|
| S0176 | HYDROXYUREA, ORAL, 500MG                 | No                  |                           |                   | ALL                                               |
| S0176 | HYDROXYUREA, ORAL, 500MG                 | Not Covered         |                           |                   | CAID                                              |
| S0177 | LEVAMISOLE HYDROCHLORIDE, ORAL           | No                  |                           |                   | ALL                                               |
| S0177 | LEVAMISOLE HYDROCHLORIDE, ORAL, 50M      | Not Covered         |                           |                   | CAID                                              |
| S0178 | LOMUSTINE, ORAL, 10MG                    | No                  |                           |                   | ALL                                               |
| S0178 | LOMUSTINE, ORAL, 10MG                    | Not Covered         |                           |                   | CAID                                              |
| S0179 | MEGESTROL ACETATE, ORAL, 20MG            | No                  |                           |                   | ALL                                               |
| S0179 | MEGESTROL ACETATE, ORAL, 20MG            | Not Covered         |                           |                   | CAID                                              |
| S0182 | PROCARBAZINE HYDROCHLORIDE, OF           | No                  |                           |                   | ALL                                               |
| S0182 | PROCARBAZINE HYDROCHLORIDE, ORAL, 5      | Not Covered         |                           |                   | CAID                                              |
| S0183 | PROCHLORPERAZINE MALEATE, ORAL           | No                  |                           |                   | ALL                                               |
| S0183 | PROCHLORPERAZINE MALEATE, ORAL, 5M       | Not Covered         |                           |                   | CAID                                              |
| S0187 | TAMOXIFEN CITRATE, ORAL, 10MG            | No                  |                           |                   | ALL                                               |
| S0187 | TAMOXIFEN CITRATE, ORAL, 10MG            | Not Covered         |                           |                   | CAID                                              |
| S0189 | TESTOSTERONE PELLETT, 75MG               | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, Caid, MMP, MED, PRICHO)       |
| S0189 | TESTOSTERONE PELLETT, 75MG               | No                  |                           |                   | MCWRAP, MMP, MED, CAID, PRICHO                    |
| S0190 | MIFEPRISTON, ORAL, 200 MG                | Yes                 | *                         | <a href="#">P</a> | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP)         |
| S0190 | MIFEPRISTON, ORAL, 200 MG                | No                  |                           |                   | MCWRAP, CAID                                      |
| S0190 | MIFEPRISTON, ORAL, 200 MG                | No                  |                           |                   | PRICHO                                            |
| S0191 | MISOPROSTOL, ORAL, 200 MCG               | Yes                 | *                         | <a href="#">P</a> | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP)         |
| S0191 | MISOPROSTOL, ORAL, 200 MCG               | No                  |                           |                   | MCWRAP, CAID                                      |
| S0191 | MISOPROSTOL, ORAL, 200 MCG               | No                  |                           |                   | PRICHO                                            |
| S0194 | DIALYSIS/STRESS VITAMIN SUPPLEME         | Not Covered         |                           |                   | ALL                                               |
| S0196 | INJECTABLE POLY-L-LACTIC ACID, RES       | Not Covered         |                           |                   | ALL                                               |
| S0197 | PRENATAL VITAMINS, 30-DAY SUPPLY         | Not Covered         |                           |                   | ALL                                               |
| S0199 | MEDICALLY INDUCED ABORTION BY O          | Yes                 | *                         | <a href="#">P</a> | ALL (Except Mcwrap, CAID, PRICHO, PRIQHP)         |
| S0199 | MEDICALLY INDUCED ABORTION BY O          | No                  |                           |                   | MCWRAP, CAID                                      |
| S0199 | MEDICALLY INDUCED ABORTION BY O          | No                  |                           |                   | PRICHO                                            |
| S0201 | PARTIAL HOSPITALIZATION SERVICES         | Yes                 | <a href="#">CBHM</a>      |                   | ALL (Except McWrap/CAID)                          |
| S0201 | PARTIAL HOSPITALIZATION SERVICES         | No                  | <a href="#">CBHM</a>      |                   | McWRAP/CAID                                       |
| S0201 | PARTIAL HOSPITALIZATION SERVICES. LES    | Not Covered         |                           |                   | CAID                                              |
| S0207 | PARAMEDIC INTERCEPT, NON-HOSPIT          | Not Covered         |                           |                   | ALL                                               |
| S0208 | PARAMEDIC INTERCEPT, HOSPITAL-B          | Not Covered         |                           |                   | ALL                                               |
| S0209 | WHEELCHAIR VAN, MILEAGE, PER MIL         | Not Covered         |                           |                   | ALL (Except Caid, MMP, DSNP)                      |
| S0209 | WHEELCHAIR VAN, MILEAGE, PER MIL         | No                  |                           |                   | Caid, MMP, DSNP                                   |
| S0215 | NON-EMERGENCY TRANSPORTATION             | Not covered         |                           |                   | ALL (Except MED, CAID, MMP, PRICHO, PRIQHP, DSNP) |
| S0215 | NON-EMERGENCY TRANSPORTATION             | No                  |                           |                   | MED, CAID, MMP, DSNP, PRICHO, PRIQHP              |
| S0220 | MEDICAL CONFERENCE BY A PHYSICI          | Not Covered         |                           |                   | ALL                                               |
| S0221 | MEDICAL CONFERENCE BY A PHYSICI          | Not Covered         |                           |                   | ALL                                               |
| S0250 | COMPREHENSIVE GERIATRIC ASSESS           | No                  |                           |                   | ALL                                               |
| S0250 | COMPREHENSIVE GERIATRIC ASSESMEN         | Not Covered         |                           |                   | CAID                                              |
| S0255 | HOSPICE REFERRAL VISIT (ADVISING         | No                  |                           |                   | ALL                                               |
| S0255 | HOSPICE REFERRAL VISIT (ADVISING PATIE   | Not Covered         |                           |                   | CAID                                              |
| S0257 | COUNSELING AND DISCUSSION REGA           | No                  |                           |                   | ALL                                               |
| S0260 | HISTORY AND PHYSICAL (OUTPATIENT         | Not Covered         |                           |                   | ALL                                               |
| S0265 | GENETIC COUNSELING, UNDER PHYSI          | No                  |                           |                   | ALL                                               |
| S0265 | GENETIC COUNSELING, UNDER PHYSICIAN      | Not Covered         |                           |                   | CAID                                              |
| S0270 | PHYSICIAN MANAGEMENT OF PATIENT          | No                  |                           |                   | ALL                                               |
| S0270 | PHYSICIAN MANAGEMENT OF PATIENT HON      | Not Covered         |                           |                   | CAID                                              |
| S0271 | PHYSICIAN MANAGEMENT OF PATIENT          | No                  |                           |                   | ALL                                               |
| S0271 | PHYSICIAN MANAGEMENT OF PATIENT HON      | Not Covered         |                           |                   | CAID                                              |
| S0272 | PHYSICIAN MANAGEMENT OF PATIENT          | No                  |                           |                   | ALL                                               |
| S0272 | PHYSICIAN MANAGEMENT OF PATIENT HON      | Not Covered         |                           |                   | CAID                                              |
| S0273 | PHYSICIAN VISIT AT MEMBER'S HOME         | No                  |                           |                   | ALL                                               |
| S0273 | PHYSICIAN VISIT AT MEMBER'S HOME, OUT    | Not Covered         |                           |                   | CAID                                              |
| S0274 | NURSE PRACTITIONER VISIT AT MEMBE        | No                  |                           |                   | ALL                                               |
| S0274 | NURSE PRACTITIONER VISIT AT MEMBER'S H   | Not Covered         |                           |                   | CAID                                              |
| S0280 | MEDICAL HOME PROGRAM, COMPREH            | No                  |                           |                   | ALL                                               |
| S0280 | MEDICAL HOME PROGRAM, COMPREHENS         | Not Covered         |                           |                   | CAID                                              |
| S0281 | MEDICAL HOME PROGRAM, COMPREH            | No                  |                           |                   | ALL                                               |
| S0281 | MEDICAL HOME PROGRAM, COMPREHENS         | Not Covered         |                           |                   | CAID                                              |
| S0285 | Colonoscopy consultation performed prior | Not Covered         |                           |                   | ALL                                               |
| S0302 | COMPLETED EARLY PERIODIC SCREE           | No                  |                           |                   | ALL                                               |
| S0302 | COMPLETED EARLY PERIODIC SCREENING       | Not Covered         |                           |                   | CAID                                              |
| S0310 | HOSPITALIST SERVICES (LIST SEPARA        | No                  |                           |                   | ALL                                               |
| S0310 | HOSPITALIST SERVICES (LIST SEPARATELY    | Not Covered         |                           |                   | CAID                                              |
| S0311 | Comprehensive management and care co     | Not Covered         |                           |                   | ALL                                               |
| S0315 | DISEASE MANAGEMENT PROGRAM; IN           | No                  |                           |                   | ALL                                               |
| S0316 | DISEASE MANAGEMENT PROGRAM; F            | No                  |                           |                   | ALL                                               |
| S0317 | DISEASE MANAGEMENT PROGRAM; P            | Yes                 |                           |                   | ALL (Except Mcwrap, PRICHO)                       |
| S0317 | DISEASE MANAGEMENT PROGRAM; P            | No                  |                           |                   | McWrap, PRICHO                                    |
| S0320 | TELEPHONE CALLS BY A REGISTERED          | Not Covered         |                           |                   | ALL                                               |
| S0340 | LIFESTYLE MODIFICATION PROGRAM           | No                  |                           |                   | ALL                                               |
| S0340 | LIFESTYLE MODIFICATION PROGRAM FOR I     | Not Covered         |                           |                   | CAID                                              |
| S0341 | LIFESTYLE MODIFICATION PROGRAM           | No                  |                           |                   | ALL                                               |
| S0341 | LIFESTYLE MODIFICATION PROGRAM FOR I     | Not Covered         |                           |                   | CAID                                              |



**Services that require Prior Authorization List**

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|-------|-----------------------------------------------|---------------------|---------|-------------------|---------------------|
| S0342 | LIFESTYLE MODIFICATION PROGRAM                | No                  |         |                   | ALL                 |
| S0342 | LIFESTYLE MODIFICATION PROGRAM FOR            | Not Covered         |         |                   | CAID                |
| S0353 | Treatment planning and care coordination      | Not Covered         | INFO    |                   | ALL                 |
| S0354 | Treatment planning and care coordination      | Not Covered         | INFO    |                   | ALL                 |
| S0390 | ROUTINE FOOT CARE; REMOVAL AND                | No                  | *       |                   | ALL                 |
| S0390 | ROUTINE FOOT CARE; REMOVAL AND/OR T           | Not Covered         |         |                   | CAID                |
| S0395 | IMPRESSION CASTING OF A FOOT PEF              | No                  |         |                   | ALL                 |
| S0395 | IMPRESSION CASTING OF A FOOT PERFOR           | Not Covered         |         |                   | CAID                |
| S0400 | GLOBAL FEE FOR EXTRACORPOREAL                 | No                  |         |                   | ALL                 |
| S0400 | GLOBAL FEE FOR EXTRACORPOREAL SHO             | Not Covered         |         |                   | CAID                |
| S0500 | DISPOSABLE CONTACT LENS, PER LE               | No                  | *       | V                 | ALL                 |
| S0500 | DISPOSABLE CONTACT LENS, PER LENS             | Not Covered         |         |                   | CAID                |
| S0504 | SINGLE VISION PRESCRIPTION LENS (             | Not Covered         |         |                   | ALL                 |
| S0506 | BIFOCAL VISION PRESCRIPTION LENS              | Not Covered         |         |                   | ALL                 |
| S0508 | TRIFOCAL VISION PRESCRIPTION LEN              | Not Covered         |         |                   | ALL                 |
| S0510 | NON-PRESCRIPTION LENS (SAFETY, A              | Not Covered         |         |                   | ALL                 |
| S0512 | DAILY WEAR SPECIALTY CONTACT LE               | No                  | *       | V                 | ALL                 |
| S0512 | DAILY WEAR SPECIALTY CONTACT LENS, P          | Not Covered         |         |                   | CAID                |
| S0514 | COLOR CONTACT LENS, PER LENS                  | Not Covered         |         |                   | ALL                 |
| S0515 | SCLERAL LENS, LIQUID BANDAGE DEV              | No                  | *       |                   | ALL                 |
| S0515 | SCLERAL LENS, LIQUID BANDAGE DEVICE,          | Not Covered         |         |                   | CAID                |
| S0516 | SAFETY EYEGLASS FRAMES                        | Not Covered         |         |                   | ALL                 |
| S0518 | SUNGLASSES FRAMES                             | Not Covered         |         |                   | ALL                 |
| S0580 | POLYCARBONATE LENS (LIST THIS CO              | Not Covered         |         |                   | ALL                 |
| S0581 | NONSTANDARD LENS (LIST THIS CODI              | Not Covered         |         |                   | ALL                 |
| S0590 | INTEGRAL LENS SERVICE, MISCELLAN              | Not Covered         |         |                   | ALL                 |
| S0592 | COMPREHENSIVE CONTACT LENS EVI                | Not Covered         |         |                   | ALL                 |
| S0595 | DISPENSING NEW SPECTACLE LENSE                | Not Covered         |         |                   | ALL                 |
| S0596 | Phakic intraocular lens for correction of ref | Not Covered         |         |                   | ALL                 |
| S0601 | SCREENING PROCTOSCOPY                         | No                  |         |                   | ALL                 |
| S0610 | ANNUAL GYNECOLOGICAL EXAMINATI                | No                  |         |                   | ALL                 |
| S0612 | ANNUAL GYNECOLOGICAL EXAMINATI                | No                  |         |                   | ALL                 |
| S0613 | ANNUAL GYNECOLOGICAL EXAMINATI                | No                  |         |                   | ALL                 |
| S0618 | AUDIOMETRY FOR HEARING AID EVAL               | No                  |         |                   | ALL                 |
| S0620 | ROUTINE OPHTHALMOLOGICAL EXAM                 | No                  |         |                   | ALL                 |
| S0621 | ROUTINE OPHTHALMOLOGICAL EXAM                 | No                  |         |                   | ALL                 |
| S0622 | PHYSICAL EXAM FOR COLLEGE, NEW                | No                  |         |                   | ALL                 |
| S0630 | REMOVAL OF SUTURES; BY A PHYSIC               | No                  |         |                   | ALL                 |
| S0800 | LASER IN SITU KERATOMILEUSIS (LAS             | No                  |         | L                 | ALL (Except MED)    |
| S0800 | LASER IN SITU KERATOMILEUSIS (LAS             | Not Covered         |         |                   | MED                 |
| S0810 | PHOTOREFRACTIVE KERATECTOMY (F                | No                  |         |                   | ALL                 |
| S0812 | PHOTOTHERAPEUTIC KERATECTOMY                  | No                  |         |                   | ALL                 |
| S1015 | IV TUBING EXTENSION SET                       | No                  |         |                   | ALL                 |
| S1016 | NON-PVC (POLYVINYL CHLORIDE) INT              | No                  |         |                   | ALL                 |
| S1030 | CONTINUOUS NONINVASIVE GLUCOSI                | Not Covered         |         |                   | ALL                 |
| S1031 | CONTINUOUS NONINVASIVE GLUCOSI                | Not Covered         |         |                   | ALL                 |
| S1034 | Artificial Pancreas Device System (eg, Lov    | Not Covered         |         |                   | ALL                 |
| S1035 | Sensor; Invasive (eg, Subcutaneous), Disp     | Not Covered         |         |                   | ALL                 |
| S1036 | Transmitter; External, For Use With Artifici  | Not Covered         |         |                   | ALL                 |
| S1037 | Receiver (Monitor); External, For Use With    | Not Covered         |         |                   | ALL                 |
| S1091 | Stent, non-coronary, temporary, with deliv    | No                  |         |                   | ALL                 |
| S2053 | TRANSPLANTATION OF SMALL INTEST               | No                  |         |                   | ALL                 |
| S2054 | TRANSPLANTATION OF MULTIVISCERA               | No                  |         |                   | ALL                 |
| S2055 | HARVESTING OF DONOR MULTIVISCER               | No                  |         |                   | ALL                 |
| S2060 | LOBAR LUNG TRANSPLANTATION                    | No                  |         |                   | ALL                 |
| S2061 | DONOR LOBECTOMY (LUNG) FOR TRA                | No                  |         |                   | ALL                 |
| S2065 | SIMULTANEOUS PANCREAS KIDNEY T                | No                  |         |                   | ALL                 |
| S2066 | BREAST RECONSTRUCTION WITH GLU                | No                  |         |                   | ALL                 |
| S2067 | BREAST RECONSTRUCTION OF A SING               | No                  |         |                   | ALL                 |
| S2068 | BREAST RECONSTRUCTION WITH DEF                | No                  |         |                   | ALL                 |
| S2070 | CYSTOURETHROSCOPY W/ URETERO                  | No                  |         |                   | ALL                 |
| S2079 | LAPAROSCOPIC ESOPHAGOMYOTOM                   | No                  |         |                   | ALL                 |
| S2080 | LASER-ASSISTED UVULOPALATOPLAS                | Not Covered         |         |                   | ALL                 |
| S2083 | ADJUSTMENT OF GASTRIC BAND DIAM               | No                  |         | ABAR              | AHL                 |
| S2083 | ADJUSTMENT OF GASTRIC BAND DIAM               | No                  |         |                   | ALL                 |
| S2095 | TRANSCATHETER OCCLUSION OR EM                 | No                  |         |                   | ALL                 |
| S2102 | ISLET CELL TISSUE TRANSPLANT FRC              | Not Covered         |         |                   | ALL                 |
| S2103 | ADRENAL TISSUE TRANSPLANT TO BF               | Not Covered         |         |                   | ALL                 |
| S2107 | ADOPTIVE IMMUNOTHERAPY I.E. DEV               | Not Covered         |         |                   | ALL                 |
| S2112 | ARTHROSCOPY, KNEE, SURGICAL FO                | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| S2112 | ARTHROSCOPY, KNEE, SURGICAL FO                | No                  |         |                   | MCWRAP              |
| S2115 | OSTEOTOMY, PERIACETABULAR, WIT                | No                  |         |                   | ALL                 |
| S2117 | ARTHROEREISIS, SUBTALAR                       | Not Covered         |         |                   | ALL                 |
| S2118 | METAL-ON-METAL TOTAL HIP RESURF               | Yes                 | TPC-MSK |                   | ALL (Except McWRAP) |
| S2118 | METAL-ON-METAL TOTAL HIP RESURF               | No                  |         |                   | MCWRAP              |
| S2120 | LOW DENSITY LIPOPROTEIN (LDL) API             | No                  |         |                   | ALL                 |

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| Code  | Description                       | Prior Auth Required | Key                         | Rider Requirement | Product Lines       |
|-------|-----------------------------------|---------------------|-----------------------------|-------------------|---------------------|
| S2140 | CORD BLOOD HARVESTING FOR TRAN    | No                  |                             |                   | ALL                 |
| S2142 | CORD BLOOD DERIVED STEM CELL FC   | No                  |                             |                   | ALL                 |
| S2150 | BONE MARROW OR BLOOD-DERIVED I    | No                  |                             |                   | ALL                 |
| S2152 | SOLID ORGAN(S), COMPLETE OR SEG   | No                  |                             |                   | ALL                 |
| S2202 | ECHOSCLEROTHERAPY                 | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S2202 | ECHOSCLEROTHERAPY                 | No                  |                             |                   | MCWRAP              |
| S2205 | MINIMALLY INVASIVE DIRECT CORONA  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP) |
| S2205 | MINIMALLY INVASIVE DIRECT CORONA  | No                  |                             |                   | MCWRAP              |
| S2206 | MINIMALLY INVASIVE DIRECT CORONA  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP) |
| S2206 | MINIMALLY INVASIVE DIRECT CORONA  | No                  |                             |                   | MCWRAP              |
| S2207 | MINIMALLY INVASIVE DIRECT CORONA  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP) |
| S2207 | MINIMALLY INVASIVE DIRECT CORONA  | No                  |                             |                   | MCWRAP              |
| S2208 | MINIMALLY INVASIVE DIRECT CORONA  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP) |
| S2208 | MINIMALLY INVASIVE DIRECT CORONA  | No                  |                             |                   | MCWRAP              |
| S2209 | MINIMALLY INVASIVE DIRECT CORONA  | Yes                 | <a href="#">TPC-CARDIAC</a> |                   | ALL (Except McWRAP) |
| S2209 | MINIMALLY INVASIVE DIRECT CORONA  | No                  |                             |                   | MCWRAP              |
| S2225 | MYRINGOTOMY, LASER-ASSISTED       | No                  |                             |                   | ALL                 |
| S2230 | IMPLANTATION OF MAGNETIC COMPO    | No                  |                             |                   | ALL                 |
| S2235 | IMPLANTATION OF AUDITORY BRAIN S  | No                  |                             |                   | ALL                 |
| S2260 | INDUCED ABORTION, 17 TO 24 WEEKS  | Not Covered         |                             |                   | ALL                 |
| S2265 | INDUCED ABORTION, 25 TO 28 WEEKS  | Not Covered         |                             |                   | ALL                 |
| S2266 | INDUSCED ABORTION, 29 TO 31 WEEK  | Not Covered         |                             |                   | ALL                 |
| S2267 | INDUCED ABORTION, 32 WEEKS OR G   | Not Covered         |                             |                   | ALL                 |
| S2300 | ARTHROSCOPY, SHOULDER, SURGIC     | Not Covered         |                             |                   | ALL                 |
| S2325 | HIP CORE DECOMPRESSION            | No                  |                             |                   | ALL                 |
| S2340 | CHEMODENERVATION OF ABDUCTOR      | No                  |                             |                   | ALL                 |
| S2341 | CHEMODENERVATION OF ADDUCTOR      | No                  |                             |                   | ALL                 |
| S2342 | NASAL ENDOSCOPY FOR POST-OPER     | No                  |                             |                   | ALL                 |
| S2348 | DECOMPRESSION PROCEDURE, PERC     | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP) |
| S2348 | DECOMPRESSION PROCEDURE, PERC     | No                  |                             |                   | MCWRAP              |
| S2350 | DISKECTOMY, ANTERIOR, WITH DECO   | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP) |
| S2350 | DISKECTOMY, ANTERIOR, WITH DECO   | No                  |                             |                   | MCWRAP              |
| S2351 | DISKECTOMY, ANTERIOR, WITH DECO   | Yes                 | <a href="#">TPC-MSK</a>     |                   | ALL (Except McWRAP) |
| S2351 | DISKECTOMY, ANTERIOR, WITH DECO   | No                  |                             |                   | MCWRAP              |
| S2400 | REPAIR, CONGENITAL DIAPHRAGMATI   | No                  |                             |                   | ALL                 |
| S2401 | REPAIR, URINARY TRACT OBSTRUCTI   | No                  |                             |                   | ALL                 |
| S2402 | REPAIR, CONGENITAL CYSTIC ADENO   | No                  |                             |                   | ALL                 |
| S2403 | REPAIR, EXTRALOBAR PULMONARY S    | No                  |                             |                   | ALL                 |
| S2404 | REPAIR, MYELOMENINGOCELE IN THE   | No                  |                             |                   | ALL                 |
| S2405 | REPAIR OF SACROCOCYGEAL TERA      | No                  |                             |                   | ALL                 |
| S2409 | REPAIR, CONGENITAL MALFORMATIO    | Yes                 |                             |                   | ALL (MCWRAP)        |
| S2409 | REPAIR, CONGENITAL MALFORMATIO    | No                  |                             |                   | MCWRAP              |
| S2411 | FETOSCOPIC LASER THERAPY FOR TI   | No                  |                             |                   | ALL                 |
| S2900 | SURGICAL TECHNIQUES REQUIRING U   | Not Covered         | *                           |                   | ALL                 |
| S3000 | DIABETIC INDICATOR; RETINAL EYE E | No                  | -                           |                   | ALL                 |
| S3005 | PERFORMANCE MEASUREMENT, EVAL     | Not Covered         |                             |                   | ALL                 |
| S3600 | STAT LABORATORY REQUEST (SITUA    | Not Covered         |                             |                   | ALL                 |
| S3601 | EMERGENCY STAT LABORATORY CHA     | Not Covered         |                             |                   | ALL                 |
| S3620 | NEWBORN METABOLIC SCREENING P     | No                  |                             |                   | ALL                 |
| S3630 | EOSINOPHIL COUNT, BLOOD, DIRECT   | No                  |                             |                   | ALL                 |
| S3645 | HIV-1 ANTIBODY TESTING OF ORAL MU | No                  |                             |                   | ALL                 |
| S3650 | SALIVA TEST, HORMONE LEVEL; DUR   | No                  |                             |                   | ALL                 |
| S3652 | SALIVA TEST, HORMONE LEVEL; TO A  | No                  |                             |                   | ALL                 |
| S3655 | ANTISPERM ANTIBODIES TEST (IMMUN  | No                  | *                           |                   | ALL                 |
| S3708 | GASTROINTESTINAL FAT ABSORPTION   | No                  |                             |                   | ALL                 |
| S3713 | KRAS MUTATION ANALYSIS TESTING    | No                  |                             |                   | ALL                 |
| S3722 | DOSE OPTIMIZATION BY AREA UNDER   | No                  |                             |                   | ALL                 |
| S3800 | GENETIC TESTING FOR AMYTROPHII    | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3800 | GENETIC TESTING FOR AMYTROPHII    | No                  |                             |                   | MCWRAP              |
| S3840 | DNA ANALYSIS FOR GERMLINE MUTAT   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3840 | DNA ANALYSIS FOR GERMLINE MUTAT   | No                  |                             |                   | MCWRAP              |
| S3841 | GENETIC TESTING FOR RETINOBLAST   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3841 | GENETIC TESTING FOR RETINOBLAST   | No                  |                             |                   | MCWRAP              |
| S3842 | GENETIC TESTING FOR VON HIPPEL-L  | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3842 | GENETIC TESTING FOR VON HIPPEL-L  | No                  |                             |                   | MCWRAP              |
| S3844 | DNA ANALYSIS OF THE CONNEXIN 26   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3844 | DNA ANALYSIS OF THE CONNEXIN 26   | No                  |                             |                   | MCWRAP              |
| S3845 | GENETIC TESTING FOR ALPHA-THALA   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3845 | GENETIC TESTING FOR ALPHA-THALA   | No                  |                             |                   | MCWRAP              |
| S3846 | GENETIC TESTING FOR HEMOGLOBIN    | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3846 | GENETIC TESTING FOR HEMOGLOBIN    | No                  |                             |                   | MCWRAP              |
| S3849 | GENETIC TESTING FOR NIEMANN-PICH  | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3849 | GENETIC TESTING FOR NIEMANN-PICH  | No                  |                             |                   | MCWRAP              |
| S3850 | GENETIC TESTING FOR SICKLE CELL   | Yes                 |                             |                   | ALL (Except MCWRAP) |
| S3850 | GENETIC TESTING FOR SICKLE CELL   | No                  |                             |                   | MCWRAP              |
| S3852 | DNA ANALYSIS FOR APOE EPSILON 4   | Yes                 |                             |                   | ALL (Except MCWRAP) |

**Services that require Prior Authorization List**

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|-------|--------------------------------------------|---------------------|---------------------------|-------------------|--------------------------|
| S3852 | DNA ANALYSIS FOR APOE EPSILON 4            | No                  |                           |                   | MCWRAP                   |
| S3853 | GENETIC TESTING FOR MYOTOMIC MU            | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3853 | GENETIC TESTING FOR MYOTOMIC MU            | No                  |                           |                   | MCWRAP                   |
| S3854 | GENE EXPRESSION PROFILING PANEL            | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3854 | GENE EXPRESSION PROFILING PANEL            | No                  |                           |                   | MCWRAP                   |
| S3861 | GENETIC TESTING, SODIUM CHANNEL            | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3861 | GENETIC TESTING, SODIUM CHANNEL            | No                  |                           |                   | MCWRAP                   |
| S3865 | COMPREHENSIVE GENE SEQUENCE A              | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3865 | COMPREHENSIVE GENE SEQUENCE A              | No                  |                           |                   | MCWRAP                   |
| S3866 | GENETIC ANALYSIS FOR A SPECIFIC G          | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3866 | GENETIC ANALYSIS FOR A SPECIFIC G          | No                  |                           |                   | MCWRAP                   |
| S3870 | COMPARATIVE GENOMIC HYBRIZATIO             | Yes                 |                           |                   | ALL (Except MCWRAP)      |
| S3870 | COMPARATIVE GENOMIC HYBRIZATIO             | No                  |                           |                   | MCWRAP                   |
| S3900 | SURFACE ELECTROMYOGRAPHY (EMG)             | No                  |                           |                   | ALL                      |
| S3902 | BALLISTOCARDIOGRAM                         | No                  |                           |                   | ALL                      |
| S3904 | MASTERS TWO STEP                           | Not Covered         |                           |                   | ALL                      |
| S4005 | INTERIM LABOR FACILITY GLOBAL (LA          | No                  |                           |                   | ALL                      |
| S4011 | IN VITRO FERTILIZATION; INCLUDING E        | Not Covered         |                           |                   | ALL                      |
| S4013 | COMPLETE CYCLE, GAMETE INTRAFAL            | Not Covered         |                           |                   | ALL                      |
| S4014 | COMPLETE CYCLE, ZYGOTE INTRAFAL            | Not Covered         |                           |                   | ALL                      |
| S4015 | COMPLETE IN VITRO FERTILIZATION C          | Not Covered         |                           |                   | ALL                      |
| S4016 | FROZEN IN VITRO FERTILIZATION CYC          | Not Covered         |                           |                   | ALL                      |
| S4017 | INCOMPLETE CYCLE, TREATMENT CAI            | Not Covered         |                           |                   | ALL                      |
| S4018 | FROZEN EMBRYO TRANSFERPROCED               | Not Covered         |                           |                   | ALL                      |
| S4020 | IN VITRO FERTILIZATION PROCEDURE           | Not Covered         |                           |                   | ALL                      |
| S4021 | IN VITRO FERTILIZATION PROCEDURE           | Not Covered         |                           |                   | ALL                      |
| S4022 | ASSISTED OOCYTE FERTILIZATION, C/          | Not Covered         |                           |                   | ALL                      |
| S4023 | DONOR CYCLE, INCOMPLETE, CASE R            | Not Covered         |                           |                   | ALL                      |
| S4025 | DONOR SERVICES FOR IN VETRO FER            | Not Covered         |                           |                   | ALL                      |
| S4026 | PROCUREMENT OF DONOR SPERM FR              | Not Covered         |                           |                   | ALL                      |
| S4027 | STORAGE OF PREVIOUSLY FROZEN E             | Not Covered         |                           |                   | ALL                      |
| S4028 | MICROSURGICAL EPIDIDYMAL SPERM             | Not Covered         |                           |                   | ALL                      |
| S4030 | SPERM PROCUREMENT AND CRYOPR               | Not Covered         |                           |                   | ALL                      |
| S4031 | SPERM PROCUREMENT AND CRYOPR               | Not Covered         |                           |                   | ALL                      |
| S4035 | STIMULATED INTRAUTERINE INSEMIN,           | Not Covered         |                           |                   | ALL                      |
| S4037 | CRYOPRESERVED EMBRYO TRANSFE               | Not Covered         |                           |                   | ALL                      |
| S4040 | MONITORING AND STORAGE OF CRYO             | Not Covered         |                           |                   | ALL                      |
| S4042 | MANAGEMENT OF OVULATION INDUC              | Not Covered         |                           |                   | ALL                      |
| S4981 | INSERTION OF LEVONORGESTREL-RE             | No                  |                           |                   | ALL                      |
| S4988 | Penile contracture device, manual, greater | Not Covered         |                           |                   | ALL                      |
| S4989 | CONTRACEPTIVE INTRAUTERINE DEV             | No                  |                           |                   | ALL                      |
| S4990 | NICOTINE PATCHES, LEGEND                   | Not Covered         |                           |                   | AHL                      |
| S4990 | NICOTINE PATCHES, LEGEND                   | No                  |                           |                   | ALL (Except AHL)         |
| S4991 | NICOTINE PATCHES, NON-LEGEND               | Not Covered         |                           |                   | AHL                      |
| S4991 | NICOTINE PATCHES, NON-LEGEND               | No                  |                           |                   | ALL (Except AHL)         |
| S4993 | CONTRACEPTIVE PILLS FOR BIRTH CC           | No                  |                           |                   | ALL                      |
| S4995 | SMOKING CESSATION GUM                      | Not Covered         |                           |                   | AHL                      |
| S4995 | SMOKING CESSATION GUM                      | No                  |                           |                   | ALL (Except AHL)         |
| S5000 | PRESCRIPTION DRUG, GENERIC                 | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MED) |
| S5000 | PRESCRIPTION DRUG, GENERIC                 | No                  |                           |                   | MCWRAP, MED              |
| S5001 | PRESCRIPTION DRUG, BRAND NAME              | Yes                 | <a href="#">PCM/ExGEN</a> |                   | ALL (Except McWrap, MED) |
| S5001 | PRESCRIPTION DRUG, BRAND NAME              | No                  |                           |                   | MCWRAP, MED              |
| S5010 | 5% DEXTROSE AND 0.45% NORMAL SA            | No                  |                           |                   | ALL                      |
| S5012 | 5% DEXTROSE WITH POTASSIUM CHL             | No                  |                           |                   | ALL                      |
| S5013 | 5% DEXTROSE/0.45% NORMAL SALINE            | No                  |                           |                   | ALL                      |
| S5014 | 5% DEXTROSE/0.45% NORMAL SALINE            | No                  |                           |                   | ALL                      |
| S5035 | HOME INFUSION THERAPY, ROUTINE I           | No                  |                           |                   | ALL                      |
| S5036 | HOME INFUSION THERAPY, REPAIR O            | No                  |                           |                   | ALL                      |
| S5100 | DAY CARE SERVICES, ADULT; PER 15           | Not Covered         |                           |                   | ALL                      |
| S5101 | DAY CARE SERVICES, ADULT; PER HA           | Not Covered         |                           |                   | ALL                      |
| S5102 | DAY CARE SERVICES, ADULT; PER DIE          | Not Covered         |                           |                   | ALL                      |
| S5105 | DAY CARE SERVICES, CENTER-BASED            | Not Covered         |                           |                   | ALL                      |
| S5108 | HOME CARE TRAINING TO HOME CAR             | No                  |                           |                   | ALL                      |
| S5109 | HOME CARE TRAINING TO HOME CAR             | No                  |                           |                   | ALL                      |
| S5110 | HOME CARE TRAINING, FAMILY; PER 1          | Not Covered         |                           |                   | ALL                      |
| S5111 | HOME CARE TRAINING, FAMILY; PER S          | No                  |                           |                   | ALL                      |
| S5115 | HOME CARE TRAINING, NON-FAMILY; F          | Not Covered         |                           |                   | ALL                      |
| S5116 | HOME CARE TRAINING, NON-FAMILY; F          | No                  |                           |                   | ALL                      |
| S5120 | CHORE SERVICES; PER 15 MINUTES             | Not Covered         |                           |                   | ALL                      |
| S5121 | CHORE SERVICES; PER DIEM                   | Not Covered         |                           |                   | ALL                      |
| S5125 | ATTENDANT CARE SERVICES; PER 15            | Not Covered         |                           |                   | ALL                      |
| S5126 | ATTENDANT CARE SERVICES; PER DIE           | Not Covered         |                           |                   | ALL                      |
| S5130 | HOMEMAKER SERVICE, NOS; PER 15 M           | Not Covered         |                           |                   | ALL                      |
| S5131 | HOMEMAKER SERVICE, NOS; PER DIE            | Not Covered         |                           |                   | ALL                      |
| S5135 | COMPANION CARE, ADULT (E.G. IADL/          | Not Covered         |                           |                   | ALL                      |
| S5136 | COMPANION CARE, ADULT (E.G. IADL/          | Not Covered         |                           |                   | ALL                      |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|----------------------------------------------|---------------------|-----|-------------------|---------------------|
| S5140 | FOSTER CARE, ADULT; PER DIEM                 | Not Covered         |     |                   | ALL                 |
| S5141 | FOSTER CARE, ADULT; PER MONTH                | Not Covered         |     |                   | ALL                 |
| S5145 | FOSTER CARE, THERAPEUTIC, CHILD;             | Not Covered         |     |                   | ALL                 |
| S5146 | FOSTER CARE, THERAPEUTIC, CHILD;             | Not Covered         |     |                   | ALL                 |
| S5150 | UNSKILLED RESPITE CARE, NOT HOSI             | Not Covered         |     |                   | ALL                 |
| S5151 | UNSKILLED RESPITE CARE, NOT HOSI             | Not Covered         |     |                   | ALL                 |
| S5160 | EMERGENCY RESPONSE SYSTEM; INS               | Not Covered         |     |                   | ALL                 |
| S5161 | EMERGENCY RESPONSE SYSTEM; SE                | Not Covered         |     |                   | ALL                 |
| S5162 | EMERGENCY RESPONSE SYSTEM; PU                | Not Covered         |     |                   | ALL                 |
| S5165 | HOME MODIFICATIONS; PER SERVICE              | Not Covered         |     |                   | ALL                 |
| S5170 | HOME DELIVERED MEALS, INCLUDING              | Not Covered         |     |                   | ALL                 |
| S5175 | LAUNDRY SERVICE, EXTERNAL, PROF              | Not Covered         |     |                   | ALL                 |
| S5180 | HOME HEALTH RESPIRATORY THERAF               | No                  |     |                   | ALL                 |
| S5181 | HOME HEALTH RESPIRATORY THERAF               | No                  |     |                   | ALL                 |
| S5185 | MEDICATION REMINDER SERVICE, NO              | Not Covered         |     |                   | ALL                 |
| S5190 | WELLNESS ASSESSMENT, PERFORME                | Not Covered         |     |                   | ALL                 |
| S5199 | PERSONAL CARE ITEM, NOS EACH                 | Not Covered         |     |                   | ALL                 |
| S5497 | HOME INFUSION THERAPY, CATHETER              | No                  |     |                   | ALL                 |
| S5498 | HOME INFUSION THERAPY, CATHETER              | No                  |     |                   | ALL                 |
| S5501 | HOME INFUSION THERAPY, CATHETER              | No                  |     |                   | ALL                 |
| S5502 | HOME INFUSION THERAPY, CATHETER              | No                  |     |                   | ALL                 |
| S5517 | HOME INFUSION THERAPY, ALL SUPPI             | No                  |     |                   | ALL                 |
| S5518 | HOME INFUSION THERAPY, ALL SUPPI             | No                  |     |                   | ALL                 |
| S5520 | HOME INFUSION THERAPY, ALL SUPPI             | No                  |     |                   | ALL                 |
| S5521 | HOME INFUSION THERAPY, ALL SUPPI             | No                  |     |                   | ALL                 |
| S5522 | HOME INFUSION THERAPY, INSERTION             | No                  |     |                   | ALL                 |
| S5523 | HOME INFUSION THERAPY, INSERT MI             | No                  |     |                   | ALL                 |
| S5550 | INSULIN, RAPID ONSET; 5 UNITS                | Not Covered         |     |                   | ALL                 |
| S5551 | INSULIN, MOST RAPID ONSET (LISPRO            | Not Covered         |     |                   | ALL                 |
| S5552 | INSULIN, INTERMEDIATE ACTING (NPH            | Not Covered         |     |                   | ALL                 |
| S5553 | INSULIN, LONG ACTING; 5 UNITS                | Not Covered         |     |                   | ALL                 |
| S8030 | SCLERAL APPLICATION OF TANTALUM              | Yes                 |     |                   | ALL                 |
| S8035 | MAGNETIC SOURCE IMAGING                      | No                  |     |                   | ALL                 |
| S8037 | MAGNETIC RESONANCE CHOLANGIOF                | Yes                 |     |                   | ALL (Except MCWRAP) |
| S8037 | MAGNETIC RESONANCE CHOLANGIOF                | No                  |     |                   | MCWRAP              |
| S8040 | TOPOGRAPHIC BRAIN MAPPING                    | No                  |     |                   | ALL                 |
| S8042 | MAGNETIC RESONANCE IMAGING (MR               | Yes                 |     |                   | ALL (Except MCWRAP) |
| S8042 | MAGNETIC RESONANCE IMAGING (MR               | No                  |     |                   | MCWRAP              |
| S8055 | ULTRASOUND GUIDANCE FOR MULTIF               | Not Covered         |     |                   | ALL                 |
| S8080 | SCINTIMAMMOGRAPHY (RADIOIMMUN                | Not Covered         |     |                   | ALL                 |
| S8085 | FLUORINE-18 FLUORODEOXYGLUCOS                | Not Covered         |     |                   | ALL                 |
| S8092 | ELECTRON BEAM COMPUTED TOMOG                 | Not Covered         |     |                   | ALL                 |
| S8301 | INFECTION CONTROL SUPPLIES, NOT              | Not Covered         |     |                   | ALL (Except MED)    |
| S8301 | INFECTION CONTROL SUPPLIES, NOT              | No                  |     |                   | MED                 |
| S8415 | SUPPLIES FOR HOME DELIVERY OF IN             | Not Covered         |     |                   | ALL                 |
| S8930 | Electrical stimulation of auricular acupunct | Not Covered         |     |                   | ALL                 |
| S8940 | EQUESTRIAN/HIPPOTHERAPY, PER SE              | Not Covered         |     |                   | ALL                 |
| S8948 | APPLICATION OF A MODALITY (REQUIR            | Not Covered         |     |                   | ALL                 |
| S8950 | COMPLEX LYMPHEDEMA THERAPY, EA               | No                  |     |                   | ALL                 |
| S8990 | PHYSICAL OR MANIPULATIVE THERAP              | Not Covered         |     |                   | ALL                 |
| S9002 | Intra-vaginal motion sensor system, provid   | Not Covered         |     |                   | ALL                 |
| S9007 | ULTRAFILTRATION MONITOR                      | Not Covered         |     |                   | ALL                 |
| S9024 | PARANASAL SINUS ULTRASOUND                   | No                  |     |                   | ALL                 |
| S9025 | OMNICARDIOGRAM/CARDIOINTEGRAM                | No                  |     |                   | ALL                 |
| S9034 | EXTRACORPOREAL SHOCKWAVE LITH                | No                  |     |                   | ALL                 |
| S9055 | PROCUREN OR OTHER GROWTH FAC                 | Not Covered         |     |                   | ALL                 |
| S9056 | COMA STIMULATION PER DIEM                    | Not Covered         |     |                   | ALL                 |
| S9061 | HOME ADMINISTRATION OF AEROSOL               | No                  |     |                   | ALL                 |
| S9083 | GLOBAL FEE URGENT CARE CENTERS               | No                  |     |                   | ALL                 |
| S9088 | SERVICES PROVIDED IN AN URGENT C             | No                  |     |                   | ALL                 |
| S9090 | VERTEBRAL AXIAL DECOMPRESSION,               | Not Covered         |     |                   | ALL                 |
| S9097 | HOME VISIT FOR WOUND CARE                    | No                  |     |                   | ALL                 |
| S9098 | HOME VISIT, PHOTOTHERAPY SERVIC              | No                  |     |                   | ALL                 |
| S9110 | Telemonitoring of patient in their home, inc | Not Covered         |     |                   | ALL                 |
| S9117 | BACK SCHOOL, PER VISIT                       | Not Covered         |     |                   | ALL                 |
| S9122 | HOME HEALTH AIDE OR CERTIFIED NU             | Not Covered         |     |                   | ALL                 |
| S9123 | NURSING CARE, IN THE HOME; BY RE             | Yes                 | *   |                   | ALL (Except MCWRAP) |
| S9123 | NURSING CARE, IN THE HOME; BY RE             | No                  | -   |                   | MCWRAP              |
| S9124 | NURSING CARE, IN THE HOME; BY LIC            | Yes                 | *   |                   | ALL (Except MCWRAP) |
| S9124 | NURSING CARE, IN THE HOME; BY LIC            | No                  | -   |                   | MCWRAP              |
| S9125 | RESPIRE CARE, IN THE HOME, PER DI            | No                  |     |                   | ALL                 |
| S9126 | HOSPICE CARE, IN THE HOME, PER DI            | No                  |     |                   | ALL                 |
| S9127 | SOCIAL WORK VISIT, IN THE HOME, PE           | No                  |     |                   | ALL                 |
| S9128 | SPEECH THERAPY, IN THE HOME, PER             | No                  | *   |                   | ALL                 |
| S9129 | OCCUPATIONAL THERAPY, IN THE HO              | No                  | -   |                   | ALL                 |
| S9131 | PHYSICAL THERAPY; IN THE HOME, PE            | No                  |     |                   | ALL                 |
| S9140 | DIABETIC MANAGEMENT PROGRAM, F               | No                  |     |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|--------------------------------------------|---------------------|-----|-------------------|---------------------|
| S9141 | DIABETIC MANAGEMENT PROGRAM, F             | No                  |     |                   | ALL                 |
| S9145 | INSULIN PUMP INITIATION, INSTRUCTI         | No                  |     |                   | ALL                 |
| S9150 | EVALUATION BY OCULARIST                    | No                  |     |                   | ALL                 |
| S9152 | SPEECH THERAPY, RE-EVALUATION              | No                  | *   |                   | ALL                 |
| S9208 | HOME MANAGEMENT OF PRETERM LA              | No                  |     |                   | ALL                 |
| S9209 | HOME MANAGEMENT OF PRETERM PR              | No                  |     |                   | ALL                 |
| S9211 | HOME MANAGEMENT OF GESTATIONA              | No                  |     |                   | ALL                 |
| S9212 | HOME MANAGEMENT OF POSTPARTU               | No                  |     |                   | ALL                 |
| S9213 | HOME MANAGEMENT OF PREECLAMP               | No                  |     |                   | ALL                 |
| S9214 | HOME MANAGEMENT OF GESTATIONA              | No                  |     |                   | ALL                 |
| S9325 | HOME INFUSION THERAPY, PAIN MAN            | No                  |     |                   | ALL                 |
| S9326 | HOME INFUSION THERAPY, CONTINU             | No                  |     |                   | ALL                 |
| S9327 | HOME INFUSION THERAPY, INTERMITT           | No                  |     |                   | ALL                 |
| S9328 | HOME INFUSION THERAPY, IMPLANTE            | No                  |     |                   | ALL                 |
| S9329 | HOME INFUSION THERAPY, CHEMOTH             | No                  |     |                   | ALL                 |
| S9330 | HOME INFUSION THERAPY, CONTINU             | No                  |     |                   | ALL                 |
| S9331 | HOME INFUSION THERAPY, INTERMITT           | No                  |     |                   | ALL                 |
| S9335 | HOME THERAPY, HEMODIALYSIS, ADM            | No                  |     |                   | ALL                 |
| S9336 | HOME INFUSION THERAPY, CONTINU             | No                  |     |                   | ALL                 |
| S9338 | HOME INFUSION THERAPY, IMMUNOTH            | No                  |     |                   | ALL                 |
| S9339 | HOME THERAPY; PERITONEAL DIALYS            | No                  |     |                   | ALL                 |
| S9340 | HOME THERAPY; ENTERAL NUTRITIO             | No                  |     |                   | ALL                 |
| S9341 | HOME THERAPY; ENTERAL NUTRITIO             | No                  |     |                   | ALL                 |
| S9342 | HOME THERAPY; ENTERAL NUTRITIO             | No                  |     |                   | ALL                 |
| S9343 | HOME THERAPY; ENTERAL NUTRITION            | No                  |     |                   | ALL                 |
| S9345 | HOME INFUSION THERAPY, ANTI-HEM            | No                  |     |                   | ALL                 |
| S9346 | HOME INFUSION THERAPY, ALPHA-1-F           | No                  |     |                   | ALL                 |
| S9347 | HOME INFUSION THERAPY, UNINTERR            | No                  |     |                   | ALL                 |
| S9348 | HOME INFUSION THERAPY, SYMPATH             | No                  |     |                   | ALL                 |
| S9349 | HOME INFUSION THERAPY, TOCOLYTI            | Not Covered         |     |                   | ALL                 |
| S9351 | HOME INFUSION THERAPY, CONTINU             | No                  |     |                   | ALL                 |
| S9353 | HOME INFUSION THERAPY, CONTINU             | No                  |     |                   | ALL                 |
| S9355 | HOME INFUSION THERAPY, CHELATIO            | No                  |     |                   | ALL                 |
| S9357 | HOME INFUSION THERAPY, ENZYME R            | No                  |     |                   | ALL                 |
| S9359 | HOME INFUSION THERAPY, ANTI-TUM            | No                  |     |                   | ALL                 |
| S9361 | HOME INFUSION THERAPY, DIURETIC            | No                  |     |                   | ALL                 |
| S9363 | HOME INFUSION THERAPY, ANTI-SPAS           | No                  |     |                   | ALL                 |
| S9364 | HOME INFUSION THERAPY, TOTAL PAI           | No                  |     |                   | ALL                 |
| S9365 | HOME INFUSION THERAPY, TOTAL PAI           | No                  |     |                   | ALL                 |
| S9366 | HOME INFUSION THERAPY, TOTAL PAI           | No                  |     |                   | ALL                 |
| S9367 | HOME INFUSION THERAPY, TOTAL PAI           | No                  |     |                   | ALL                 |
| S9368 | HOME INFUSION THERAPY, TOTAL PAI           | No                  |     |                   | ALL                 |
| S9370 | HOME THERAPY, INTERMITTENT ANTI            | No                  |     |                   | ALL                 |
| S9372 | HOME THERAPY; INTERMITTENT ANTI            | No                  |     |                   | ALL                 |
| S9373 | HOME INFUSION THERAPY, HYDRATIC            | No                  |     |                   | ALL                 |
| S9374 | HOME INFUSION THERAPY, HYDRATIC            | No                  |     |                   | ALL                 |
| S9375 | HOME INFUSION THERAPY, HYDRATIC            | No                  |     |                   | ALL                 |
| S9376 | HOME INFUSION THERAPY, HYDRATIC            | No                  |     |                   | ALL                 |
| S9377 | HOME INFUSION THERAPY, HYDRATIC            | No                  |     |                   | ALL                 |
| S9379 | HOME INFUSION THERAPY, INFUSION            | No                  |     |                   | ALL                 |
| S9381 | DELIVERY OR SERVICE TO HIGH RISK           | Not Covered         |     |                   | ALL                 |
| S9401 | ANTICOAGULATION CLINIC, INCLUSIVE          | No                  |     |                   | ALL                 |
| S9430 | PHARMACY COMPOUNDING AND DISP              | No                  |     |                   | ALL                 |
| S9432 | Medical foods for non-inborn errors of met | Yes                 |     |                   | ALL (Except MCWRAP) |
| S9432 | Medical foods for non-inborn errors of met | No                  |     |                   | MCWRAP              |
| S9433 | MEDICAL FOOD NUTRITIONALLY COM             | Not Covered         |     |                   | ALL                 |
| S9434 | MODIFIED SOLID FOOD SUPPLEMENT             | Yes                 |     |                   | ALL                 |
| S9435 | MEDICAL FOODS FOR INBORN ERROR             | Yes                 |     |                   | ALL                 |
| S9436 | CHILDBIRTH PREPARATION/LAMAZE C            | No                  |     |                   | ALL                 |
| S9437 | CHILDBIRTH REFRESHER CLASSES, N            | No                  |     |                   | ALL                 |
| S9438 | CESAREAN BIRTH CLASSES, NON-PHY            | Not Covered         |     |                   | ALL                 |
| S9439 | VBAC (VAGINAL BIRTH AFTER CESARE           | Not Covered         |     |                   | ALL                 |
| S9441 | ASTHMA EDUCATION, NON-PHYSICIAN            | No                  |     |                   | ALL                 |
| S9442 | BIRTHING CLASSES, NON-PHYSICIAN            | No                  |     |                   | ALL                 |
| S9443 | LACTATION CLASSES, NON-PHYSICIAN           | No                  |     |                   | ALL                 |
| S9444 | PARENTING CLASSES, NON-PHYSICIA            | Not Covered         |     |                   | ALL                 |
| S9445 | PATIENT EDUCATION, NOT OTHERWIS            | Not Covered         |     |                   | ALL                 |
| S9446 | PATIENT EDUCATION, NOT OTHERWIS            | Not Covered         |     |                   | ALL                 |
| S9447 | INFANT SAFETY (INCLUDING CPR) CLA          | Not Covered         |     |                   | ALL                 |
| S9449 | WEIGHT MANAGEMENT CLASSES, NOI             | Not Covered         |     |                   | ALL                 |
| S9451 | EXERCISE CLASSES, NON-PHYSICIAN            | Not Covered         |     |                   | ALL                 |
| S9452 | NUTRITION CLASSES, NON-PHYSICIAN           | Not Covered         |     |                   | ALL                 |
| S9453 | SMOKING CESSATION CLASSES, NON-            | No                  |     |                   | ALL                 |
| S9454 | STRESS MANAGEMENT CLASSES, NOI             | Not Covered         |     |                   | ALL                 |
| S9455 | DIABETIC MANAGEMENT PROGRAM, G             | No                  |     |                   | ALL                 |
| S9460 | DIABETIC MANAGEMENT PROGRAM, N             | No                  |     |                   | ALL                 |
| S9465 | DIABETIC MANAGEMENT PROGRAM, D             | No                  |     |                   | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key | Rider Requirement | Product Lines    |
|-------|----------------------------------------------|---------------------|-----|-------------------|------------------|
| S9470 | NUTRITIONAL COUNSELING, DIETITIAN            | No                  | *   |                   | ALL              |
| S9472 | CARDIAC REHABILITATION PROGRAM,              | No                  |     |                   | ALL              |
| S9473 | PULMONARY REHABILITATION PROGR               | No                  |     |                   | ALL              |
| S9474 | ENTEROSTOMAL THERAPY BY A REGI               | No                  |     |                   | ALL              |
| S9476 | VESTIBULAR REHABILITATION PROGR              | No                  |     |                   | ALL              |
| S9482 | FAMILY STABILIZATION SERVICES, PEI           | Not Covered         |     |                   | ALL              |
| S9490 | HOME INFUSION THERAPY, CORTICOS              | No                  |     |                   | ALL              |
| S9494 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9497 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9500 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9501 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9502 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9503 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9504 | HOME INFUSION THERAPY, ANTIBIOTI             | No                  |     |                   | ALL              |
| S9529 | ROUTINE VENIPUNCTURE FOR COLLE               | Not Covered         |     |                   | ALL              |
| S9537 | HOME THERAPY; HEMATOPOIETIC HO               | No                  |     |                   | ALL              |
| S9538 | HOME TRANSFUSION OF BLOOD PROI               | No                  |     |                   | ALL              |
| S9542 | HOME INJECTABLE THERAPY, NOT OT              | Not Covered         |     |                   | ALL              |
| S9558 | HOME INJECTABLE THERAPY; GROWT               | No                  |     |                   | ALL              |
| S9559 | HOME INJECTABLE THERAPY, INTERF              | No                  |     |                   | ALL              |
| S9560 | HOME INJECTABLE THERAPY; HORMO               | No                  |     |                   | ALL              |
| S9562 | HOME INJECTABLE THERAPY, PALIVIZ             | No                  |     |                   | ALL              |
| S9563 | Home injectable therapy, immunotherapy,      | No                  |     |                   | ALL              |
| S9590 | HOME THERAPY, IRRIGATION THERAP              | No                  |     |                   | ALL              |
| S9810 | HOME THERAPY; PROFESSIONAL PHA               | No                  |     |                   | ALL              |
| S9900 | SERVICES BY AUTHORIZED CHRISTIAN             | Not Covered         |     |                   | ALL              |
| S9901 | Services by a journal-listed christian scien | Not Covered         |     |                   | ALL              |
| S9960 | Ambulance service, conventional air servi    | Not Covered         |     |                   | ALL              |
| S9961 | Ambulance service, conventional air servi    | Not Covered         |     |                   | ALL              |
| S9970 | HEALTH CLUB MEMBERSHIP, ANNUAL               | Not Covered         |     |                   | ALL              |
| S9975 | TRANSPLANT RELATED LODGING, ME               | Not Covered         |     |                   | ALL              |
| S9976 | LODGING, PER DIEM, NOT OTHERWISE             | Not Covered         |     |                   | ALL              |
| S9977 | MEALS, PER DIEM, NOT OTHERWISE S             | Not Covered         |     |                   | ALL (Except MED) |
| S9977 | MEALS, PER DIEM, NOT OTHERWISE S             | No                  |     |                   | MED              |
| S9981 | MEDICAL RECORDS COPYING FEE, AD              | Not Covered         |     |                   | ALL              |
| S9982 | MEDICAL RECORDS COPYING FEE, PE              | Not Covered         |     |                   | ALL              |
| S9986 | NOT MEDICALLY NECESSARY SERVIC               | Not Covered         |     |                   | ALL              |
| S9988 | SERVICES PROVIDED AS PART OF A P             | Not Covered         |     |                   | ALL              |
| S9989 | SERVICES PROVIDED OUTSIDE OF TH              | Not Covered         |     |                   | ALL              |
| S9990 | SERVICES PROVIDED AS PART OF A P             | Not Covered         |     |                   | ALL              |
| S9991 | SERVICES PROVIDED AS PART OF A P             | Not Covered         |     |                   | ALL              |
| S9992 | TRANSPORTATION COSTS TO AND FR               | Not Covered         |     |                   | ALL              |
| S9994 | LODGING COSTS (E.G. HOTEL CHARG              | Not Covered         |     |                   | ALL              |
| S9996 | MEALS FOR CLINICAL TRIAL PARTICIP            | Not Covered         |     |                   | ALL              |
| S9999 | SALES TAX                                    | Not Covered         |     |                   | ALL              |
| T1000 | PRIVATE DUTY/ INDEPENDENT NURSII             | Not Covered         |     |                   | ALL              |
| T1001 | NURSING ASSESSMENT/EVALUATION                | Not Covered         |     |                   | ALL              |
| T1002 | RN SERVICES, UP TO 15 MINUTES                | Not Covered         |     |                   | ALL              |
| T1003 | LPN/LVN SERVICES UP TO 15 MINUTES            | Not Covered         |     |                   | ALL              |
| T1004 | SERVICES OF A QUALIFIED NURSING /            | Not Covered         |     |                   | ALL              |
| T1005 | RESPIRE CARE SERVICES, UP TO 15 M            | Not Covered         |     |                   | ALL              |
| T1006 | ALCOHOL AND/OR SUBSTANCE ABUSI               | Not Covered         |     |                   | ALL              |
| T1007 | ALCOHOL AND/OR SUBSTANCE ABUSI               | Not Covered         |     |                   | ALL              |
| T1009 | CHILD SITTING SERVICES FOR CHILDF            | Not Covered         |     |                   | ALL              |
| T1010 | MEALS FOR INDIVIDUALS RECEIVING /            | Not Covered         |     |                   | ALL              |
| T1012 | ALCOHOL AND/OR SUBSTANCE ABUSI               | Not Covered         |     |                   | ALL              |
| T1013 | SIGN LANGUAGE OR ORAL INTERPRET              | Not Covered         |     |                   | ALL              |
| T1014 | TELEHEALTH TRANSMISSION, PER MIN             | Not Covered         |     |                   | ALL              |
| T1015 | CLINIC VISIT/ENCOUNTER, ALL INCLUS           | Not Covered         |     |                   | ALL              |
| T1016 | CASE MANAGEMENT, EACH 15 MINUTE              | Not Covered         |     |                   | ALL              |
| T1017 | TARGETED CASE MANAGEMENT, EAC                | Not Covered         |     |                   | ALL              |
| T1018 | SCHOOL-BASED INDIVIDUALIZED EDU              | Not Covered         |     |                   | ALL              |
| T1019 | PERSONAL CARE SERVICES, PER 15 M             | Not Covered         |     |                   | ALL              |
| T1020 | PERSONAL CARE SERVICES, PER DIE              | Not Covered         |     |                   | ALL              |
| T1021 | HOME HEALTH AIDE OR CERTIFIED NU             | Not Covered         |     |                   | ALL              |
| T1022 | CONTRACTED HOME HEALTH AGENC                 | Not Covered         |     |                   | ALL              |
| T1023 | SCREENING TO DETERMINE THE APPI              | Not Covered         |     |                   | ALL              |
| T1024 | EVALUATION AND TREATMENT BY AN               | Not Covered         |     |                   | ALL              |
| T1025 | INTENSIVE, EXTENDED MULTIDISCIPLI            | Not Covered         |     |                   | ALL              |
| T1026 | INTENSIVE, EXTENDED MULTIDISCIPLI            | Not Covered         |     |                   | ALL              |
| T1027 | FAMILY TRAINING AND COUNSELING F             | Not Covered         |     |                   | ALL              |
| T1028 | ASSESSMENT OF HOME, PHYSICAL AN              | Not Covered         |     |                   | ALL              |
| T1029 | COMPREHENSIVE ENVIRONMENT LEA                | Not Covered         |     |                   | ALL              |
| T1030 | NURSING CARE, IN THE HOME, BY REG            | Not Covered         |     |                   | ALL              |
| T1031 | NURSING CARE, IN THE HOME, BY LIC            | Not Covered         |     |                   | ALL              |
| T1032 | Services performed by a doula birth worke    | Not covered         |     |                   | ALL              |
| T1033 | Services performed by a doula birth worke    | Not covered         |     |                   | ALL              |

**Services that require Prior Authorization List**

| Code  | Description                                 | Prior Auth Required | Key | Rider Requirement | Product Lines       |
|-------|---------------------------------------------|---------------------|-----|-------------------|---------------------|
| T1040 | Medicaid certified community behavioral h   | Not Covered         |     |                   | ALL                 |
| T1041 | Medicaid certified community behavioral h   | Not Covered         |     |                   | ALL                 |
| T1502 | ADMINISTRATION OF ORAL, INTRAMUS            | Not Covered         |     |                   | ALL                 |
| T1503 | ADMINISTRATION OF MEDICATION, OT            | Not Covered         |     |                   | ALL                 |
| T1999 | MISCELLANEOUS THERAPEUTIC ITEM              | Yes                 |     |                   | ALL (Except MCWRAP) |
| T1999 | MISCELLANEOUS THERAPEUTIC ITEM              | No                  |     |                   | MCWRAP              |
| T2001 | NON- EMERGENCY TRANSPORTATION               | Not Covered         |     |                   | ALL                 |
| T2002 | NON-EMERGENCY TRANSPORTATION                | Not Covered         |     |                   | ALL                 |
| T2003 | NON-EMERGENCY TRANSPORTATION                | Not Covered         |     |                   | ALL                 |
| T2004 | NON-EMERGENCY TRANSPORT; COM                | Not Covered         |     |                   | ALL                 |
| T2005 | NON-EMERGENCY TRANSPORTATION                | Not Covered         |     |                   | ALL                 |
| T2007 | TRANSPORTATION WAITING TIME, AIR            | Not Covered         |     |                   | ALL                 |
| T2010 | PREADMISSION SCREENING AND RES              | Not Covered         |     |                   | ALL                 |
| T2011 | PREADMISSION SCREENING AND RES              | Not Covered         |     |                   | ALL                 |
| T2012 | HABILITATION, EDUCATIONAL, WAIVER           | Not Covered         |     |                   | ALL                 |
| T2013 | HABILITATION, EDUCATIONAL, WAIVER           | Not Covered         |     |                   | ALL                 |
| T2014 | HABILITATION, PREVOCATIONAL, WAI            | Not Covered         |     |                   | ALL                 |
| T2015 | HABILITATION, PREVOCATIONAL, WAI            | Not Covered         |     |                   | ALL                 |
| T2016 | HABILITATION, RESIDENTIAL, WAIVER           | Not Covered         |     |                   | ALL                 |
| T2017 | HABILITATION, RESIDENTIAL, WAIVER           | Not Covered         |     |                   | ALL                 |
| T2018 | HABILITATION, SUPPORTED EMPLOYM             | Not Covered         |     |                   | ALL                 |
| T2019 | HABILITATION, SUPPORTED EMPLOYM             | Not Covered         |     |                   | ALL                 |
| T2020 | DAY HABILITATION, WAIVER; PER DIEM          | Not Covered         |     |                   | ALL                 |
| T2021 | ASSISTED LIVING; WAIVER, PER DIEM           | Not Covered         |     |                   | ALL                 |
| T2022 | CASE MANAGEMENT; PER MONTH                  | Not Covered         |     |                   | ALL                 |
| T2023 | TARGETED CASE MANAGEMENT; PER               | Not Covered         |     |                   | ALL                 |
| T2024 | SERVICE ASSESSMENT/PLAN OF CAR              | Not Covered         |     |                   | ALL                 |
| T2025 | WAIVER SERVICES; NOT OTHERWISE              | Not Covered         |     |                   | ALL                 |
| T2026 | SPECIALIZED CHILDCARE, WAIVER; PE           | Not Covered         |     |                   | ALL                 |
| T2027 | SPECIALIZED CHILDCARE, WAIVER; PE           | Not Covered         |     |                   | ALL                 |
| T2028 | SPECIALIZED SUPPLY, NOT OTHERWISE           | Not Covered         |     |                   | ALL                 |
| T2029 | SPECIALIZED MEDICAL EQUIPMENT, N            | Not Covered         |     |                   | ALL                 |
| T2030 | ASSISTED LIVING, WAIVER; PER MONTH          | Not Covered         |     |                   | ALL                 |
| T2031 | ASSISTED LIVING, WAIVER; PER DIEM           | Not Covered         |     |                   | ALL                 |
| T2032 | RESIDENTIAL CARE, NOT OTHERWISE             | Not Covered         |     |                   | ALL                 |
| T2033 | RESIDENTIAL CARE, NOT OTHERWISE             | Not Covered         |     |                   | ALL                 |
| T2034 | CRISIS INTERVENTION, WAIVER; PER            | Not Covered         |     |                   | ALL                 |
| T2035 | UTILITY SERVICES TO SUPPORT MEDI            | Not Covered         |     |                   | ALL                 |
| T2036 | THERAPEUTIC CAMPING, OVERNIGHT              | Not Covered         |     |                   | ALL                 |
| T2037 | THERAPEUTIC CAMPING, DAY, WAIVER            | Not Covered         |     |                   | ALL                 |
| T2038 | COMMUNITY TRANSITION, WAIVER; PE            | Not Covered         |     |                   | ALL                 |
| T2039 | VEHICLE MODIFICATIONS, WAIVER; PE           | Not Covered         |     |                   | ALL                 |
| T2040 | FINANCIAL MANAGEMENT, SELF-DIRECTED         | Not Covered         |     |                   | ALL                 |
| T2041 | SUPPORTS BROKERAGE, SELF-DIRECTED           | Not Covered         |     |                   | ALL                 |
| T2042 | HOSPICE ROUTINE HOME CARE, PER              | Not Covered         |     |                   | ALL                 |
| T2043 | HOSPICE CONTINUOUS HOME CARE, I             | Not Covered         |     |                   | ALL                 |
| T2044 | HOSPICE INPATIENT RESPITE CARE; F           | Not Covered         |     |                   | ALL                 |
| T2045 | HOSPICE GENERAL INPATIENT CARE; I           | Not Covered         |     |                   | ALL                 |
| T2046 | HOSPICE LONG TERM CARE, R&B ONLY            | Not Covered         |     |                   | ALL                 |
| T2047 | Habilitation, prevocational, waiver; per 15 | Not Covered         |     |                   | ALL                 |
| T2048 | BEHAVIORAL HEALTH; LONG-TERM CA             | Not Covered         |     |                   | ALL                 |
| T2049 | NON-EMERGENCY TRANSPORTATION                | Not Covered         |     |                   | ALL                 |
| T2050 | Financial management, self-directed, waiv   | Not Covered         |     |                   | ALL                 |
| T2051 | Supports brokerage, self-directed, waiver;  | Not Covered         |     |                   | ALL                 |
| T2101 | HUMAN BREAST MILK PROCESSING, S             | Not Covered         |     |                   | ALL                 |
| T4544 | Adult sized disposable incontinence produ   | Not Covered         |     |                   | ALL                 |
| U0001 | Cdc 2019 novel coronavirus (2019-ncov) r    | No                  |     |                   | ALL                 |
| U0002 | SARS-CoV-2/2019-nCoV (COVID-19)             | No                  |     |                   | ALL                 |
| U0003 | Infectious agent detection by nucleic acid  | No                  |     |                   | ALL                 |
| U0004 | 2019-nCoV Coronavirus, SARS-CoV-2/20        | No                  |     |                   | ALL                 |
| U0005 | Infectious agent detection by nucleic acid  | No                  |     |                   | ALL                 |
| V2020 | FRAMES, PURCHASES                           | No                  | *   | √                 | ALL                 |
| V2025 | DELUXE FRAME                                | No                  | *   | √                 | ALL                 |
| V2100 | SPHERE, SINGLE VISION, PLANO TO P           | No                  | *   | √                 | ALL                 |
| V2101 | SPHERE, SINGLE VISION, PLUS OR MIN          | No                  | *   | √                 | ALL                 |
| V2102 | SPHERE, SINGLE VISION, PLUS OR MIN          | No                  | *   | √                 | ALL                 |
| V2103 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2104 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2105 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2106 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2107 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2108 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2109 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |
| V2110 | SPEROCYLINDER, SINGLE VISION, PLU           | No                  | *   | √                 | ALL                 |
| V2111 | SPHEROCYLINDER, SINGLE VISION, PL           | No                  | *   | √                 | ALL                 |

**Services that require Prior Authorization List**

| Code  | Description                                   | Prior Auth Required | Key | Rider Requirement | Product Lines |
|-------|-----------------------------------------------|---------------------|-----|-------------------|---------------|
| V2112 | SPHEROCYLINDER, SINGLE VISION, PL             | No                  |     | √                 | ALL           |
| V2113 | SPHEROCYLINDER, SINGLE VISION, PL             | No                  |     | √                 | ALL           |
| V2114 | SPHEROCYLINDER, SINGLE VISION, SP             | No                  |     | √                 | ALL           |
| V2115 | LENTICULAR, (MYODISC), PER LENS, S            | No                  |     | √                 | ALL           |
| V2118 | ANISEIKONIC LENS, SINGLE VISION               | No                  |     | √                 | ALL           |
| V2121 | LENTICULAR LENS, PER LENS, SINGLE             | No                  |     | √                 | ALL           |
| V2199 | NOT OTHERWISE CLASSIFIED, SINGLE              | No                  | *   |                   | ALL           |
| V2200 | SPHERE, BIFOCAL, PLANO TO PLUS O              | No                  | *   | √                 | ALL           |
| V2201 | SPHERE, BIFOCAL, PLUS OR MINUS 4.             | No                  | -   | √                 | ALL           |
| V2202 | SPHERE, BIFOCAL, PLUS OR MINUS 7.             | No                  |     | √                 | ALL           |
| V2203 | SPHEROCYLINDER, BIFOCAL, PLANO                | No                  |     | √                 | ALL           |
| V2204 | SPHEROCYLINDER, BIFOCAL, PLANO                | No                  |     | √                 | ALL           |
| V2205 | SPHEROCYLINDER, BIFOCAL, PLANO                | No                  |     | √                 | ALL           |
| V2206 | SPHEROCYLINDER, BIFOCAL, PLANO                | No                  |     | √                 | ALL           |
| V2207 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2208 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2209 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2210 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2211 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2212 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2213 | SPHEROCYLINDER, BIFOCAL, PLUS OF              | No                  |     | √                 | ALL           |
| V2214 | SPHEROCYLINDER, BIFOCAL, SPHERE               | No                  |     | √                 | ALL           |
| V2215 | LENTICULAR (MYODISC), PER LENS, B             | No                  |     | √                 | ALL           |
| V2218 | ANISEIKONIC, PER LENS, BIFOCAL                | No                  |     | √                 | ALL           |
| V2219 | BIFOCAL SEG WIDTH OVER 28MM                   | No                  |     | √                 | ALL           |
| V2220 | BIFOCAL ADD OVER 3.25D                        | No                  |     | √                 | ALL           |
| V2221 | LENTICULAR LENS, PER LENS, BIFOCAL            | No                  |     | √                 | ALL           |
| V2299 | SPECIALTY BIFOCAL (BY REPORT)                 | No                  |     | √                 | ALL           |
| V2300 | SPHERE, TRIFOCAL, PLANO TO PLUS O             | No                  |     | √                 | ALL           |
| V2301 | SPHERE, TRIFOCAL, PLUS OR MINUS 4             | No                  |     | √                 | ALL           |
| V2302 | SPHERE, TRIFOCAL, PLUS OR MINUS 7             | No                  |     | √                 | ALL           |
| V2303 | SPHEROCYLINDER, TRIFOCAL, PLANO               | No                  |     | √                 | ALL           |
| V2304 | SPHEROCYLINDER, TRIFOCAL, PLANO               | No                  |     | √                 | ALL           |
| V2305 | SPHEROCYLINDER, TRIFOCAL, PLANO               | No                  |     | √                 | ALL           |
| V2306 | SPHEROCYLINDER, TRIFOCAL, PLANO               | No                  |     | √                 | ALL           |
| V2307 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2308 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2309 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2310 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2311 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2312 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2313 | SPHEROCYLINDER, TRIFOCAL, PLUS O              | No                  |     | √                 | ALL           |
| V2314 | SPHEROCYLINDER, TRIFOCAL, SPHER               | No                  |     | √                 | ALL           |
| V2315 | LENTICULAR, (MYODISC), PER LENS, T            | No                  |     | √                 | ALL           |
| V2318 | ANISEIKONIC LENS, TRIFOCAL                    | No                  |     | √                 | ALL           |
| V2319 | TRIFOCAL SEG WIDTH OVER 28 MM                 | No                  |     | √                 | ALL           |
| V2320 | TRIFOCAL ADD OVER 3.25D                       | No                  |     | √                 | ALL           |
| V2321 | LENTICULAR LENS, PER LENS, TRIFO              | No                  |     | √                 | ALL           |
| V2399 | SPECIALTY TRIFOCAL (BY REPORT)                | No                  |     | √                 | ALL           |
| V2410 | VARIABLE ASPHERICITY LENS, SINGLE             | No                  |     | √                 | ALL           |
| V2430 | VARIABLE ASPHERICITY LENS, BIFOCAL            | No                  |     | √                 | ALL           |
| V2499 | VARIABLE SPHERICITY LENS, OTHER               | No                  |     | √                 | ALL           |
| V2500 | CONTACT LENS, PMMA, SPHERICAL, P              | No                  | *   | √                 | ALL           |
| V2501 | CONTACT LENS, PMMA, TORIC OR PRI              | No                  | *   | √                 | ALL           |
| V2502 | CONTACT LENS PMMA, BIFOCAL, PER               | No                  | *   | √                 | ALL           |
| V2503 | CONTACT LENS PMMA, COLOR VISION               | No                  | *   | √                 | ALL           |
| V2510 | CONTACT LENS, GAS PERMEABLE, SP               | No                  | *   | √                 | ALL           |
| V2511 | CONTACT LENS, GAS PERMEABLE, TC               | No                  | *   | √                 | ALL           |
| V2512 | CONTACT LENS, GAS PERMEABLE, BIF              | No                  | *   | √                 | ALL           |
| V2513 | CONTACT LENS, GAS PERMEABLE, EX               | No                  | *   | √                 | ALL           |
| V2520 | CONTACT LENS HYDROPHILIC, SPHER               | No                  | *   |                   | ALL           |
| V2521 | CONTACT LENS HYDROPHILIC, TORIC               | No                  | *   |                   | ALL           |
| V2522 | CONTACT LENS HYDROPHILIC, BIFOCAL             | No                  | *   |                   | ALL           |
| V2523 | CONTACT LENS HYDROPHILIC, EXTEN               | No                  | *   |                   | ALL           |
| V2524 | Contact lens, hydrophilic, spherical, photod  | No                  |     | √                 | ALL           |
| V2525 | Contact lens, hydrophilic, dual focus, per k  | No                  |     |                   | ALL           |
| V2526 | Contact lens, hydrophilic, with blue-violet f | No                  |     |                   | ALL           |
| V2530 | CONTACT LENS, SCLERAL, GAS IMPEF              | No                  | *   |                   | ALL           |
| V2531 | CONTACT LENS, SCLERAL, GAS PERM               | No                  | *   |                   | ALL           |
| V2599 | CONTACT LENS, OTHER TYPE                      | No                  | *   | √                 | ALL           |
| V2600 | HAND HELD LOW VISION AIDS AND OT              | Not Covered         | -   |                   | ALL           |



**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key            | Rider Requirement | Product Lines |
|-------|----------------------------------------------|---------------------|----------------|-------------------|---------------|
| V2610 | SINGLE LENS SPECTACLE MOUNTED                | Not Covered         |                |                   | ALL           |
| V2615 | TELESCOPIC AND OTHER COMPOUND                | Not Covered         |                |                   | ALL           |
| V2623 | PROSTHETIC EYE, PLASTIC, CUSTOM              | No                  |                |                   | ALL           |
| V2624 | POLISHING/RESURFACING OF OCULAR              | No                  |                |                   | ALL           |
| V2625 | ENLARGEMENT OF OCULAR PROSTHE                | No                  |                |                   | ALL           |
| V2626 | REDUCTION OF OCULAR PROSTHESIS               | No                  |                |                   | ALL           |
| V2627 | SCLERAL COVER SHELL                          | No                  |                |                   | ALL           |
| V2628 | FABRICATION AND FITTING OF OCULA             | No                  |                |                   | ALL           |
| V2629 | PROSTHETIC EYE, OTHER TYPE                   | No                  |                |                   | ALL           |
| V2630 | ANTERIOR CHAMBER INTRAOCULAR L               | No                  |                |                   | ALL           |
| V2631 | IRIS SUPPORTED INTRAOCULAR LENS              | No                  |                |                   | ALL           |
| V2632 | POSTERIOR CHAMBER INTRAOCULAR                | No                  |                |                   | ALL           |
| V2700 | BALANCE LENS, PER LENS                       | No                  |                |                   | ALL           |
| V2702 | DELUXE LENS FEATURE                          | No                  | *              |                   | ALL           |
| V2710 | SLAB OFF PRISM, GLASS OR PLASTIC             | No                  |                | V                 | ALL           |
| V2715 | PRISM, PER LENS                              | No                  |                | V                 | ALL           |
| V2718 | PRESS-ON LENS, FRESNELL PRISM, P             | No                  |                | V                 | ALL           |
| V2730 | SPECIAL BASE CURVE, GLASS OR PLA             | No                  |                | V                 | ALL           |
| V2744 | TINT, PHOTOCROMATIC, PER LENS                | No                  | *              |                   | ALL           |
| V2745 | ADDITION TO LENS, TINT, ANY COLOR            | No                  | *              |                   | ALL           |
| V2750 | ANTI-REFLECTIVE COATING, PER LENS            | No                  | *              |                   | ALL           |
| V2755 | U-V LENS, PER LENS                           | No                  | *              |                   | ALL           |
| V2756 | EYE GLASS CASE                               | Not Covered         |                |                   | ALL           |
| V2760 | SCRATCH RESISTANT COATING, PER               | No                  | *              | V                 | ALL           |
| V2761 | MIRROR COATING, ANY TYPE, SOLID,             | No                  | *              |                   | ALL           |
| V2762 | POLARIZATION, ANY LENS MATERAL, f            | No                  | *              |                   | ALL           |
| V2770 | OCCLUDER LENS, PER LENS                      | No                  |                |                   | ALL           |
| V2780 | OVERSIZE LENS, PER LENS                      | No                  | *              |                   | ALL           |
| V2781 | PROGRESSIVE LENS, PER LENS                   | No                  | *              |                   | ALL           |
| V2782 | LENS, INDEX 1.54 TO 1.65 PLASTIC OR          | No                  |                | V                 | ALL           |
| V2783 | LENS, INDEX GREATER THAN OR EQU              | No                  | *              | V                 | ALL           |
| V2784 | LENS, POLYCARBONATE OR EQUAL, A              | No                  | *              |                   | ALL           |
| V2785 | PROCESSING, PRESERVING AND TRA               | No                  |                |                   | ALL           |
| V2786 | SPECIALTY OCCUPATIONAL MULTIFOV              | Not Covered         |                |                   | ALL           |
| V2787 | ASTIGMATISM CORRECTING FUNCTIO               | Not Covered         |                |                   | ALL           |
| V2788 | PRESBYOPIA CORRECTING FUNCTION               | Not Covered         |                |                   | ALL           |
| V2790 | AMNIOTIC MEMBRANE FOR SURGICAL               | No                  |                |                   | ALL           |
| V2797 | VISION SUPPLY, ACCESSORY AND/OR              | Not Covered         |                |                   | ALL           |
| V2799 | VISION SERVICE, MISCELLANEOUS                | No                  | *              |                   | ALL           |
| V5008 | HEARING SCREENING                            | No                  |                |                   | ALL           |
| V5010 | ASSESSMENT FOR HEARING AID                   | No                  | NationsHearing | H                 | ALL           |
| V5011 | FITTING/ORIENTATION/CHECKING OF              | No                  | NationsHearing | H                 | ALL           |
| V5014 | REPAIR/MODIFICATION OF A HEARING             | No                  | NationsHearing | H                 | ALL           |
| V5020 | CONFORMITY EVALUATION                        | No                  | NationsHearing | H                 | ALL           |
| V5030 | HEARING AID, MONAURAL, BODY WOR              | No                  | NationsHearing | H                 | ALL           |
| V5040 | HEARING AID, MONAURAL, BODY WOR              | No                  | NationsHearing | H                 | ALL           |
| V5050 | HEARING AID, MONAURAL, IN THE EAR            | Not Covered         | NationsHearing |                   | ALL           |
| V5060 | HEARING AID, MONAURAL, BEHIND TH             | Not Covered         | NationsHearing |                   | ALL           |
| V5070 | GLASSES, AIR CONDUCTION                      | Not Covered         |                |                   | ALL           |
| V5080 | GLASSES, BONE CONDUCTION                     | Not Covered         |                |                   | ALL           |
| V5090 | DISPENSING FEE, UNSPECIFIED HEAR             | Not Covered         |                |                   | ALL           |
| V5095 | SEMI-IMPLANT MIDDLE EAR HEARING              | No                  |                |                   | ALL           |
| V5100 | HEARING AID, BILATERAL, BODY WOR             | Not Covered         | NationsHearing |                   | ALL           |
| V5110 | DISPENSING FEE, BILATERAL                    | Not Covered         | NationsHearing |                   | ALL           |
| V5120 | BINAURAL, BODY                               | Not Covered         | NationsHearing |                   | ALL           |
| V5130 | BINAURAL, IN THE EAR                         | No                  | NationsHearing | H                 | ALL           |
| V5140 | BINAURAL, BEHIND EAR                         | No                  | NationsHearing | H                 | ALL           |
| V5150 | BINAURAL, GLASSES                            | No                  | NationsHearing | H                 | ALL           |
| V5160 | DISPENSING FEE, BINAURAL                     | Not Covered         | NationsHearing |                   | ALL           |
| V5171 | Hearing aid, contralateral routing device, n | No                  | NationsHearing |                   | ALL           |
| V5172 | Hearing aid, contralateral routing device, n | No                  | NationsHearing |                   | ALL           |
| V5181 | Hearing aid, contralateral routing device, n | No                  | NationsHearing | H                 | ALL           |
| V5190 | HEARING AID, CROS, GLASSES                   | Not Covered         | NationsHearing |                   | ALL           |
| V5200 | DISPENSING FEE, CROS                         | Not Covered         | NationsHearing |                   | ALL           |
| V5211 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5212 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5213 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5214 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5215 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5221 | Hearing aid, contralateral routing system, f | No                  | NationsHearing | H                 | ALL           |
| V5230 | HEARING AID, BICROS, GLASSES                 | Not Covered         | NationsHearing |                   | ALL           |
| V5240 | DISPENSING FEE BICROS                        | Not Covered         | NationsHearing |                   | ALL           |

**Services that require Prior Authorization List**

| Code  | Description                                  | Prior Auth Required | Key                            | Rider Requirement | Product Lines       |
|-------|----------------------------------------------|---------------------|--------------------------------|-------------------|---------------------|
| V5241 | DISPENSING FEE, MONAURAL HEARIN              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5242 | HEARING AID, ANALOG, MONAURAL, C             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5243 | HEARING AID, ANALOG, MONAURAL, IT            | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5244 | HEARING AID, DIGITALLY PROGRAMM              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5245 | HEARING AID, DIGITALLY PROGRAMM              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5246 | HEARING AID, DIGITALLY PROGRAMM              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5247 | HEARING AID, DIGITALLY PROGRAMM              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5248 | HEARING AID, ANALOG, BINAURAL, CI            | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5249 | HEARING AID, ANALOG, BINAURAL, ITC           | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5250 | HEARING AID, DIGITALLY, PROGRAMM             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5251 | HEARING AID, DIGITALLY, PROGRAMM             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5252 | HEARING AID, DIGITALLY, PROGRAMM             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5253 | HEARING AID, DIGITALLY, PROGRAMM             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5254 | HEARING AID, DIGITAL, MONAURAL, CI           | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5255 | HEARING AID, DIGITAL, MONAURAL, IT           | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5256 | HEARING AID, DIGITAL, MONAURAL, IT           | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5257 | HEARING AID, DIGITAL, MONAURAL, B            | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5258 | HEARING AID, DIGITAL, BINAURAL, CI           | Not Covered         | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5259 | HEARING AID, DIGITAL, BINAURAL, ITC          | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5260 | HEARING AID, DIGITAL, BINAURAL, ITE          | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5261 | HEARING AID, DIGITAL, BINAURAL, BTE          | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5262 | HEARING AID, DISPOSABLE, ANY TYPE            | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5263 | HEARING AID, DISPOSABLE, ANY TYPE            | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5264 | EAR MOLD/INSERT, NOT DISPOSABLE              | No                  | <a href="#">NationsHearing</a> | H                 | ALL                 |
| V5265 | EAR MOLD/INSERT, DISPOSABLE, ANY             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5266 | BATTERY FOR USE IN HEARING DEVI              | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5267 | HEARING AID SUPPLIES/ ACESSORIES             | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5268 | ASSISTIVE LISTENING DEVICE, TELEP            | Not Covered         |                                |                   | ALL                 |
| V5269 | ASSISTIVE LISTENING DEVICE, ALERT            | Not Covered         |                                |                   | ALL                 |
| V5270 | ASSISTIVE LISTENING DEVICE, TELEV            | Not Covered         |                                |                   | ALL                 |
| V5271 | ASSISTIVE LISTENING DEVICE, TELEV            | Not Covered         |                                |                   | ALL                 |
| V5272 | ASSISTIVE LISTENING DEVICE, TDD              | Not Covered         |                                |                   | ALL                 |
| V5273 | ASSISTIVE LISTENING DEVICE, FOR U            | Not Covered         |                                |                   | ALL                 |
| V5274 | ASSISTIVE LISTENING DEVICE, NOT O            | Not Covered         | <a href="#">NationsHearing</a> |                   | ALL                 |
| V5275 | EAR IMPRESSION, EACH                         | Not Covered         |                                |                   | ALL                 |
| V5281 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5282 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5283 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5284 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5285 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5286 | Assistive listening device, personal blue to | Not Covered         |                                |                   | ALL                 |
| V5287 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5288 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5289 | Assistive listening device, personal fm/dm   | Not Covered         |                                |                   | ALL                 |
| V5290 | Assistive listening device, transmitter micr | Not Covered         |                                |                   | ALL                 |
| V5298 | HEARING AID, NOT OTHERWISE CLAS              | Yes                 | <a href="#">NationsHearing</a> | H                 | ALL (Except MCWRAP) |
| V5298 | HEARING AID, NOT OTHERWISE CLAS              | No                  | <a href="#">NationsHearing</a> |                   | MCWRAP              |
| V5299 | HEARING SERVICE, MISCELLANEOUS               | Yes                 | <a href="#">NationsHearing</a> |                   | ALL (Except MCWRAP) |
| V5299 | HEARING SERVICE, MISCELLANEOUS               | No                  | <a href="#">NationsHearing</a> |                   | MCWRAP              |
| V5336 | REPAIR/MODIFICATION OF AUGMENTA              | No                  |                                |                   | ALL                 |
| V5362 | SPEECH SCREENING                             | Not Covered         |                                |                   | ALL                 |
| V5363 | LANGUAGE SCREENING                           | Not Covered         |                                |                   | ALL                 |
| V5364 | DYSPHAGIA SCREENING                          | Not Covered         |                                |                   | ALL                 |

**(J2353) ICD9/ICD10 codes that do not require Prior Authorization**

| ICD9_Code | ICD9_Code_Description                                   | ICD10_Code | ICD10_Code_Description                                     |
|-----------|---------------------------------------------------------|------------|------------------------------------------------------------|
| 1570      | Malignant neoplasm of head of pancreas                  | C250       | Malignant neoplasm of head of pancreas                     |
| 1571      | Malignant neoplasm of body of pancreas                  | C251       | Malignant neoplasm of body of pancreas                     |
| 1572      | Malignant neoplasm of tail of pancreas                  | C252       | Malignant neoplasm of tail of pancreas                     |
| 1573      | Malignant neoplasm of pancreatic duct                   | C253       | Malignant neoplasm of pancreatic duct                      |
| 1574      | Malignant neoplasm of islets of langerhans              | C254       | Malignant neoplasm of endocrine pancreas                   |
| 1578      | Malignant neoplasm of other specified sites of pancreas | C257       | Malignant neoplasm of other parts of pancreas              |
| 1578      | Malignant neoplasm of other specified sites of pancreas | C258       | Malignant neoplasm of overlapping sites of pancreas        |
| 1940      | Malignant neoplasm of adrenal gland                     | C7400      | Malignant neoplasm of cortex of unspecified adrenal gland  |
| 1940      | Malignant neoplasm of adrenal gland                     | C7401      | Malignant neoplasm of cortex of right adrenal gland        |
| 1940      | Malignant neoplasm of adrenal gland                     | C7402      | Malignant neoplasm of cortex of left adrenal gland         |
| 1940      | Malignant neoplasm of adrenal gland                     | C7410      | Malignant neoplasm of medulla of unspecified adrenal gland |

|      |                                                                 |       |                                                                     |
|------|-----------------------------------------------------------------|-------|---------------------------------------------------------------------|
| 1940 | Malignant neoplasm of adrenal gland                             | C7411 | Malignant neoplasm of medulla of right adrenal gland                |
| 1940 | Malignant neoplasm of adrenal gland                             | C7412 | Malignant neoplasm of medulla of left adrenal gland                 |
| 1940 | Malignant neoplasm of adrenal gland                             | C7490 | Malignant neoplasm of unspecified part of unspecified adrenal gland |
| 1940 | Malignant neoplasm of adrenal gland                             | C7491 | Malignant neoplasm of unspecified part of right adrenal gland       |
| 1940 | Malignant neoplasm of adrenal gland                             | C7492 | Malignant neoplasm of unspecified part of left adrenal gland        |
| 1941 | Malignant neoplasm of parathyroid gland                         | C750  | Malignant neoplasm of parathyroid gland                             |
| 1943 | Malignant neoplasm of pituitary gland and craniopharyngeal duct | C751  | Malignant neoplasm of pituitary gland                               |
| 1943 | Malignant neoplasm of pituitary gland and craniopharyngeal duct | C752  | Malignant neoplasm of craniopharyngeal duct                         |
| 1944 | Malignant neoplasm of pineal gland                              | C753  | Malignant neoplasm of pineal gland                                  |
| 1945 | Malignant neoplasm of carotid body                              | C754  | Malignant neoplasm of carotid body                                  |
| 1946 | Malignant neoplasm of aortic body and other paraganglia         | C755  | Malignant neoplasm of aortic body and other paraganglia             |
| 1949 | Malignant neoplasm of endocrine gland, site unspecified         | C759  | Malignant neoplasm of endocrine gland, unspecified                  |

|       |                                                                       |        |                                                                       |
|-------|-----------------------------------------------------------------------|--------|-----------------------------------------------------------------------|
| 1977  | Malignant neoplasm of liver, secondary                                | C787   | Secondary malignant neoplasm of liver and intrahepatic bile duct      |
| 20900 | Malignant carcinoid tumor of the small intestine, unspecified portion | C7A019 | Malignant carcinoid tumor of the small intestine, unspecified portion |
| 20901 | Malignant carcinoid tumor of the duodenum                             | C7A010 | Malignant carcinoid tumor of the duodenum                             |
| 20902 | Malignant carcinoid tumor of the jejunum                              | C7A011 | Malignant carcinoid tumor of the jejunum                              |
| 20903 | Malignant carcinoid tumor of the ileum                                | C7A012 | Malignant carcinoid tumor of the ileum                                |
| 20910 | Malignant carcinoid tumor of the large intestine, unspecified portion | C7A029 | Malignant carcinoid tumor of the large intestine, unspecified portion |
| 20911 | Malignant carcinoid tumor of the appendix                             | C7A020 | Malignant carcinoid tumor of the appendix                             |
| 20912 | Malignant carcinoid tumor of the cecum                                | C7A021 | Malignant carcinoid tumor of the cecum                                |
| 20913 | Malignant carcinoid tumor of the ascending colon                      | C7A022 | Malignant carcinoid tumor of the ascending colon                      |

|       |                                                               |        |                                                    |
|-------|---------------------------------------------------------------|--------|----------------------------------------------------|
| 20914 | Malignant carcinoid tumor of the transverse colon             | C7A023 | Malignant carcinoid tumor of the transverse colon  |
| 20915 | Malignant carcinoid tumor of the descending colon             | C7A024 | Malignant carcinoid tumor of the descending colon  |
| 20916 | Malignant carcinoid tumor of the sigmoid colon                | C7A025 | Malignant carcinoid tumor of the sigmoid colon     |
| 20917 | Malignant carcinoid tumor of the rectum                       | C7A026 | Malignant carcinoid tumor of the rectum            |
| 20920 | Malignant carcinoid tumor of unknown primary site             | C7A00  | Malignant carcinoid tumor of unspecified site      |
| 20921 | Malignant carcinoid tumor of the bronchus and lung            | C7A090 | Malignant carcinoid tumor of the bronchus and lung |
| 20922 | Malignant carcinoid tumor of the thymus                       | C7A091 | Malignant carcinoid tumor of the thymus            |
| 20923 | Malignant carcinoid tumor of the stomach                      | C7A092 | Malignant carcinoid tumor of the stomach           |
| 20924 | Malignant carcinoid tumor of the kidney                       | C7A093 | Malignant carcinoid tumor of the kidney            |
| 20925 | Malignant carcinoid tumor of foregut, not otherwise specified | C7A094 | Malignant carcinoid tumor of the foregut NOS       |

|       |                                                                    |        |                                                                       |
|-------|--------------------------------------------------------------------|--------|-----------------------------------------------------------------------|
| 20926 | Malignant carcinoid tumor of midgut, not otherwise specified       | C7A095 | Malignant carcinoid tumor of the midgut NOS                           |
| 20927 | Malignant carcinoid tumor of hindgut, not otherwise specified      | C7A096 | Malignant carcinoid tumor of the hindgut NOS                          |
| 20929 | Malignant carcinoid tumor of other sites                           | C7A098 | Malignant carcinoid tumors of other sites                             |
| 20930 | Malignant poorly differentiated neuroendocrine carcinoma, any site | C7A1   | Malignant poorly differentiated neuroendocrine tumors                 |
| 20930 | Malignant poorly differentiated neuroendocrine carcinoma, any site | C7A8   | Other malignant neuroendocrine tumors                                 |
| 20931 | Merkel cell carcinoma of the face                                  | C4A0   | Merkel cell carcinoma of lip                                          |
| 20931 | Merkel cell carcinoma of the face                                  | C4A10  | Merkel cell carcinoma of unspecified eyelid, including canthus        |
| 20931 | Merkel cell carcinoma of the face                                  | C4A11  | Merkel cell carcinoma of right eyelid, including canthus              |
| 20931 | Merkel cell carcinoma of the face                                  | C4A12  | Merkel cell carcinoma of left eyelid, including canthus               |
| 20931 | Merkel cell carcinoma of the face                                  | C4A20  | Merkel cell carcinoma of unspecified ear and external auricular canal |
| 20931 | Merkel cell carcinoma of the face                                  | C4A21  | Merkel cell carcinoma of right ear and external auricular canal       |

|       |                                             |       |                                                                     |
|-------|---------------------------------------------|-------|---------------------------------------------------------------------|
| 20931 | Merkel cell carcinoma of the face           | C4A22 | Merkel cell carcinoma of left ear and external auricular canal      |
| 20931 | Merkel cell carcinoma of the face           | C4A30 | Merkel cell carcinoma of unspecified part of face                   |
| 20931 | Merkel cell carcinoma of the face           | C4A31 | Merkel cell carcinoma of nose                                       |
| 20931 | Merkel cell carcinoma of the face           | C4A39 | Merkel cell carcinoma of other parts of face                        |
| 20932 | Merkel cell carcinoma of the scalp and neck | C4A4  | Merkel cell carcinoma of scalp and neck                             |
| 20933 | Merkel cell carcinoma of the upper limb     | C4A60 | Merkel cell carcinoma of unspecified upper limb, including shoulder |
| 20933 | Merkel cell carcinoma of the upper limb     | C4A61 | Merkel cell carcinoma of right upper limb, including shoulder       |
| 20933 | Merkel cell carcinoma of the upper limb     | C4A62 | Merkel cell carcinoma of left upper limb, including shoulder        |
| 20934 | Merkel cell carcinoma of the lower limb     | C4A70 | Merkel cell carcinoma of unspecified lower limb, including hip      |
| 20934 | Merkel cell carcinoma of the lower limb     | C4A71 | Merkel cell carcinoma of right lower limb, including hip            |
| 20934 | Merkel cell carcinoma of the lower limb     | C4A72 | Merkel cell carcinoma of left lower limb, including hip             |
| 20935 | Merkel cell carcinoma of the trunk          | C4A51 | Merkel cell carcinoma of anal skin                                  |
| 20935 | Merkel cell carcinoma of the trunk          | C4A52 | Merkel cell carcinoma of skin of breast                             |
| 20935 | Merkel cell carcinoma of the trunk          | C4A59 | Merkel cell carcinoma of other part of trunk                        |



|       |                                                                    |        |                                                                    |
|-------|--------------------------------------------------------------------|--------|--------------------------------------------------------------------|
| 20936 | Merkel cell carcinoma of other sites                               | C4A8   | Merkel cell carcinoma of overlapping sites                         |
| 20936 | Merkel cell carcinoma of other sites                               | C4A9   | Merkel cell carcinoma, unspecified                                 |
| 20940 | Benign carcinoid tumor of the small intestine, unspecified portion | D3A019 | Benign carcinoid tumor of the small intestine, unspecified portion |
| 20941 | Benign carcinoid tumor of the duodenum                             | D3A010 | Benign carcinoid tumor of the duodenum                             |
| 20942 | Benign carcinoid tumor of the jejunum                              | D3A011 | Benign carcinoid tumor of the jejunum                              |
| 20943 | Benign carcinoid tumor of the ileum                                | D3A012 | Benign carcinoid tumor of the ileum                                |
| 20950 | Benign carcinoid tumor of the large intestine, unspecified portion | D3A029 | Benign carcinoid tumor of the large intestine, unspecified portion |
| 20951 | Benign carcinoid tumor of the appendix                             | D3A020 | Benign carcinoid tumor of the appendix                             |
| 20952 | Benign carcinoid tumor of the cecum                                | D3A021 | Benign carcinoid tumor of the cecum                                |
| 20953 | Benign carcinoid tumor of the ascending colon                      | D3A022 | Benign carcinoid tumor of the ascending colon                      |

|       |                                                 |        |                                                 |
|-------|-------------------------------------------------|--------|-------------------------------------------------|
| 20954 | Benign carcinoid tumor of the transverse colon  | D3A023 | Benign carcinoid tumor of the transverse colon  |
| 20955 | Benign carcinoid tumor of the descending colon  | D3A024 | Benign carcinoid tumor of the descending colon  |
| 20956 | Benign carcinoid tumor of the sigmoid colon     | D3A025 | Benign carcinoid tumor of the sigmoid colon     |
| 20957 | Benign carcinoid tumor of the rectum            | D3A026 | Benign carcinoid tumor of the rectum            |
| 20960 | Benign carcinoid tumor of unknown primary site  | D3A00  | Benign carcinoid tumor of unspecified site      |
| 20960 | Benign carcinoid tumor of unknown primary site  | D3A8   | Other benign neuroendocrine tumors              |
| 20961 | Benign carcinoid tumor of the bronchus and lung | D3A090 | Benign carcinoid tumor of the bronchus and lung |
| 20962 | Benign carcinoid tumor of the thymus            | D3A091 | Benign carcinoid tumor of the thymus            |
| 20963 | Benign carcinoid tumor of the stomach           | D3A092 | Benign carcinoid tumor of the stomach           |
| 20964 | Benign carcinoid tumor of the kidney            | D3A093 | Benign carcinoid tumor of the kidney            |

|       |                                                            |        |                                                   |
|-------|------------------------------------------------------------|--------|---------------------------------------------------|
| 20965 | Benign carcinoid tumor of foregut, not otherwise specified | D3A094 | Benign carcinoid tumor of the foregut NOS         |
| 20966 | Benign carcinoid tumor of midgut, not otherwise specified  | D3A095 | Benign carcinoid tumor of the midgut NOS          |
| 20967 | Benign carcinoid tumor of hindgut, not otherwise specified | D3A096 | Benign carcinoid tumor of the hindgut NOS         |
| 20969 | Benign carcinoid tumor of other sites                      | D3A098 | Benign carcinoid tumors of other sites            |
| 20970 | Secondary neuroendocrine tumor, unspecified site           | C7B00  | Secondary carcinoid tumors, unspecified site      |
| 20971 | Secondary neuroendocrine tumor of distant lymph nodes      | C7B01  | Secondary carcinoid tumors of distant lymph nodes |
| 20972 | Secondary neuroendocrine tumor of liver                    | C7B02  | Secondary carcinoid tumors of liver               |
| 20973 | Secondary neuroendocrine tumor of bone                     | C7B03  | Secondary carcinoid tumors of bone                |
| 20974 | Secondary neuroendocrine tumor of peritoneum               | C7B04  | Secondary carcinoid tumors of peritoneum          |
| 20975 | Secondary Merkel cell carcinoma                            | C7B1   | Secondary Merkel cell carcinoma                   |

|       |                                               |       |                                           |
|-------|-----------------------------------------------|-------|-------------------------------------------|
| 20979 | Secondary neuroendocrine tumor of other sites | C7B09 | Secondary carcinoid tumors of other sites |
| 20979 | Secondary neuroendocrine tumor of other sites | C7B8  | Other secondary neuroendocrine tumors     |
| 2117  | Benign neoplasm of islets of Langerhans       | D137  | Benign neoplasm of endocrine pancreas     |
| 2530  | Acromegaly and gigantism                      | E220  | Acromegaly and pituitary gigantism        |
| 2530  | Acromegaly and gigantism                      | E344  | Constitutional tall stature               |
| 2592  | Carcinoid syndrome                            | E340  | Carcinoid syndrome                        |

**(J1950 J9217 J1952) ICD10 codes that do not require Prior Authorization**

C000-D49  
N80.0-N80.9

**J3315 J9219 J9225 J9226 J9202 ICD10 codes that do not  
require Prior Authorization**

C000-D49

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|------------------------------------------------------------------------------|
| <b>J9035 Q5126 Q5129 ICD10 codes that do not require Prior Authorization</b> |
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| E0800-E139 |
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| H00011-H5989 |
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