

MyAdvocate Medicare Advantage Detailed Code Coverage List - January 1, 2026

Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Inpatient Admissions	PA	Health Plan UM	Admissions include: Inpatient Medical, Surgical, Mental Health or Substance Use/Abuse, Inpatient Rehabilitation, Long Term Acute Care Facility, Residential Treatment, Skilled Nursing Facility, Swing Bed
11200	No PA		
11201	No PA		
11300	No PA		
11301	No PA		
11302	No PA		
11303	No PA		
11305	No PA		
11306	No PA		
11307	No PA		
11308	No PA		
11310	No PA		
11311	No PA		
11312	No PA		
11313	No PA		
11900	No PA		
11901	No PA		
11920	No PA*		*Covered for breast cancer diagnosis.
11921	No PA*		*Covered for breast cancer diagnosis.
11922	No PA*		*Covered for breast cancer diagnosis.
11950	PA	Health Plan UM	
11950	Non-covered		
11951	PA	Health Plan UM	
11951	Non-covered		
11952	PA	Health Plan UM	
11952	Non-covered		
11954	PA	Health Plan UM	
11954	Non-covered		
11960	PA	Health Plan UM	
11960	No PA		
11970	No PA		
11970	No PA		
11971	No PA		
11971	No PA		
11980	No PA		
11981	No PA		
11982	No PA		
11983	No PA		
14041	No PA		
14301	No PA		
14302	No PA		
15100	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
15101	No PA		
15200	No PA		
15201	No PA		
15240	No PA		
15241	No PA		
15271	No PA		
15272	No PA		
15273	No PA		
15274	No PA		
15275	No PA		
15276	No PA		
15277	No PA		
15278	No PA		
15738	No PA		
15757	No PA		
15769	PA		PA is not required if billed with one of the following diagnosis: Breast cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3 Genetic susceptibility, prophylactic removal: Z15.01, Z40.01 Acquired absence of unspecified breast and nipple: Z90.10-Z90.1
15769	No PA		
15769	PA		
15771	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15771	PA*	Health Plan UM	Covered for Breast cancer diagnosis: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15771	PA	Health Plan UM	
15772	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15772	PA*	Health Plan UM	Covered for Breast cancer diagnosis: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15772	PA	Health Plan UM	
15773	PA	Health Plan UM	
15773	PA*	Health Plan UM	
15773	No PA		This code is payable for Autologous fat grafting for parotidectomy.
15774	PA	Health Plan UM	
15774	PA*	Health Plan UM	
15774	No PA		This code is payable for Autologous fat grafting for parotidectomy.
15775	Non-covered		
15775	Non-covered		
15776	Non-covered		
15776	Non-covered		
15777	PA*	Health Plan UM	
15780	No PA		
15780	Non-covered		
15781	No PA		

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15781	Non-covered		
15782	No PA		
15782	Non-covered		
15783	Non-covered		
15783	Non-covered		
15786	No PA		
15786	Non-covered		
15787	No PA		
15787	Non-covered		
15788	No PA		
15788	Non-covered		
15789	No PA		
15789	Non-covered		
15792	No PA		
15792	Non-covered		
15793	No PA		
15793	Non-covered		
15820	PA		
15820	Non-covered		
15821	PA		
15821	Non-covered		
15822	PA		
15822	Non-covered		
15823	PA		
15823	Non-covered		
15824	Non-covered		
15824	Non-covered		
15825	Non-covered		
15825	Non-covered		
15826	Non-covered		
15826	Non-covered		
15828	Non-covered		
15828	Non-covered		
15829	Non-covered		
15829	Non-covered		
15830	Non-covered		
15830	PA	Health Plan UM	
15830	PA	Health Plan UM	
15832	Non-covered		
15832	PA	Health Plan UM	
15833	Non-covered		
15833	PA	Health Plan UM	
15834	Non-covered		
15834	PA	Health Plan UM	
15835	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
15835	PA	Health Plan UM	
15836	Non-covered		
15836	PA	Health Plan UM	
15837	Non-covered		
15837	PA	Health Plan UM	
15838	Non-covered		
15838	PA	Health Plan UM	
15839	Non-covered		
15839	PA	Health Plan UM	
15847	PA	Health Plan UM	
15847	Non-covered		
15876	Non-covered		
15876	PA	Health Plan UM	
15877	PA	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15877	PA	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
15877	Non-covered		
15877	PA	Health Plan UM	
15878	Non-covered		
15878	PA	Health Plan UM	
15879	Non-covered		
15879	PA	Health Plan UM	
17000	No PA		
17003	No PA		
17004	No PA		
17110	No PA		
17111	No PA		
17360	Non-covered		
17380	Non-covered		
17380	No PA		
17999	No PA		This code is considered E/I when billed for intense pulsed light (IPL) therapy for the treatment of keloid scars, percutaneous ultrasound ablation of soft tissue, (i.e., the Tenex Health TX System), laser treatment of Onychomycosis or for Phenol Sclerosis for Pilonidal Abscess.
17999	PA	Health Plan UM	
19105	No PA		
19300	PA	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19303	PA	Health Plan UM	
19316	No PA		
19316	Non-covered		
19318	No PA		
19318	PA	Health Plan UM	
19325	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
19325	Non-covered		
19328	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19330	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19340	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19340	Non-covered		
19342	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19342	Non-covered		
19350	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19350	No PA		
19357	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19361	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19364	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19367	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19368	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19369	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19370	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19371	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19380	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19499	*PA		PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19499	PA*	Health Plan UM	PA is not required if billed with one of the following diagnosis: Breast Cancer: 50.011-C50.929, D05.00-D05.92, D48.60-D48.62, D49.3, Z85.3
19499	No PA		This code is considered E/I when billed for MRI-guided focal laser ablation (e.g., the Visualase® Laser Ablation System).
20560	No PA		
20560	No PA		
20561	No PA		
20561	No PA		
20605	No PA		
20606	No PA		
20930	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
20930	Non-covered		
20930	PA	EviCore	
20931	No PA		
20931	PA	EviCore	
20932	No PA		
20936	PA	EviCore	
20937	PA	EviCore	
20938	PA	EviCore	
20939	No PA		
20939	No PA		
20939	No PA		
20939	No PA		
20974	PA	EviCore	
20975	PA	EviCore	
20985	Non-covered		
20985	Non-covered		
20985	Non-covered		
20985	Non-covered		
20999	No PA		
20999	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), extracorporeal shock wave therapy (ESWT) and Ultrasound-Guided Calcific Lavage/Barbotage.
20999	PA	Health Plan UM	
21010	No PA		
21050	No PA		
21060	No PA		
21073	No PA		
21085	No PA		
21110	No PA		
21116	No PA		
21120	PA	Health Plan UM	
21120	PA	Health Plan UM	
21121	PA	Health Plan UM	
21121	PA	Health Plan UM	
21122	PA	Health Plan UM	
21122	PA	Health Plan UM	
21123	PA	Health Plan UM	
21123	PA	Health Plan UM	
21125	PA	Health Plan UM	
21127	PA	Health Plan UM	
21127	PA	Health Plan UM	
21137	PA	Health Plan UM	
21137	Non-covered		
21138	PA	Health Plan UM	
21139	No PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
21141	No PA		
21142	No PA		
21143	No PA		
21145	No PA		
21146	No PA		
21147	No PA		
21150	No PA		
21151	No PA		
21154	No PA		
21155	No PA		
21159	No PA		
21160	No PA		
21172	PA	Health Plan UM	
21175	PA	Health Plan UM	
21179	PA	Health Plan UM	
21188	PA	Health Plan UM	
21193	No PA		
21193	PA	Health Plan UM	
21194	No PA		
21194	PA	Health Plan UM	
21195	No PA		
21195	PA	Health Plan UM	
21196	No PA		
21196	PA	Health Plan UM	
21198	No PA		
21198	PA	Health Plan UM	
21199	No PA		
21199	PA	Health Plan UM	
21208	PA	Health Plan UM	
21209	PA	Health Plan UM	
21210	PA	Health Plan UM	
21230	PA	Health Plan UM	
21235	PA	Health Plan UM	
21240	No PA		
21242	No PA		
21243	No PA		
21256	No PA		
21260	No PA		
21261	No PA		
21263	No PA		
21267	No PA		
21268	No PA		
21270	No PA		
21270	Non-covered		
21275	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
21280	PA	Health Plan UM	
21282	PA	Health Plan UM	
21295	No PA		
21685	No PA		
21740	No PA		
21742	No PA		
21743	No PA		
22100	No PA		
22101	No PA		
22102	No PA		
22110	No PA		
22112	No PA		
22114	No PA		
22505	No PA		
22510	PA	EviCore	
22510	PA	EviCore	
22511	PA	EviCore	
22511	PA	EviCore	
22512	PA	EviCore	
22512	PA	EviCore	
22513	PA	EviCore	
22513	PA	EviCore	
22514	PA	EviCore	
22514	PA	EviCore	
22515	PA	EviCore	
22515	PA	EviCore	
22526	PA	EviCore	
22527	PA	EviCore	
22533	PA	EviCore	
22533	PA	EviCore	
22534	PA	EviCore	
22534	PA	EviCore	
22534	PA	EviCore	
22551	PA	EviCore	
22551	PA	EviCore	
22552	PA	EviCore	
22552	PA	EviCore	
22554	PA	EviCore	
22554	PA	EviCore	
22558	PA	EviCore	
22558	PA	EviCore	
22585	PA	EviCore	
22585	PA	EviCore	
22585	PA	EviCore	
22586	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
22595	PA	EviCore	
22595	PA	EviCore	
22600	PA	EviCore	
22600	PA	EviCore	
22612	PA	EviCore	
22612	PA	EviCore	
22614	PA	EviCore	
22614	PA	EviCore	
22614	PA	EviCore	
22630	PA	EviCore	
22630	PA	EviCore	
22632	PA	EviCore	
22632	PA	EviCore	
22632	PA	EviCore	
22633	PA	EviCore	
22633	PA	EviCore	
22634	PA	EviCore	
22634	PA	EviCore	
22634	PA	EviCore	
22841	PA	EviCore	
22841	PA	EviCore	
22841	PA	EviCore	
22842	PA	EviCore	
22842	PA	EviCore	
22842	PA	EviCore	
22843	PA	EviCore	
22843	PA	EviCore	
22843	PA	EviCore	
22844	PA	EviCore	
22844	PA	EviCore	
22844	PA	EviCore	
22845	PA	EviCore	
22845	PA	EviCore	
22845	PA	EviCore	
22846	PA	EviCore	
22846	PA	EviCore	
22846	PA	EviCore	
22847	PA	EviCore	
22847	PA	EviCore	
22847	PA	EviCore	
22848	PA	EviCore	
22848	PA	EviCore	
22848	PA	EviCore	
22853	PA	EviCore	
22853	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
22853	PA	EviCore	
22854	PA	EviCore	
22854	PA	EviCore	
22854	PA	EviCore	
22856	PA	EviCore	
22856	PA	EviCore	
22857	PA	EviCore	
22857	PA	EviCore	
22857	PA	EviCore	
22858	PA	EviCore	
22858	PA	EviCore	
22859	PA	EviCore	
22859	PA	EviCore	
22859	PA	EviCore	
22860	PA	EviCore	
22860	PA	EviCore	
22861	PA	EviCore	
22861	PA	EviCore	
22862	PA	EviCore	
22862	PA	EviCore	
22864	No PA		
22865	No PA		
22867	PA	EviCore	
22867	PA	EviCore	
22868	PA	EviCore	
22868	PA	EviCore	
22869	PA	EviCore	
22869	PA	EviCore	
22870	PA	EviCore	
22870	PA	EviCore	
22899	PA	Health Plan UM	
22899	PA	Health Plan UM	
22899	No PA		This code is considered E/I when billed for Radiofrequency Ablation (RFA) of the sacroiliac joint (SI joint); considered E/I when billed for Annulus Repair devices.
22899	PA	Health Plan UM	
22999	No PA		This code is considered E/I when billed for Cryoablation of Abdominal Wall Endometriosis
22999	PA	Health Plan UM	
23000	PA	EviCore	
23020	PA	EviCore	
23120	PA	EviCore	
23130	PA	EviCore	
23410	PA	EviCore	
23412	PA	EviCore	
23415	PA	EviCore	
23420	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
23430	PA	EviCore	
23440	PA	EviCore	
23450	PA	EviCore	
23455	PA	EviCore	
23460	PA	EviCore	
23462	PA	EviCore	
23465	PA	EviCore	
23466	PA	EviCore	
23470	PA	EviCore	
23472	PA	EviCore	
23473	PA	EviCore	
23474	PA	EviCore	
23929	No PA		
23929	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), shoulder (glenoid) resurfacing, Subchondroplasty and OATS (osteochondral autograft transfer system) procedure done on the ankle/talus, elbow, hip, patella and shoulder.
24999	No PA		
24999	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), Subchondroplasty and OATS (osteochondral autograft transfer system) procedure done on the ankle/talus, elbow, hip, patella and shoulder.
25999	No PA		
25999	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System) and Subchondroplasty.
26590	PA	Health Plan UM	
26989	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System) or with a description similar to 'Thread Trigger Finger procedure'.
27096	PA	EviCore	
27125	PA	EviCore	
27130	PA	EviCore	
27130	PA	EviCore	
27132	PA	EviCore	
27132	PA	EviCore	
27134	PA	EviCore	
27134	PA	EviCore	
27137	PA	EviCore	
27137	PA	EviCore	
27138	PA	EviCore	
27138	PA	EviCore	
27278	PA	EviCore	
27278	PA	EviCore	
27299	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
27299	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), Radiofrequency Ablation (RFA) of the sacroiliac joint (SI joint), Subchondroplasty and OATS (osteochondral autograft transfer system) procedure done on the ankle/talus, elbow, hip, patella and shoulder.
27299	No PA		
27332	PA	EviCore	
27333	PA	EviCore	
27334	PA	EviCore	
27335	PA	EviCore	
27403	PA	EviCore	
27412	PA	EviCore	
27412	PA	EviCore	
27415	PA	EviCore	
27416	PA	EviCore	
27418	PA	EviCore	
27420	PA	EviCore	
27422	PA	EviCore	
27424	PA	EviCore	
27425	PA	EviCore	
27427	PA	EviCore	
27428	PA	EviCore	
27429	PA	EviCore	
27430	PA	EviCore	
27437	No PA		
27438	PA	EviCore	
27438	PA	EviCore	
27440	PA	EviCore	
27441	PA	EviCore	
27442	PA	EviCore	
27443	PA	EviCore	
27445	No PA		
27446	PA	EviCore	
27446	PA	EviCore	
27447	PA	EviCore	
27447	PA	EviCore	
27486	PA	EviCore	
27486	PA	EviCore	
27487	PA	EviCore	
27487	PA	EviCore	
27599	No PA		
27599	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), Subchondroplasty and Verasense Knee System.
27599	No PA		
27899	No PA		

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27899	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), Subchondroplasty and OATS (osteochondral autograft transfer system) procedure done on the ankle/talus, elbow, hip, patella and shoulder.
28890	Non-covered		
28899	No PA		
28899	No PA		This code is considered E/I when billed for percutaneous ultrasound ablation of soft tissue (i.e., the Tenex Health TX System), Subchondroplasty, implantation of a synthetic cartilage implant (SCI) into the toe joint, and Topaz Coblation/procedure.
29800	No PA		
29804	No PA		
29805	PA	EviCore	
29806	PA	EviCore	
29807	PA	EviCore	
29819	PA	EviCore	
29820	PA	EviCore	
29821	PA	EviCore	
29822	PA	EviCore	
29823	PA	EviCore	
29824	PA	EviCore	
29825	PA	EviCore	
29826	PA	EviCore	
29827	PA	EviCore	
29828	PA	EviCore	
29860	PA	EviCore	
29861	PA	EviCore	
29862	PA	EviCore	
29863	PA	EviCore	
29866	PA	EviCore	
29867	PA	EviCore	
29867	PA	EviCore	
29868	PA	EviCore	
29870	PA	EviCore	
29870	PA	EviCore	
29871	PA	EviCore	
29871	PA	EviCore	
29873	PA	EviCore	
29873	PA	EviCore	
29874	PA	EviCore	
29874	PA	EviCore	
29875	PA	EviCore	
29875	PA	EviCore	
29876	PA	EviCore	
29876	PA	EviCore	
29877	PA	EviCore	
29877	PA	EviCore	

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29879	PA	EviCore	
29879	PA	EviCore	
29880	PA	EviCore	
29880	PA	EviCore	
29881	PA	EviCore	
29881	PA	EviCore	
29882	PA	EviCore	
29882	PA	EviCore	
29883	PA	EviCore	
29883	PA	EviCore	
29884	PA	EviCore	
29884	PA	EviCore	
29885	PA	EviCore	
29885	PA	EviCore	
29886	PA	EviCore	
29886	PA	EviCore	
29887	PA	EviCore	
29887	PA	EviCore	
29888	PA	EviCore	
29888	PA	EviCore	
29889	PA	EviCore	
29889	PA	EviCore	
29914	PA	EviCore	
29914	PA	EviCore	
29915	PA	EviCore	
29915	PA	EviCore	
29916	PA	EviCore	
29916	PA	EviCore	
29999	PA		
29999	PA		This code is considered E/I when billed for Ultrasound-Guided Calcific Lavage/Barbotage, Subchondroplasty, OATS (osteochondral autograft transfer system) procedure done on the ankle/talus, elbow, hip, patella and shoulder, arthroscopic assisted lower trapezius tendon transfer using Achilles tendon allograft, Stryker Inspace implant for arthroscopic treatment of irreparable rotator cuff tears, and Iliopsoas tendon fractional lengthening.
29999	PA	EviCore	
30120	PA	Health Plan UM	
30400	Non-covered		
30400	PA	Health Plan UM	
30410	Non-covered		
30410	PA	Health Plan UM	
30420	Non-covered		
30420	PA	Health Plan UM	
30430	Non-covered		
30430	PA	Health Plan UM	
30435	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
30435	PA	Health Plan UM	
30450	Non-covered		
30450	PA	Health Plan UM	
30460	PA	Health Plan UM	
30462	PA	Health Plan UM	
30468	No PA		
30469	Non-covered		
30520	PA	Health Plan UM	
30620	PA	Health Plan UM	
30999	No PA		This code is considered E/I when billed for Clarifix (for treatment of chronic rhinitis using cryotherapy).
31242	Non-covered		
31243	Non-covered		
31599	No PA		This code is considered E/I when billed with a description similar to 'High-Speed Laryngoscopy' (i.e., high-speed videoendoscopy (HSV)).
31599	PA	Health Plan UM	
31660	Non-covered		
31661	Non-covered		
31750	No PA		
31899	PA	Health Plan UM	
32850	PA	Health Plan UM	
32851	PA	Health Plan UM	
32852	PA	Health Plan UM	
32853	PA	Health Plan UM	
32855	PA	Health Plan UM	
32856	PA	Health Plan UM	
32999	No PA		This code is considered E/I when billed for MRI-guided focal laser ablation (e.g., the Visualase® Laser Ablation System).
33265	No PA		
33266	No PA		
33267	No PA		Payable when done in the context of a clinical trial.
33268	No PA		Payable when done in the context of a clinical trial.
33269	No PA		Payable when done in the context of a clinical trial.
33274	No PA		
33275	No PA		
33276	No PA		
33277	No PA		
33278	No PA		
33279	No PA		
33280	No PA		
33281	No PA		
33287	No PA		
33288	No PA		
33289	No PA		
33340	No PA		Payable when done in the context of a clinical trial.

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
33930	PA	Health Plan UM	
33933	PA	Health Plan UM	
33935	PA	Health Plan UM	
33940	PA	Health Plan UM	
33944	PA	Health Plan UM	
33945	PA	Health Plan UM	
35854	PA	Health Plan UM	
36465	No PA		
36466	No PA		
36468	Non-covered		
36470	No PA		
36471	No PA		
36473	No PA		
36474	No PA		
36475	No PA		
36476	No PA		
36478	No PA		
36479	No PA		
36482	No PA		
36483	No PA		
37241	No PA		
37242	No PA		This code is considered E/I when billed for Geniculate Artery Embolization (GAE) for Treatment of Knee Osteoarthritis. This code is payable when billed for Geniculate Artery Embolization (GAE) for Hemarthrosis, Prostatic Artery Embolization and Alcohol embolization for AV malformation.
37243	No PA		This code is considered E/I when billed for Geniculate Artery Embolization (GAE) for Treatment of Knee Osteoarthritis. This code is payable when billed for Geniculate Artery Embolization (GAE) for Hemarthrosis, Prostatic Artery Embolization and Alcohol embolization for AV malformation.
37244	No PA		This code is considered E/I when billed for Geniculate Artery Embolization (GAE) for Treatment of Knee Osteoarthritis and Hemorrhoidal Artery Embolization. This code is payable when billed for Geniculate Artery Embolization (GAE) for Hemarthrosis, Prostatic Artery Embolization and Alcohol embolization for AV malformation.
37799	No PA		
38204	PA	Health Plan UM	
38205	PA	Health Plan UM	
38206	PA	Health Plan UM	
38207	PA	Health Plan UM	
38208	PA	Health Plan UM	
38209	PA	Health Plan UM	
38210	PA	Health Plan UM	
38211	PA	Health Plan UM	
38212	PA	Health Plan UM	
38213	PA	Health Plan UM	
38214	PA	Health Plan UM	
38215	PA	Health Plan UM	
38220	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
38220	No PA		
38230	PA	Health Plan UM	
38232	No PA		
38232	PA	Health Plan UM	
38240	No PA		
38240	PA	Health Plan UM	
38241	No PA		
38241	PA	Health Plan UM	
38242	PA	Health Plan UM	
38243	PA	Health Plan UM	
38589	No PA		This code is considered E/I when billed for surgical treatments for lymphedema.
38999	No PA		This code is considered E/I when billed for surgical treatments for lymphedema and radiofrequency ablation of microcystic lymphatic malformation in the oral cavity.
40500	No PA		
40799	PA	Health Plan UM	
41512	No PA		
41530	Non-covered		
42299	No PA		This code is considered E/I when billed for AIRLIFT (utilizes the Encore™ System & Revolution™ Suture Passer for the treatment of OSA).
43192	No PA		
43201	No PA		
43210	No PA		
43236	No PA		
43253	No PA		
43257	Non-covered		
43290	Non-covered		
43290	Non-covered		
43291	Non-covered		
43291	Non-covered		
43497	No PA		
43499	No PA		This code is considered E/I when billed for the following POEM (Peroral Endoscopic Myotomy) procedures: D-POEM (esophageal diverticula) and Z-POEM (Zenker's diverticulum).
43644	PA	Health Plan UM	
43645	PA	Health Plan UM	
43659	PA	Health Plan UM	
43770	PA	Health Plan UM	
43771	PA	Health Plan UM	
43772	PA	Health Plan UM	
43773	PA	Health Plan UM	
43774	PA	Health Plan UM	
43775	PA	Health Plan UM	
43842	Non-covered		
43843	PA	Health Plan UM	
43845	PA	Health Plan UM	
43846	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
43847	PA	Health Plan UM	
43865	PA	Health Plan UM	
43886	PA	Health Plan UM	
43887	PA	Health Plan UM	
43888	PA	Health Plan UM	
43999	No PA		This code is payable for Per-Oral Pyloromyotomy (PAP).
43999	PA	Health Plan UM	
44132	PA	Health Plan UM	
44133	PA	Health Plan UM	
44135	PA	Health Plan UM	
44136	PA	Health Plan UM	
44137	PA	Health Plan UM	
44145	No PA		
44715	PA	Health Plan UM	
44720	PA	Health Plan UM	
44721	PA	Health Plan UM	
45399	No PA		
46707	Non-covered		
47133	PA	Health Plan UM	
47135	PA	Health Plan UM	
47140	PA	Health Plan UM	
47141	PA	Health Plan UM	
47142	PA	Health Plan UM	
47143	PA	Health Plan UM	
47144	PA	Health Plan UM	
47145	PA	Health Plan UM	
47146	PA	Health Plan UM	
47147	PA	Health Plan UM	
48160	PA	Health Plan UM	
48550	PA	Health Plan UM	
48551	PA	Health Plan UM	
48552	PA	Health Plan UM	
48554	PA	Health Plan UM	
48556	PA	Health Plan UM	
50300	PA	Health Plan UM	
50320	PA	Health Plan UM	
50323	PA	Health Plan UM	
50325	PA	Health Plan UM	
50327	PA	Health Plan UM	
50328	PA	Health Plan UM	
50329	PA	Health Plan UM	
50340	PA	Health Plan UM	
50360	PA	Health Plan UM	
50365	PA	Health Plan UM	
50370	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
50380	PA	Health Plan UM	
50547	PA	Health Plan UM	
51715	No PA		
52284	Non-covered		
52287	No PA		
53410	No PA		
53430	PA	Health Plan UM	
53444	No PA		
53445	No PA		
53447	No PA		
53449	No PA		
53450	No PA		
53451	Non-covered		
53452	Non-covered		
53453	Non-covered		
53454	Non-covered		
53860	No PA		
53865	No PA		
53866	No PA		
53899	No PA		This code is considered E/I when billed for MRI-guided focal laser ablation (e.g., the Visualase® Laser Ablation System).
54125	PA	Health Plan UM	
54400	PA	Health Plan UM	
54401	PA	Health Plan UM	
54405	PA	Health Plan UM	
54520	PA	Health Plan UM	
54660	PA	Health Plan UM	
54690	PA	Health Plan UM	
55175	PA	Health Plan UM	
55180	PA	Health Plan UM	
55880	No PA		
55899	No PA		This code is considered E/I when billed for MRI-guided focal laser ablation (e.g., the Visualase® Laser Ablation System) and for Microscopic Spermatic Cord Denervation (MSCD).
55899	PA	Health Plan UM	
55970	PA	Health Plan UM	
55970	PA	Health Plan UM	
55980	PA	Health Plan UM	
55980	PA	Health Plan UM	
56620	No PA		
56625	PA	Health Plan UM	
56800	PA	Health Plan UM	
56805	PA	Health Plan UM	
57110	PA	Health Plan UM	
57110	PA	Health Plan UM	
57291	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
57292	PA	Health Plan UM	
57335	PA	Health Plan UM	
58150	PA	Health Plan UM	
58260	PA	Health Plan UM	
58262	PA	Health Plan UM	
58291	PA	Health Plan UM	
58552	PA	Health Plan UM	
58554	PA	Health Plan UM	
58571	PA	Health Plan UM	
58573	PA	Health Plan UM	
58661	PA	Health Plan UM	
58999	No PA		This code is considered E/I when billed for Fembloc® (Permanent Contraceptive System).
58999	PA	Health Plan UM	
60660	No PA		
60661	No PA		
61624	No PA		This code is considered E/I when billed for flow diverting devices (e.g., Pipeline Flex Embolization device) for all indications other than the Endovascular treatment of adults (age 22 and above) with large or giant wide-necked intracranial aneurysms. This code is considered E/I when billed for the Woven EndoBridge (WEB) Aneurysm Embolization System. This code is payable when billed for Alcohol embolization for AV malformation.
61626	No PA		This code is payable for Alcohol embolization for AV malformation.
61715	No PA		
62263	No PA		
62263	PA	EviCore	
62264	No PA		
62264	PA	EviCore	
62280	PA	EviCore	
62281	PA	EviCore	
62282	PA	EviCore	
62287	No PA		
62287	PA	EviCore	
62291	Non-covered		
62292	PA	EviCore	
62320	PA	EviCore	
62321	PA	EviCore	
62322	PA	EviCore	
62323	PA	EviCore	
62324	PA	EviCore	
62325	PA	EviCore	
62326	PA	EviCore	
62327	PA	EviCore	
62350	PA	EviCore	
62351	PA	EviCore	
62360	PA	EviCore	
62361	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
62362	PA	EviCore	
62380	PA	EviCore	
62380	PA	EviCore	
63001	PA	EviCore	
63001	PA	EviCore	
63005	PA	EviCore	
63005	PA	EviCore	
63011	No PA		
63012	PA	EviCore	
63012	PA	EviCore	
63015	PA	EviCore	
63015	PA	EviCore	
63017	PA	EviCore	
63017	PA	EviCore	
63020	PA	EviCore	
63020	PA	EviCore	
63030	PA	EviCore	
63030	PA	EviCore	
63035	PA	EviCore	
63035	PA	EviCore	
63035	PA	EviCore	
63040	PA	EviCore	
63040	PA	EviCore	
63042	PA	EviCore	
63042	PA	EviCore	
63043	PA	EviCore	
63043	PA	EviCore	
63044	PA	EviCore	
63044	PA	EviCore	
63045	PA	EviCore	
63045	PA	EviCore	
63047	PA	EviCore	
63047	PA	EviCore	
63048	PA	EviCore	
63048	PA	EviCore	
63048	PA	EviCore	
63050	PA	EviCore	
63050	PA	EviCore	
63051	PA	EviCore	
63051	PA	EviCore	
63052	PA	EviCore	
63052	PA	EviCore	
63053	PA	EviCore	
63053	PA	EviCore	
63056	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
63056	PA	EviCore	
63057	PA	EviCore	
63057	PA	EviCore	
63057	PA	EviCore	
63075	PA	EviCore	
63075	PA	EviCore	
63076	PA	EviCore	
63076	PA	EviCore	
63081	PA	EviCore	
63081	PA	EviCore	
63082	PA	EviCore	
63082	PA	EviCore	
63170	No PA		
63170	No PA		
63185	No PA		
63185	No PA		
63190	No PA		
63190	No PA		
63191	No PA		
63191	No PA		
63197	No PA		
63287	No PA		
63620	No PA		
63620	No PA		
63621	No PA		
63621	No PA		
63650	PA	EviCore	
63655	PA	EviCore	
63685	PA	EviCore	
64430	No PA		
64451	PA	EviCore	
64454	No PA		
64454	No PA		
64479	PA	EviCore	
64480	PA	EviCore	
64483	PA	EviCore	
64484	PA	EviCore	
64490	PA	EviCore	
64491	PA	EviCore	
64492	PA	EviCore	
64493	PA	EviCore	
64494	PA	EviCore	
64495	PA	EviCore	
64510	PA	EviCore	
64520	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
64566	No PA		
64582	No PA		
64583	No PA		
64584	No PA		
64596	Non-covered		
64597	Non-covered		
64598	Non-covered		
64600	No PA		
64612	No PA		
64615	No PA		
64616	No PA		
64617	No PA		
64624	No PA		
64625	PA	EviCore	
64628	No PA		
64629	No PA		
64633	PA	EviCore	
64634	PA	EviCore	
64635	PA	EviCore	
64636	PA	EviCore	
64640	No PA		
64642	No PA		
64643	No PA		
64644	No PA		
64645	No PA		
64646	No PA		
64647	No PA		
64650	No PA		
64722	No PA		This code is considered E/I when billed for Occipital Nerve decompression.
64856	No PA		
64910	No PA		This code is considered E/I when billed for the Axogen (Axoguard®) nerve connector or nerve protector procedure for non-digital nerves.
64912	Non-covered		This code is considered E/I when billed for the Axogen (Avance®) nerve wrap procedure for non-digital nerves.
64913	Non-covered		This code is considered E/I when billed for the Axogen (Avance®) nerve wrap procedure for non-digital nerves.
64999	PA	Health Plan UM	
64999	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
64999	No PA		This code is considered E/I when billed for Radiofrequency Ablation (RFA) of the sacroiliac joint (SI joint), MRI-guided focal laser ablation (e.g., the Visualase® Laser Ablation System), Axogen (Axoguard®) nerve connector or nerve protector procedure for non-digital nerves, Pulsed Radiofrequency Ablation (Pulsed RFA), laser ablation for refractory seizures (epilepsy), Sphenopalatine Ganglion block, IB-Stim device/procedure, hydrodissection of peripheral nerve pain, Thread Carpal Tunnel release, Spinal Accessory Nerve Block, Thread Superficial Peroneal Nerve Release (TSPNR), Mitomycin Intravascular Chemoembolization (MICE) procedure, iPACK Block, and Spinal Hardware Injection; considered E/I when billed for Annulus Repair devices.
65760	Non-covered		
65765	Non-covered		
65767	Non-covered		
65770	Non-covered		
65771	Non-covered		
66683	Non-covered		
67031	No PA		This code is considered E/I when billed for laser vitreolysis for vitreous floaters.
67311	No PA		
67312	No PA		
67314	No PA		
67316	No PA		
67318	No PA		
67320	No PA		
67331	No PA		
67332	No PA		
67334	No PA		
67335	No PA		
67340	No PA		
67343	PA	Health Plan UM	
67345	No PA		
67900	PA	Health Plan UM	
67900	Non-covered		
67901	PA	Health Plan UM	
67902	PA	Health Plan UM	
67903	PA	Health Plan UM	
67904	PA	Health Plan UM	
67906	PA	Health Plan UM	
67908	PA	Health Plan UM	
67909	PA	Health Plan UM	
67911	PA	Health Plan UM	
67912	PA	Health Plan UM	
67914	No PA		
67915	No PA		
67916	No PA		
67917	No PA		
67921	No PA		
67922	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
67923	No PA		
67924	No PA		
67950	PA	Health Plan UM	
67961	PA	Health Plan UM	
67966	PA	Health Plan UM	
67971	PA	Health Plan UM	
67973	PA	Health Plan UM	
67974	PA	Health Plan UM	
67975	PA	Health Plan UM	
68841	No PA		This code is payable for Dextenza insert.
69090	Non-covered		
69300	PA	Health Plan UM	
69320	PA	Health Plan UM	
69710	Non-covered		
69711	No PA		
69714	No PA		
69716	No PA		
69717	No PA		
69719	No PA		
69726	No PA		
69727	No PA		
69728	No PA		
69729	No PA		
69730	No PA		
69930	No PA		
70336	PA	EviCore	
70450	PA	EviCore	
70460	PA	EviCore	
70470	PA	EviCore	
70480	PA	EviCore	
70481	PA	EviCore	
70482	PA	EviCore	
70486	PA	EviCore	
70487	PA	EviCore	
70488	PA	EviCore	
70490	PA	EviCore	
70491	PA	EviCore	
70492	PA	EviCore	
70496	PA	EviCore	
70498	PA	EviCore	
70540	PA	EviCore	
70542	PA	EviCore	
70543	PA	EviCore	
70544	PA	EviCore	
70545	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
70546	PA	EviCore	
70547	PA	EviCore	
70548	PA	EviCore	
70549	PA	EviCore	
70551	PA	EviCore	
70552	PA	EviCore	
70553	PA	EviCore	
70554	PA	EviCore	
70555	PA	EviCore	
71250	PA	EviCore	
71260	PA	EviCore	
71270	PA	EviCore	
71271	PA	EviCore	
	After 2/1/26 no PA required.		
71275	PA	EviCore	
71550	PA	EviCore	
71551	PA	EviCore	
71552	PA	EviCore	
71555	PA	EviCore	
72125	PA	EviCore	
72126	PA	EviCore	
72127	PA	EviCore	
72128	PA	EviCore	
72129	PA	EviCore	
72130	PA	EviCore	
72131	PA	EviCore	
72132	PA	EviCore	
72133	PA	EviCore	
72141	PA	EviCore	
72142	PA	EviCore	
72146	PA	EviCore	
72147	PA	EviCore	
72148	PA	EviCore	
72149	PA	EviCore	
72156	PA	EviCore	
72157	PA	EviCore	
72158	PA	EviCore	
72159	PA	EviCore	
72191	PA	EviCore	
72192	PA	EviCore	
72193	PA	EviCore	
72194	PA	EviCore	
72195	PA	EviCore	
72196	PA	EviCore	
72197	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
72198	PA	EviCore	
73200	PA	EviCore	
73201	PA	EviCore	
73202	PA	EviCore	
73206	PA	EviCore	
73218	PA	EviCore	
73219	PA	EviCore	
73220	PA	EviCore	
73221	PA	EviCore	
73222	PA	EviCore	
73223	PA	EviCore	
73225	PA	EviCore	
73700	PA	EviCore	
73701	PA	EviCore	
73702	PA	EviCore	
73706	PA	EviCore	
73718	PA	EviCore	
73719	PA	EviCore	
73720	PA	EviCore	
73721	PA	EviCore	
73722	PA	EviCore	
73723	PA	EviCore	
73725	PA	EviCore	
74150	PA	EviCore	
74160	PA	EviCore	
74170	PA	EviCore	
74174	PA	EviCore	
74175	PA	EviCore	
74176	PA	EviCore	
74177	PA	EviCore	
74178	PA	EviCore	
74181	PA	EviCore	
74182	PA	EviCore	
74183	PA	EviCore	
74185	PA	EviCore	
74261	PA	EviCore	
74262	PA	EviCore	
74263	PA	EviCore	
74712	PA	EviCore	
74713	PA	EviCore	
75557	PA	EviCore	
75559	PA	EviCore	
75561	PA	EviCore	
75563	PA	EviCore	
75565	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
75571	PA	EviCore	
75572	PA	EviCore	
75573	PA	EviCore	
75574	PA	EviCore	
75580	PA	EviCore	
75580	PA	EviCore	
75635	PA	EviCore	
76120	No PA		
76125	No PA		
76376	PA	EviCore	
76377	PA	EviCore	
76380	PA	EviCore	
76390	PA	EviCore	
76391	PA	EviCore	
76497	PA	EviCore	
76498	No PA		This code is considered E/I when billed for DynaCAD MRI (software program) for Prostate Cancer.
76498	PA	EviCore	
76872	No PA		
76999	No PA		This code is considered E/I when billed for Ductus Venous Doppler.
77021	PA	EviCore	
77022	PA required starting 2/1/26	EviCore	
77046	PA	EviCore	
77047	PA	EviCore	
77048	PA	EviCore	
77049	PA	EviCore	
77078	PA required starting 2/1/26	EviCore	
77084	PA	EviCore	
77085	No PA		
77086	Non-covered		
77089	No PA		
77090	No PA		
77091	No PA		
77092	No PA		
77299	No PA		
77371	PA	Eviti	
77372	PA	Eviti	
77373	PA	Eviti	
77387	PA	Eviti	
77402	PA	Eviti	
77407	PA	Eviti	
77412	PA	Eviti	
77417	PA	Eviti	
77422	PA	Eviti	
77423	PA	Eviti	
77424	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
77425	PA	Eviti	
77436	PA	Eviti	
77437	PA	Eviti	
77438	PA	Eviti	
77439	PA	Eviti	
77520	PA	Eviti	
77522	PA	Eviti	
77523	PA	Eviti	
77525	PA	Eviti	
77750	PA	Eviti	
77761	PA	Eviti	
77762	PA	Eviti	
77763	PA	Eviti	
77767	PA	Eviti	
77768	PA	Eviti	
77770	PA	Eviti	
77771	PA	Eviti	
77772	PA	Eviti	
77778	PA	Eviti	
77789	PA	Eviti	
78414	PA	EviCore	
78428	PA	EviCore	
78429	PA	EviCore	
78430	PA	EviCore	
78431	PA	EviCore	
78432	PA	EviCore	
78433	PA	EviCore	
78434	PA	EviCore	
78451	PA	EviCore	
78452	PA	EviCore	
78453	PA	EviCore	
78454	PA	EviCore	
78459	PA	EviCore	
78466	PA	EviCore	
78468	PA	EviCore	
78469	PA	EviCore	
78472	PA	EviCore	
78473	PA	EviCore	
78481	PA	EviCore	
78483	PA	EviCore	
78491	PA	EviCore	
78492	PA	EviCore	
78494	PA	EviCore	
78496	PA	EviCore	
78499	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
78608	PA	EviCore	
78609	PA	EviCore	
78800	No PA		
78801	No PA		
78803	No PA		
78803	PA required starting 2/1/26	EviCore	
78811	PA	EviCore	
78812	PA	EviCore	
78813	PA	EviCore	
78814	PA	EviCore	
78815	PA	EviCore	
78816	PA	EviCore	
78830	PA required starting 2/1/26	EviCore	
80050	No PA		
80076	No PA		
80145	No PA		
80230	No PA		
80280	No PA		
80299	No PA		
80305	Non-covered		
80306	Non-covered		
80307	Non-covered		
80323	Non-covered		
80346	Non-covered		
80348	Non-covered		
80352	Non-covered		
80354	Non-covered		
80356	Non-covered		
80358	Non-covered		
80361	Non-covered		
80362	Non-covered		
80364	Non-covered		
80365	Non-covered		
80371	Non-covered		
80372	Non-covered		
80373	Non-covered		
80375	Non-covered		
81105	No PA		
81106	No PA		
81107	No PA		
81108	No PA		
81109	No PA		
81110	No PA		
81111	No PA		
81112	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81120	No PA		
81120	No PA		
81121	No PA		
81121	No PA		
81161	No PA		
81161	No PA		
81162	No PA		
81162	No PA		
81163	No PA		
81163	No PA		
81164	No PA		
81165	No PA		
81166	No PA		
81166	No PA		
81167	No PA		
81167	No PA		
81168	No PA		
81170	No PA		
81171	No PA		
81172	No PA		
81173	PA	Health Plan UM	
81174	PA	Health Plan UM	
81175	PA	Health Plan UM	
81176	PA	Health Plan UM	
81177	PA	Health Plan UM	
81178	PA	Health Plan UM	
81179	PA	Health Plan UM	
81180	PA	Health Plan UM	
81181	PA	Health Plan UM	
81182	PA	Health Plan UM	
81183	PA	Health Plan UM	
81184	PA	Health Plan UM	
81185	PA	Health Plan UM	
81185	PA	Health Plan UM	
81186	PA	Health Plan UM	
81187	No PA		
81187	No PA		
81188	No PA		
81189	No PA		
81189	No PA		
81190	No PA		
81191	PA	Health Plan UM	
81191	PA	Health Plan UM	
81192	PA	Health Plan UM	
81192	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81193	PA	Health Plan UM	
81193	PA	Health Plan UM	
81194	PA	Health Plan UM	
81194	PA	Health Plan UM	
81195	PA	Health Plan UM	
81200	PA	Health Plan UM	
81201	PA	Health Plan UM	
81202	PA	Health Plan UM	
81203	PA	Health Plan UM	
81204	PA	Health Plan UM	
81205	No PA		
81206	No PA		
81207	No PA		
81208	No PA		
81209	No PA		
81210	No PA		
81212	No PA		
81215	No PA		
81216	No PA		
81216	No PA		
81217	No PA		
81218	PA	Health Plan UM	
81219	PA	Health Plan UM	
81220	No PA		
81221	PA	Health Plan UM	
81222	No PA		
81222	No PA		
81222	No PA		
81223	No PA		
81223	No PA		
81223	No PA		
81224	No PA		
81224	No PA		
81225	PA	Health Plan UM	
81226	PA	Health Plan UM	
81227	PA	Health Plan UM	
81228	PA	Health Plan UM	
81228	PA	Health Plan UM	
81229	No PA		
81229	No PA		
81230	PA	Health Plan UM	
81231	PA	Health Plan UM	
81231	PA	Health Plan UM	
81232	No PA		
81233	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81234	PA	Health Plan UM	
81235	PA	Health Plan UM	
81236	PA	Health Plan UM	
81236	PA	Health Plan UM	
81237	PA	Health Plan UM	
81238	PA	Health Plan UM	
81239	PA	Health Plan UM	
81240	PA	Health Plan UM	
81241	PA	Health Plan UM	
81242	PA	Health Plan UM	
81243	No PA		
81243	No PA		
81244	No PA		
81244	No PA		
81245	PA	Health Plan UM	
81246	PA	Health Plan UM	
81247	PA	Health Plan UM	
81248	PA	Health Plan UM	
81249	PA	Health Plan UM	
81250	PA	Health Plan UM	
81250	PA	Health Plan UM	
81251	PA	Health Plan UM	
81252	PA	Health Plan UM	
81253	PA	Health Plan UM	
81254	PA	Health Plan UM	
81255	PA	Health Plan UM	
81256	PA	Health Plan UM	
81257	PA	Health Plan UM	
81257	PA	Health Plan UM	
81258	PA	Health Plan UM	
81258	PA	Health Plan UM	
81259	PA	Health Plan UM	
81259	PA	Health Plan UM	
81260	PA	Health Plan UM	
81261	PA	Health Plan UM	
81261	PA	Health Plan UM	
81262	PA	Health Plan UM	
81262	PA	Health Plan UM	
81263	PA	Health Plan UM	
81263	PA	Health Plan UM	
81264	PA	Health Plan UM	
81265	PA	Health Plan UM	
81266	PA	Health Plan UM	
81267	No PA		
81268	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81269	PA	Health Plan UM	
81269	PA	Health Plan UM	
81270	PA	Health Plan UM	
81271	PA	Health Plan UM	
81272	PA	Health Plan UM	
81273	PA	Health Plan UM	
81274	No PA		
81275	PA	Health Plan UM	
81275	PA	Health Plan UM	
81276	PA	Health Plan UM	
81277	PA	Health Plan UM	
81278	PA	Health Plan UM	
81279	PA	Health Plan UM	
81279	PA	Health Plan UM	
81283	No PA		
81284	PA	Health Plan UM	
81285	PA	Health Plan UM	
81286	PA	Health Plan UM	
81287	PA	Health Plan UM	
81288	PA	Health Plan UM	
81289	PA	Health Plan UM	
81290	PA	Health Plan UM	
81291	PA	Health Plan UM	
81292	PA	Health Plan UM	
81293	PA	Health Plan UM	
81294	PA	Health Plan UM	
81295	PA	Health Plan UM	
81296	PA	Health Plan UM	
81297	PA	Health Plan UM	
81298	PA	Health Plan UM	
81299	PA	Health Plan UM	
81300	PA	Health Plan UM	
81301	PA	Health Plan UM	
81302	PA	Health Plan UM	
81302	PA	Health Plan UM	
81302	PA	Health Plan UM	
81303	PA	Health Plan UM	
81304	PA	Health Plan UM	
81305	PA	Health Plan UM	
81306	PA	Health Plan UM	
81307	No PA		
81308	No PA		
81309	No PA		
81310	PA	Health Plan UM	
81311	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81312	PA	Health Plan UM	
81313	This is considered E/I and not covered.		
81314	PA	Health Plan UM	
81315	PA	Health Plan UM	
81315	PA	Health Plan UM	
81316	PA	Health Plan UM	
81316	PA	Health Plan UM	
81317	PA	Health Plan UM	
81318	PA	Health Plan UM	
81319	PA	Health Plan UM	
81320	PA	Health Plan UM	
81321	PA	Health Plan UM	
81321	PA	Health Plan UM	
81321	PA	Health Plan UM	
81322	PA	Health Plan UM	
81323	PA	Health Plan UM	
81324	PA	Health Plan UM	
81325	PA	Health Plan UM	
81326	PA	Health Plan UM	
81327	This is considered E/I and not covered.		
81328	PA	Health Plan UM	
81329	No PA		
81329	No PA		
81330	PA	Health Plan UM	
81331	PA	Health Plan UM	
81332	PA	Health Plan UM	
81333	PA	Health Plan UM	
81334	PA	Health Plan UM	
81335	PA	Health Plan UM	
81336	No PA		
81336	No PA		
81337	No PA		
81338	PA	Health Plan UM	
81338	PA	Health Plan UM	
81339	PA	Health Plan UM	
81339	PA	Health Plan UM	
81340	PA	Health Plan UM	
81341	PA	Health Plan UM	
81342	PA	Health Plan UM	
81343	PA	Health Plan UM	
81344	PA	Health Plan UM	
81345	PA	Health Plan UM	
81346	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81347	PA	Health Plan UM	
81348	PA	Health Plan UM	
81349	PA	Health Plan UM	
81350	PA	Health Plan UM	
81351	No PA		
81352	No PA		
81352	No PA		
81352	No PA		
81353	No PA		
81355	PA	Health Plan UM	
81357	PA	Health Plan UM	
81360	PA	Health Plan UM	
81361	No PA		
81362	No PA		
81363	No PA		
81363	No PA		
81364	No PA		
81364	No PA		
81370	No PA		
81370	No PA		
81371	No PA		
81371	No PA		
81372	No PA		
81372	No PA		
81373	No PA		
81373	No PA		
81374	No PA		
81374	No PA		
81375	No PA		
81375	No PA		
81376	No PA		
81376	No PA		
81376	No PA		
81376	No PA		
81377	No PA		
81377	No PA		
81378	No PA		
81378	No PA		
81379	No PA		
81379	No PA		
81379	No PA		
81380	No PA		
81380	No PA		
81380	No PA		
81381	No PA		
81381	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81408	PA	Health Plan UM	
81408	PA	Health Plan UM	
81408	PA	Health Plan UM	
81408	PA	Health Plan UM	
81408	PA	Health Plan UM	
81408	PA	Health Plan UM	
81410	PA	Health Plan UM	
81410	PA	Health Plan UM	
81411	PA	Health Plan UM	
81411	PA	Health Plan UM	
81412	PA	Health Plan UM	
81413	PA	Health Plan UM	
81414	PA	Health Plan UM	
81415	PA	Health Plan UM	
81415	PA	Health Plan UM	
81415	PA	Health Plan UM	
81416	PA	Health Plan UM	
81416	PA	Health Plan UM	
81416	PA	Health Plan UM	
81417	PA	Health Plan UM	
81417	PA	Health Plan UM	
81418	PA	Health Plan UM	
81418	PA	Health Plan UM	
81419	PA	Health Plan UM	
81420	No PA		
81422	PA	Health Plan UM	
81425	PA	Health Plan UM	
81425	PA	Health Plan UM	
81425	PA	Health Plan UM	
81426	PA	Health Plan UM	
81426	PA	Health Plan UM	
81426	PA	Health Plan UM	
81427	PA	Health Plan UM	
81430	PA	Health Plan UM	
81431	PA	Health Plan UM	
81432	No PA		
81434	No PA		
81434	No PA		
81435	No PA		
81437	PA	Health Plan UM	
81439	PA	Health Plan UM	
81440	PA	Health Plan UM	
81441	PA	Health Plan UM	
81442	PA	Health Plan UM	
81442	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81479	PA	Health Plan UM	
81479	PA	Health Plan UM	
81479	PA	Health Plan UM	
81479	PA	Health Plan UM	
81479	PA	Health Plan UM	
81490	No PA		
81490	This is considered E/I and not covered.		
81493	PA	Health Plan UM	
81500	No PA		
81503	No PA		
81504	PA	Health Plan UM	
81506	PA	Health Plan UM	
81507	No PA		
81508	PA	Health Plan UM	
81509	PA	Health Plan UM	
81509	PA	Health Plan UM	
81510	PA	Health Plan UM	
81510	PA	Health Plan UM	
81511	PA	Health Plan UM	
81512	PA	Health Plan UM	
81512	PA	Health Plan UM	
81514	PA	Health Plan UM	
81515	No PA		
81517	PA	Health Plan UM	
81517	PA	Health Plan UM	
81518	No PA		
81519	No PA		
81520	No PA		
81521	No PA		
81522	PA	Health Plan UM	
81523	No PA		
81525	This is considered E/I and not covered.		
81528	No PA		
81529	PA	Health Plan UM	
81535	This is considered E/I and not covered.		
81536	This is considered E/I and not covered.		
81538	This is considered E/I and not covered.		
81539	PA	Health Plan UM	
81540	PA	Health Plan UM	
81541	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
81542	PA	Health Plan UM	
81546	PA	Health Plan UM	
81551	PA	Health Plan UM	
81552	PA	Health Plan UM	
81554	PA	Health Plan UM	
81558	PA	Health Plan UM	
81560	PA	Health Plan UM	
81595	No PA		
81595	No PA		
81596	No PA		
81596	No PA		
81596	No PA		
81599	No PA		
81599	PA	Health Plan UM	
81599	PA	Health Plan UM	
81599	PA	Health Plan UM	
81599	PA	Health Plan UM	
81599	PA	Health Plan UM	
82108	No PA		
82131	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82136	No PA		
82139	No PA		
82139	No PA		
82150	No PA		
82166	No PA		
82180	No PA		
82233	No PA		
82234	No PA		
82239	No PA		
82274	No PA		
82300	No PA		
82300	No PA		
82300	No PA		
82306	No PA		
82306	No PA		
82310	No PA		
82340	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82379	No PA		
82384	No PA		
82397	No PA		This code is considered E/I if it is determined that services were done by a dentist/oral surgeon for the purpose of an oral lesion examination using ViziLite or ViziLite Plus.
82397	No PA		
82436	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82495	No PA		
82507	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
82507	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82523	No PA		
82525	No PA		
82525	No PA		
82530	No PA		
82542	No PA		
82542	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
82570	No PA		
82570	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82607	No PA		
82607	No PA		
82615	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
82626	No PA		
82652	No PA		
82652	No PA		
82656	No PA		
82656	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
82670	No PA		
82670	No PA		
82677	No PA		
82679	No PA		
82681	No PA		
82710	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
82715	No PA		
82715	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
82725	No PA		
82725	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
82726	No PA		
82726	No PA		
82728	No PA		
82746	No PA		
82746	No PA		
82784	No PA		
82978	No PA		
82978	No PA		
83001	No PA		
83002	No PA		
83015	No PA		
83015	No PA		
83036	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
83037	Non-covered		
83037	No PA		
83088	No PA		
83090	No PA		
83150	No PA		
83150	No PA		
83497	No PA		
83497	No PA		
83498	No PA		
83516	No PA		
83519	No PA		
83520	No PA		
83520	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
83520	No PA		
83525	No PA		
83540	No PA		
83550	No PA		
83605	No PA		
83605	No PA		
83630	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
83655	No PA		
83655	No PA		
83655	No PA		
83690	No PA		
83735	No PA		
83735	No PA		
83785	No PA		
83785	No PA		
83785	No PA		
83825	No PA		
83835	No PA		
83883	No PA		
83884	No PA		
83921	No PA		
83921	No PA		
83937	No PA		
83945	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
83986	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel. This code is considered E/I when billed for fecal analysis of Dysbiosis (this is a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
83993	No PA		
83993	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
84075	No PA		
84080	No PA		
84105	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84132	No PA		
84132	No PA		This code is considered E/I when billed for the NutrEval® FMV and NutrEval® Plasma lab panel testing from Genova Diagnostics.
84144	No PA		
84144	No PA		
84146	No PA		
84152	No PA		
84153	No PA		
84153	No PA		
84154	No PA		
84154	No PA		
84207	No PA		
84210	No PA		
84210	No PA		This code is considered E/I when billed for the NutrEval® FMV and NutrEval® Plasma lab panel testing from Genova Diagnostics.
84252	No PA		
84255	No PA		
84260	No PA		
84300	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84311	No PA		
84311	No PA		This code is considered E/I when billed for the NutrEval® FMV and NutrEval® Plasma lab panel testing from Genova Diagnostics. This code is considered E/I when billed for fecal analysis of Dysbiosis (this is a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
84392	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84393	No PA		
84394	No PA		
84402	No PA		
84402	No PA		
84403	No PA		
84410	No PA		
84425	No PA		
84436	No PA		
84439	No PA		
84443	No PA		
84446	No PA		
84450	No PA		
84460	No PA		
84466	No PA		
84479	No PA		
84480	No PA		
84481	No PA		
84482	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
84540	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84545	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84560	No PA		This code is considered E/I when billed for a Kidney Stone Risk Panel.
84585	No PA		
84585	No PA		This code is considered E/I when billed for the NutrEval® FMV and NutrEval® Plasma lab panel testing from Genova Diagnostics.
84590	No PA		
84591	No PA		
84597	No PA		
84630	No PA		
84630	No PA		This code is considered E/I when billed for the NutrEval® FMV and NutrEval® Plasma lab panel testing from Genova Diagnostics.
84999	No PA		
85049	No PA		
86001	No PA		
86140	No PA		
86153	No PA		
86161	No PA		
86255	No PA		
86255	No PA		
86256	No PA		
86304	No PA		
86316	No PA		
86328	No PA		
86353	No PA		
86356	No PA		
86357	No PA		
86408	No PA		
86409	No PA		
86413	No PA		
86671	No PA		
86769	No PA		
86849	No PA		
87045	No PA		
87046	No PA		
87075	No PA		
87102	No PA		
87102	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
87177	No PA		
87209	No PA		
87328	No PA		
87328	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
87329	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
87329	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
87336	No PA		
87336	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
87426	No PA		
87428	No PA		
87449	No PA		
87507	No PA		
87631	No PA		
87632	Non-covered		
87633	Non-covered		
87635	No PA		
87636	No PA		
87637	No PA		
87798	No PA		
87811	No PA		
88120	No PA		
88121	No PA		
88141	No PA		
88142	No PA		
88164	No PA		
88235	No PA		
88237	No PA		
88261	No PA		
88262	No PA		
88263	No PA		
88264	No PA		
88267	No PA		
88269	No PA		
88271	No PA		
88271	No PA		
88271	No PA		
88273	No PA		
88274	No PA		
88274	No PA		
88275	No PA		
88275	No PA		
88280	No PA		
88291	No PA		
88291	No PA		
88291	No PA		
88299	PA	Health Plan UM	
88341	No PA		
88342	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
88346	No PA		
88350	No PA		
88360	No PA		
88361	No PA		
88366	No PA		
88374	No PA		
88377	No PA		
89160	No PA		This code is considered E/I when billed for fecal analysis of Dysbiosis (a lab panel test, e.g., GI Effects Comprehensive Profile from Genova).
89258	Non-covered		
89259	Non-covered		
89335	Non-covered		
89337	Non-covered		
89342	Non-covered		
89343	Non-covered		
89344	Non-covered		
89346	Non-covered		
89354	Non-covered		
89398	Non-covered		
90480	No PA		
90785	No PA		
90791	N/A		
90791	No PA		
90792	No PA		
90832	N/A		
90832	No PA		
90833	No PA		
90834	N/A		
90834	No PA		
90836	No PA		
90837	N/A		
90837	No PA		
90838	No PA		
90846	No PA		
90847	No PA		
90849	No PA		
90853	N/A		
90870	No PA		
90880	No PA		
90899	N/A		
90899	No PA		
90899	No PA		
90899	No PA		
90901	PA	Health Plan UM	PA is not required with the following diagnosis: Mixed, stress or urinary urgency incontinence N39.46, N39.3, N39.41

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
90912	PA*	Health Plan UM	PA is not required with the following diagnosis: Mixed, stress or urinary urgency incontinence N39.46, N39.3, N39.41
90913	PA*	Health Plan UM	PA is not required with the following diagnosis: Mixed, stress or urinary urgency incontinence N39.46, N39.3, N39.41
91065	No PA		
91299	No PA		This code is considered E/I when billed for a patency capsule (eg, Agile Patency Capsule, PillCam Patency Capsule).
91304	No PA		
91318	No PA		
91319	No PA		
91320	No PA		
91321	No PA		
91322	No PA		
92071	No PA		
92072	No PA		
92310	Non-covered		
92311	No PA		
92312	No PA		
92313	Non-covered		
92314	Non-covered		
92315	No PA		
92316	No PA		
92317	Non-covered		
92325	Non-covered		
92326	Non-covered		
92499	No PA		This code is considered E/I when billed for intense pulsed light (IPL) therapy as a treatment for dry eyes (meibomian gland dysfunction).
92507	Non-covered		
92507	N/A		
92517	No PA		
92518	No PA		
92519	No PA		
92601	No PA		
92602	No PA		
92603	No PA		
92604	No PA		
92700	No PA		This code is considered E/I when billed for the Video Head Impulse system (vHIT - ICS Impulse).
92972	Non-covered		
93264	No PA		
93350	PA	EviCore	
93351	PA	EviCore	
93451	PA	EviCore	
93452	PA	EviCore	
93453	PA	EviCore	
93454	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
93455	PA	EviCore	
93456	PA	EviCore	
93457	PA	EviCore	
93458	PA	EviCore	
93459	PA	EviCore	
93460	PA	EviCore	
93461	PA	EviCore	
93593	PA	EviCore	
93594	PA	EviCore	
93595	PA	EviCore	
93596	PA	EviCore	
93597	PA	EviCore	
93656	No PA		
93668	No PA		
93702	Non-covered		
93740	Non-covered		
95873	No PA		
95874	No PA		
95999	No PA		This code is considered E/I when billed for the BrainScope One System (Ahead 300).
96002	No PA		
96004	No PA		
96112	No PA		
96113	No PA		
96116	No PA		
96121	No PA		
96130	No PA		
96131	No PA		
96132	No PA		
96133	No PA		
96136	No PA		
96137	No PA		
96138	No PA		
96139	No PA		
96146	No PA		
96446	No PA		This code is considered E/I when billed for Pressurized Intraperitoneal Aerosol Chemotherapy of Peritoneal Carcinomatosis (PIPAC).
96900	No PA		
96902	Non-covered		
96910	No PA		
96912	No PA		
96913	No PA		
96920	No PA		
96921	No PA		
96922	No PA		
96999	No PA		This code is considered E/I when billed for laser treatment of Onychomycosis.

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
96999	No PA		
97028	No PA		
97033	PA*	EviCore	*PA would be required if services are being performed by a PT, OT or ST.
97039	No PA		
97112	PA*	EviCore	*PA would be required if services are being performed by a PT, OT or ST.
97139	No PA		
97139	PA*	EviCore	*PA would be required if services are being performed by a PT, OT or ST.
97139	N/A		
97799	N/A		
97810	No PA		
97811	No PA		
97813	No PA		
97814	No PA		
98000	No PA		
98001	No PA		
98002	No PA		
98003	No PA		
98004	No PA		
98005	No PA		
98006	No PA		
98007	No PA		
98008	No PA		
98009	No PA		
98010	No PA		
98011	No PA		
98012	No PA		
98013	No PA		
98014	No PA		
98015	No PA		
98016	No PA		
98940	No PA		
98941	No PA		
98942	No PA		
98943	No PA		
98966	No PA		
98967	No PA		
98968	No PA		
98970	Non-covered		
98971	Non-covered		
98972	Non-covered		
98975	No PA		
98976	No PA		
98977	No PA		
98978	No PA		
98980	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
98981	No PA		
99070	No PA		This code is considered E/I when billed for the SITZMARKS capsule test (a diagnostic test indicated for aiding in the evaluation of colonic motility in patients with severe constipation).
99072	No PA		
99082	N/A		
99183	No PA		
99199	No PA		This code is considered E/I when specified as a mobile-based health management software application.
99421	No PA		
99422	No PA		
99423	No PA		
99446	No PA		
99447	No PA		
99448	No PA		
99449	No PA		
99451	No PA		
99452	No PA		
99483	N/A		
99484	N/A		
99504	Non-covered		
99509	N/A		
99600	N/A		
	No PA		
	PA	Health Plan UM	
K0856	PA	Health Plan UM	
0001U	PA	Health Plan UM	
0001U	PA	Health Plan UM	
0002M	No PA		
0002U	No PA		
0003M	This is considered E/I and not covered.		
0003U	No PA		
0004M	PA	Health Plan UM	
0005U	PA	Health Plan UM	
0006M	PA	Health Plan UM	
0007M	PA	Health Plan UM	
0007U	No PA		
0007U	No PA		
0008U	Non-covered		
0009U	No PA		
0011M	PA	Health Plan UM	
0012M	No PA		
0013M	No PA		
0015M	PA	Health Plan UM	
0016M	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0016M	No PA		
0016U	PA	Health Plan UM	
0017M	PA	Health Plan UM	
0017U	PA	Health Plan UM	
0018U	PA	Health Plan UM	
0019U	PA	Health Plan UM	
0021U	No PA		
0021U	No PA		
0022U	PA	Health Plan UM	
0023U	PA	Health Plan UM	
0023U	PA	Health Plan UM	
0026U	PA	Health Plan UM	
0027U	PA	Health Plan UM	
0029U	This is considered E/I and not covered.		
0030U	PA	Health Plan UM	
0031U	This is considered E/I and not covered.		
0032U	This is considered E/I and not covered.		
0034U	No PA		
0035U	PA	Health Plan UM	
0036U	This is considered E/I and not covered.		
0036U	This is considered E/I and not covered.		
0037U	PA	Health Plan UM	
0040U	PA	Health Plan UM	
0042T	PA required starting 2/1/26	EviCore	
0045U	This is considered E/I and not covered.		
0046U	PA	Health Plan UM	
0047U	PA	Health Plan UM	
0048U	PA	Health Plan UM	
0049U	PA	Health Plan UM	
0049U	PA	Health Plan UM	
0050U	PA	Health Plan UM	
0054T	Non-covered		
0054T	Non-covered		
0054T	Non-covered		
0054T	Non-covered		
0055T	Non-covered		
0055T	Non-covered		
0055T	Non-covered		
0055T	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0055U	PA	Health Plan UM	
0055U	PA	Health Plan UM	
0058U	PA	Health Plan UM	
0059U	PA	Health Plan UM	
0060U	This is considered E/I and not covered.		
0060U	This is considered E/I and not covered.		
0062U	PA	Health Plan UM	
0063U	PA	Health Plan UM	
0067U	This is considered E/I and not covered.		
0069U	This is considered E/I and not covered.		
0070U	PA	Health Plan UM	
0071T	Non-covered		
0071U	PA	Health Plan UM	
0072T	Non-covered		
0072U	PA	Health Plan UM	
0073U	PA	Health Plan UM	
0074U	PA	Health Plan UM	
0075T	Non-covered		
0075U	PA	Health Plan UM	
0076T	Non-covered		
0076U	PA	Health Plan UM	
0079U	This is considered E/I and not covered.		
0080U	PA	Health Plan UM	
0083U	No PA		
0084U	PA	Health Plan UM	
0087U	No PA		
0087U	No PA		
0087U	No PA		
0088U	No PA		
0088U	PA	Health Plan UM	
0089U	PA	Health Plan UM	
0090U	PA	Health Plan UM	
0091U	Non-covered		
0092U	No PA		
0094U	PA	Health Plan UM	
0094U	This is considered E/I and not covered.		
0095T	PA	EviCore	
0095T	PA	EviCore	
0095U	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0096U	Non-covered		
0098T	PA	EviCore	
0098T	PA	EviCore	
0101T	Non-covered		
0101U	PA	Health Plan UM	
0102T	Non-covered		
0102U	No PA		
0103U	No PA		
0105U	PA	Health Plan UM	
0108U	No PA		
0108U	No PA		
0111U	PA	Health Plan UM	
0112U	No PA		
0113U	PA	Health Plan UM	
0114U	No PA		
0114U	No PA		
0115U	Non-covered		
0118U	No PA		
0118U	PA	Health Plan UM	
0119U	Non-covered		
0120U	This is considered E/I and not covered.		
0129U	No PA		
0130U	This is considered E/I and not covered.		
0131U	This is considered E/I and not covered.		
0131U	This is considered E/I and not covered.		
0132U	This is considered E/I and not covered.		
0132U	This is considered E/I and not covered.		
0133U	This is considered E/I and not covered.		
0134U	This is considered E/I and not covered.		
0135U	This is considered E/I and not covered.		
0135U	This is considered E/I and not covered.		
0136U	This is considered E/I and not covered.		
0137U	This is considered E/I and not covered.		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0138U	This is considered E/I and not covered.		
0152U	No PA		
0153U	This is considered E/I and not covered.		
0153U	This is considered E/I and not covered.		
0154U	PA	Health Plan UM	
0155U	No PA		
0156U	This is considered E/I and not covered.		
0157U	This is considered E/I and not covered.		
0157U	This is considered E/I and not covered.		
0158U	This is considered E/I and not covered.		
0159U	This is considered E/I and not covered.		
0160U	This is considered E/I and not covered.		
0161U	This is considered E/I and not covered.		
0162U	This is considered E/I and not covered.		
0163U	No PA		
0164T	PA	EviCore	
0164T	PA	EviCore	
0165T	PA	EviCore	
0165T	PA	EviCore	
0166U	No PA		
0166U	No PA		
0169U	PA	Health Plan UM	
0170U	PA	Health Plan UM	
0171U	PA	Health Plan UM	
0172U	PA	Health Plan UM	
0173U	This is considered E/I and not covered.		
0173U	This is considered E/I and not covered.		
0174U	No PA		
0175U	This is considered E/I and not covered.		
0175U	This is considered E/I and not covered.		
0177U	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0177U	No PA		
0179U	PA	Health Plan UM	
0180U	PA	Health Plan UM	
0180U	PA	Health Plan UM	
0181U	PA	Health Plan UM	
0182U	PA	Health Plan UM	
0183U	PA	Health Plan UM	
0184U	PA	Health Plan UM	
0185U	PA	Health Plan UM	
0186U	PA	Health Plan UM	
0187U	PA	Health Plan UM	
0188U	PA	Health Plan UM	
0189U	PA	Health Plan UM	
0190U	PA	Health Plan UM	
0191U	PA	Health Plan UM	
0192U	PA	Health Plan UM	
0193U	PA	Health Plan UM	
0194U	PA	Health Plan UM	
0195U	PA	Health Plan UM	
0196U	PA	Health Plan UM	
0197U	PA	Health Plan UM	
0198U	PA	Health Plan UM	
0199U	PA	Health Plan UM	
0200T	Non-covered		
0200T	Non-covered		
0200U	This is considered E/I and not covered.		
0201T	Non-covered		
0201T	Non-covered		
0201U	PA	Health Plan UM	
0202U	Non-covered		
0203U	This is considered E/I and not covered.		
0203U	This is considered E/I and not covered.		
0204U	PA	Health Plan UM	
0205U	This is considered E/I and not covered.		
0205U	This is considered E/I and not covered.		
0206U	PA	Health Plan UM	
0207T	Non-covered		
0209U	PA	Health Plan UM	
0211U	PA	Health Plan UM	
0212U	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0213T	PA	EviCore	
0213U	PA	Health Plan UM	
0214T	PA	EviCore	
0214U	PA	Health Plan UM	
0215T	PA	EviCore	
0215U	PA	Health Plan UM	
0216T	PA	EviCore	
0216U	PA	Health Plan UM	
0217T	PA	EviCore	
0217U	PA	Health Plan UM	
0218T	PA	EviCore	
0218U	PA	Health Plan UM	
0218U	PA	Health Plan UM	
0219U	Non-covered		
0220U	No PA		
0221U	PA	Health Plan UM	
0221U	PA	Health Plan UM	
0222U	PA	Health Plan UM	
0223U	Non-covered		
0224U	No PA		
0225U	Non-covered		
0226U	No PA		
0227U	PA	Health Plan UM	
0228U	No PA		
0228U	No PA		
0229U	This is considered E/I and not covered.		
0229U	This is considered E/I and not covered.		
0230U	PA	Health Plan UM	
0231U	PA	Health Plan UM	
0232T	Non-covered		
0232T	Non-covered		
0232U	PA	Health Plan UM	
0233U	PA	Health Plan UM	
0233U	PA	Health Plan UM	
0234U	PA	Health Plan UM	
0234U	PA	Health Plan UM	
0235U	PA	Health Plan UM	
0236U	No PA		
0236U	No PA		
0237U	PA	Health Plan UM	
0237U	PA	Health Plan UM	
0238U	PA	Health Plan UM	
0238U	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0239U	No PA		
0242U	PA	Health Plan UM	
0244U	PA	Health Plan UM	
0245U	PA	Health Plan UM	
0246U	PA	Health Plan UM	
0248U	PA	Health Plan UM	
0249U	No PA		
0250U	PA	Health Plan UM	
0250U	PA	Health Plan UM	
0252U	PA	Health Plan UM	
0253U	PA	Health Plan UM	
0254U	PA	Health Plan UM	
0255U	PA	Health Plan UM	
0256U	PA	Health Plan UM	
0257U	PA	Health Plan UM	
0258U	PA	Health Plan UM	
0260U	PA	Health Plan UM	
0261U	No PA		
0261U	No PA		
0262U	PA	Health Plan UM	
0263U	PA	Health Plan UM	
0264U	PA	Health Plan UM	
0265U	PA	Health Plan UM	
0266T	Non-covered		
0266U	PA	Health Plan UM	
0267T	Non-covered		
0267U	PA	Health Plan UM	
0268T	Non-covered		
0268U	PA	Health Plan UM	
0269T	Non-covered		
0269U	PA	Health Plan UM	
0270T	Non-covered		
0270U	PA	Health Plan UM	
0271T	Non-covered		
0271U	PA	Health Plan UM	
0272T	Non-covered		
0272U	PA	Health Plan UM	
0273T	Non-covered		
0273U	PA	Health Plan UM	
0274T	PA	EviCore	
0274T	PA	EviCore	
0274U	PA	Health Plan UM	
0275T	No PA		
0275T	No PA		
0276U	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0277U	PA	Health Plan UM	
0278T	Non-covered		
0278U	PA	Health Plan UM	
0279U	No PA		
0280U	No PA		
0281U	No PA		
0282U	No PA		
0283U	No PA		
0284U	No PA		
0285U	PA	Health Plan UM	
0286U	No PA		
0286U	No PA		
0287U	PA	Health Plan UM	
0287U	PA	Health Plan UM	
0288U	No PA		
0288U	No PA		
0289U	PA	Health Plan UM	
0290U	PA	Health Plan UM	
0291U	PA	Health Plan UM	
0292U	PA	Health Plan UM	
0293U	PA	Health Plan UM	
0294U	PA	Health Plan UM	
0295U	No PA		
0296U	PA	Health Plan UM	
0297U	No PA		
0297U	No PA		
0298U	PA	Health Plan UM	
0299U	PA	Health Plan UM	
0300U	PA	Health Plan UM	
0306U	No PA		
0306U	No PA		
0307U	No PA		
0307U	No PA		
0312U	No PA		
0313U	No PA		
0314U	PA	Health Plan UM	
0314U	PA	Health Plan UM	
0315U	PA	Health Plan UM	
0317U	No PA		
0317U	No PA		
0318U	PA	Health Plan UM	
0319U	PA	Health Plan UM	
0320U	PA	Health Plan UM	
0326U	PA	Health Plan UM	
0327U	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0328U	PA	Health Plan UM	
0329U	PA	Health Plan UM	
0331T	PA	EviCore	
0331U	PA	Health Plan UM	
0332T	PA	EviCore	
0332U	PA	Health Plan UM	
0333U	PA	Health Plan UM	
0334U	PA	Health Plan UM	
0335U	This is considered E/I and not covered.		
0335U	This is considered E/I and not covered.		
0336U	This is considered E/I and not covered.		
0337U	No PA		
0337U	No PA		
0338T	Non-covered		
0338U	No PA		
0338U	No PA		
0339T	Non-covered		
0339U	PA	Health Plan UM	
0340U	PA	Health Plan UM	
0340U	PA	Health Plan UM	
0341U	PA	Health Plan UM	
0342U	PA	Health Plan UM	
0343U	This is considered E/I and not covered.		
0343U	This is considered E/I and not covered.		
0345U	This is considered E/I and not covered.		
0347U	This is considered E/I and not covered.		
0348U	This is considered E/I and not covered.		
0349U	This is considered E/I and not covered.		
0350U	This is considered E/I and not covered.		
0355U	PA	Health Plan UM	
0355U	PA	Health Plan UM	
0356U	PA	Health Plan UM	
0356U	PA	Health Plan UM	
0358T	Non-covered		
0359U	No PA		
0360U	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0360U	No PA		
0361U	Non-covered		
0362U	PA	Health Plan UM	
0363U	This is considered E/I and not covered.		
0364U	PA	Health Plan UM	
0365U	No PA		
0366U	No PA		
0367U	No PA		
0368U	This is considered E/I and not covered.		
0375U	No PA		
0376U	PA	Health Plan UM	
0376U	PA	Health Plan UM	
0376U	PA	Health Plan UM	
0378U	PA	Health Plan UM	
0379U	PA	Health Plan UM	
0385U	PA	Health Plan UM	
0387U	No PA		
0388U	PA	Health Plan UM	
0389U	PA	Health Plan UM	
0391U	PA	Health Plan UM	
0391U	PA	Health Plan UM	
0392U	This is considered E/I and not covered.		
0395T	PA	Eviti	
0395U	No PA		
0398U	This is considered E/I and not covered.		
0400U	PA	Health Plan UM	
0401U	PA	Health Plan UM	
0403U	No PA		
0406U	No PA		
0408T	Non-covered		
0409T	Non-covered		
0409U	PA	Health Plan UM	
0410T	Non-covered		
0411T	Non-covered		
0411U	No PA		
0412T	Non-covered		
0413T	Non-covered		
0414T	Non-covered		
0414U	No PA		
0415T	Non-covered		
0416T	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0417T	Non-covered		
0417U	PA	Health Plan UM	
0418T	Non-covered		
0419U	No PA		
0420U	No PA		
0421T	No PA		
0421U	PA	Health Plan UM	
0422U	PA	Health Plan UM	
0423U	No PA		
0424U	No PA		
0425U	PA	Health Plan UM	
0426U	PA	Health Plan UM	
0432U	Non-covered		
0433U	No PA		
0434U	No PA		
0435U	PA	Health Plan UM	
0436U	PA	Health Plan UM	
0436U	PA	Health Plan UM	
0437U	PA	Health Plan UM	
0438U	No PA		
0439U	PA	Health Plan UM	
0440U	PA	Health Plan UM	
0444U	PA	Health Plan UM	
0449U	PA	Health Plan UM	
0453U	No PA		
0459U	PA	Health Plan UM	
0460U	No PA		
0461U	No PA		
0464U	No PA		
0469U	PA	Health Plan UM	
0473U	No PA		
0474T	No PA		
0474U	PA	Health Plan UM	
0475U	PA	Health Plan UM	
0476U	PA	Health Plan UM	
0477U	PA	Health Plan UM	
0478U	No PA		
0481U	PA	Health Plan UM	
0483T	No PA		
0484T	Non-covered		
0485U	PA	Health Plan UM	
0486U	PA	Health Plan UM	
0487U	PA	Health Plan UM	
0488U	PA	Health Plan UM	
0489U	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0490U	PA	Health Plan UM	
0491U	PA	Health Plan UM	
0492U	PA	Health Plan UM	
0493U	PA	Health Plan UM	
0493U	PA	Health Plan UM	
0494U	PA	Health Plan UM	
0495U	PA	Health Plan UM	
0496U	PA	Health Plan UM	
0497U	PA	Health Plan UM	
0498U	PA	Health Plan UM	
0499U	PA	Health Plan UM	
0500U	PA	Health Plan UM	
0501U	PA	Health Plan UM	
0506U	PA	Health Plan UM	
0506U	PA	Health Plan UM	
0507U	PA	Health Plan UM	
0511U	PA	Health Plan UM	
0512T	Non-covered		
0512U	PA	Health Plan UM	
0513T	Non-covered		
0513U	PA	Health Plan UM	
0516U	PA	Health Plan UM	
0521U	No PA		
0522U	No PA		
0523T	Non-covered		
0523U	PA	Health Plan UM	
0524T	Non-covered		
0525U	No PA		
0526U	No PA		
0529U	No PA		
0530U	PA	Health Plan UM	
0531U	PA	Health Plan UM	
0532U	PA	Health Plan UM	
0533U	PA	Health Plan UM	
0534U	PA	Health Plan UM	
0535U	No PA		
0536U	No PA		
0537U	PA	Health Plan UM	
0538U	PA	Health Plan UM	
0539U	PA	Health Plan UM	
0540U	PA	Health Plan UM	
0541U	No PA		
0542U	No PA		
0543U	PA	Health Plan UM	
0545U	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0546U	No PA		
0547U	No PA		
0548U	No PA		
0549U	PA	Health Plan UM	
0551U	No PA		
0552T	No PA		
0554T	No PA		
0555T	No PA		
0556T	No PA		
0557T	No PA		
0558T	No PA		
0558U	PA	Health Plan UM	
0559T	Non-covered		
0559U	No PA		
0560T	Non-covered		
0560U	PA	Health Plan UM	
0561T	Non-covered		
0561U	PA	Health Plan UM	
0562T	Non-covered		
0562U	PA	Health Plan UM	
0563T	Non-covered		
0565U	PA	Health Plan UM	
0566U	PA	Health Plan UM	
0567U	PA	Health Plan UM	
0567U	PA	Health Plan UM	
0568U	PA	Health Plan UM	
0569U	PA	Health Plan UM	
0570U	PA	Health Plan UM	
0571U	PA	Health Plan UM	
0572U	PA	Health Plan UM	
0573U	PA	Health Plan UM	
0574U	PA	Health Plan UM	
0575U	No PA		
0576U	No PA		
0577U	No PA		
0578U	PA	Health Plan UM	
0579U	No PA		
0581T	Non-covered		
0581U	No PA		
0582T	No PA		
0582U	PA	Health Plan UM	
0583U	PA	Health Plan UM	
0584U	No PA		
0585U	PA	Health Plan UM	
0586U	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0587U	No PA		
0588U	No PA		
0589U	No PA		
0591U	PA	Health Plan UM	
0592U	PA	Health Plan UM	
0594U	No PA		
0595U	No PA		
0596U	No PA		
0597U	No PA		
0598U	No PA		
0599U	No PA		
0609T	PA	EviCore	
0610T	PA	EviCore	
0611T	PA	EviCore	
0612T	PA	EviCore	
0615T	Non-covered		
0620T	No PA		
0623T	PA	EviCore	
0624T	PA	EviCore	
0625T	PA	EviCore	
0626T	PA	EviCore	
0627T	PA	EviCore	
0628T	PA	EviCore	
0629T	PA	EviCore	
0630T	PA	EviCore	
0633T	PA	EviCore	
0634T	PA	EviCore	
0635T	PA	EviCore	
0636T	PA	EviCore	
0637T	PA	EviCore	
0638T	PA	EviCore	
0644T	Non-covered		
0648T	PA	EviCore	
0649T	PA	EviCore	
0673T	Non-covered		
0691T	Non-covered		
0693T	Non-covered		
0697T	PA	EviCore	
0698T	PA	EviCore	
0707T	Non-covered		
0707T	Non-covered		
0710T	PA	EviCore	
0711T	PA	EviCore	
0712T	PA	EviCore	
0713T	PA	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0720T	No PA		
0731T	No PA		
0740T	No PA		
0741T	No PA		
0742T	PA	EviCore	
0743T	Non-covered		
0745T	Non-covered		
0746T	Non-covered		
0747T	Non-covered		
0764T	No PA		
0765T	No PA		
0770T	No PA		
0770T	No PA		
0771T	No PA		
0771T	No PA		
0772T	No PA		
0772T	No PA		
0773T	No PA		
0773T	No PA		
0774T	No PA		
0774T	No PA		
0784T	PA	EviCore	
0785T	PA	EviCore	
0795T	Non-covered		
0796T	Non-covered		
0797T	Non-covered		
0798T	Non-covered		
0799T	Non-covered		
0800T	Non-covered		
0801T	Non-covered		
0802T	Non-covered		
0803T	Non-covered		
0804T	Non-covered		
0823T	Non-covered		
0824T	Non-covered		
0825T	Non-covered		
0826T	Non-covered		
0865T	PA	EviCore	
0866T	PA	EviCore	
0915T	Non-covered		
0916T	Non-covered		
0917T	Non-covered		
0918T	Non-covered		
0919T	Non-covered		
0920T	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
0921T	Non-covered		
0922T	Non-covered		
0923T	Non-covered		
0924T	Non-covered		
0925T	Non-covered		
0926T	Non-covered		
0927T	Non-covered		
0928T	Non-covered		
0929T	Non-covered		
0930T	Non-covered		
0931T	Non-covered		
0948T	Non-covered		
0949T	Non-covered		
0950T	Non-covered		
1127F	Non-covered		
A0021	Non-covered		
A0225	No PA		
A0380	No PA		
A0382	Non-covered		
A0384	Non-covered		
A0390	No PA		
A0392	Non-covered		
A0394	Non-covered		
A0396	Non-covered		
A0398	Non-covered		
A0420	Non-covered		
A0422	Non-covered		
A0424	Non-covered		
A0425	No PA		
A0426	PA	Health Plan UM	
A0427	No PA		
A0428	PA	Health Plan UM	
A0429	No PA		
A0430	PA	Health Plan UM	
A0431	PA	Health Plan UM	
A0432	No PA		
A0433	No PA		
A0434	No PA		
A0435	PA	Health Plan UM	*PA required for non-emergent only
A0436	PA	Health Plan UM	
A0998	No PA		
A0999	PA	Health Plan UM	
A2001	No PA		
A2002	No PA		
A2004	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
A2005	No PA		
A2006	No PA		
A2007	No PA		
A2008	No PA		
A2009	No PA		
A2010	No PA		
A2011	No PA		
A2012	No PA		
A2013	No PA		
A2014	No PA		
A2015	No PA		
A2016	No PA		
A2017	No PA		
A2018	No PA		
A2019	No PA		
A2020	No PA		
A2021	No PA		
A2022	No PA		
A2023	No PA		
A2024	No PA		
A2025	No PA		
A2026	No PA		
A2027	No PA		
A2028	No PA		
A2029	No PA		
A2030	No PA		
A2031	No PA		
A2032	No PA		
A2033	No PA		
A2034	No PA		
A2035	No PA		
A2036	No PA		
A2037	No PA		
A2038	No PA		
A2039	No PA		
A4100	No PA		
A4540	Non-covered		
A4555	No PA		
A4596	Non-covered		
A4638	Non-covered		
A4649	No PA		This code is not separately payable.
A7025	PA	Health Plan UM	
A9286	N/A		
A9291	Non-covered		
A9292	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
A9293	Non-covered		
A9513	PA	Eviti	
A9543	PA	Eviti	
A9590	PA	Eviti	
A9603	No PA		This code is not separately payable.
A9604	PA	Eviti	
A9606	PA	Eviti	
A9607	PA	Eviti	
A9698	No PA		This code is considered E/I when billed for the SITZMARKS capsule test (a diagnostic test indicated for aiding in the evaluation of colonic motility in patients with severe constipation).
B4105	Non-covered		
C1601	No PA		
C1713	Non-covered		
C1726	No PA		This code is not separately payable.
C1733	No PA		This code is not separately payable.
C1734	Non-covered		
C1747	No PA		
C1748	No PA		This code is not separately payable.
C1749	No PA		This code is not separately payable.
C1761	No PA		
C1762	No PA		This code is not separately payable.
C1762	Non-covered		
C1763	Non-covered		
C1763	No PA		This code is not separately payable.
C1766	No PA		This code is not separately payable.
C1767	Non-covered		
C1767	PA	Health Plan UM	
C1778	Non-covered		
C1781	Non-covered		
C1781	No PA		This code is not separately payable.
C1787	Non-covered		
C1789	Non-covered		
C1789	Non-covered		
C1813	No PA		
C1815	Non-covered		
C1816	PA	Health Plan UM	
C1820	PA	Health Plan UM	
C1822	PA	Health Plan UM	
C1824	No PA		This code is not separately payable.
C1825	No PA		This code is not separately payable.
C1832	No PA		This code is not separately payable.
C1839	Non-covered		
C1874	No PA		This code is not separately payable.
C1874	Non-covered		
C1875	No PA		This code is not separately payable.

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
C1875	Non-covered		
C1876	Non-covered		
C1877	Non-covered		
C1883	PA	Health Plan UM	
C1889	No PA		This code is not separately payable.
C2596	No PA		This code is not separately payable.
C2617	Non-covered		
C2622	No PA		
C2623	No PA		This code is not separately payable.
C2624	No PA		
C2625	Non-covered		
C2644	PA	Eviti	
C5271	No PA		
C5272	No PA		
C5273	No PA		
C5274	No PA		
C5275	No PA		
C5276	No PA		
C5277	No PA		
C5278	No PA		
C8900	PA required starting 2/1/26	EviCore	
C8901	PA required starting 2/1/26	EviCore	
C8902	PA required starting 2/1/26	EviCore	
C8903	PA required starting 2/1/26	EviCore	
C8905	PA required starting 2/1/26	EviCore	
C8906	PA required starting 2/1/26	EviCore	
C8908	PA required starting 2/1/26	EviCore	
C8909	PA required starting 2/1/26	EviCore	
C8910	PA required starting 2/1/26	EviCore	
C8911	PA required starting 2/1/26	EviCore	
C8912	PA required starting 2/1/26	EviCore	
C8913	PA required starting 2/1/26	EviCore	
C8914	PA required starting 2/1/26	EviCore	
C8918	PA required starting 2/1/26	EviCore	
C8919	PA required starting 2/1/26	EviCore	
C8920	PA required starting 2/1/26	EviCore	
C8931	PA required starting 2/1/26	EviCore	
C8932	PA required starting 2/1/26	EviCore	
C8933	PA required starting 2/1/26	EviCore	
C8934	PA required starting 2/1/26	EviCore	
C8935	PA required starting 2/1/26	EviCore	
C8936	PA required starting 2/1/26	EviCore	
C8937	PA required starting 2/1/26	EviCore	
C9065	PA	Eviti	
C9076	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
C9080	PA	Eviti	
C9081	PA	Eviti	
C9082	PA	Eviti	
C9083	PA	Eviti	
C9084	PA	Eviti	
C9087	PA	Eviti	
C9091	PA	Eviti	
C9095	PA	Eviti	
C9098	PA	Eviti	
C9142	PA	Eviti	
C9146	PA	Eviti	
C9147	PA	Eviti	
C9148	PA	Eviti	
C9155	PA	Eviti	
C9169	PA	Eviti	
C9170	PA	Eviti	
C9174	PA	Eviti	
C9175	PA	Eviti	
C9250	No PA		
C9301	PA	Eviti	
C9302	PA	Eviti	
C9303	PA	Eviti	
C9306	PA	Eviti	
C9308	PA	Eviti	
C9352	No PA		
C9353	No PA		
C9356	Non-covered		
C9358	No PA		
C9358	No PA		
C9359	Non-covered		
C9360	No PA		
C9360*	No PA		
C9362	Non-covered		
C9363	No PA		
C9364	No PA		
C9399	No PA		This code is not separately payable.
C9399	PA	Eviti	
C9507	Non-covered		
C9733	No PA		
C9734	Non-covered		
C9757	Non-covered		
C9757	PA	EviCore	
C9762	PA	EviCore	
C9763	PA	EviCore	
C9764	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
C9772	Non-covered		
C9773	Non-covered		
C9774	Non-covered		
C9775	Non-covered		
C9776	No PA		This code is not separately payable.
C9781	Non-covered		
C9791	PA	EviCore	
C9795	PA	Eviti	
C9803	No PA		
D0431	Non-covered		
D7880	Non-covered		
D7881	Non-covered		
D9944	No PA		
D9945	Non-covered		
D9946	No PA		
E0193	PA	Health Plan UM	
E0194	PA	Health Plan UM	
E0260	PA	Health Plan UM	
E0261	PA	Health Plan UM	
E0265	PA	Health Plan UM	
E0266	PA	Health Plan UM	
E0270	Non-covered		
E0277	PA	Health Plan UM	
E0294	PA	Health Plan UM	
E0295	PA	Health Plan UM	
E0296	PA	Health Plan UM	
E0297	PA	Health Plan UM	
E0300	PA	Health Plan UM	
E0301	PA	Health Plan UM	
E0302	PA	Health Plan UM	
E0303	PA	Health Plan UM	
E0304	PA	Health Plan UM	
E0328	PA	Health Plan UM	
E0329	PA	Health Plan UM	
E0371	PA	Health Plan UM	
E0373	PA	Health Plan UM	
E0483	PA	Health Plan UM	
E0485	Non-covered		
E0486	PA	Health Plan UM	
E0604	PA	Health Plan UM	
E0635	PA	Health Plan UM	
E0638	Non-covered		
E0641	Non-covered		
E0642	Non-covered		
E0650	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
E0651	PA	Health Plan UM	
E0652	PA	Health Plan UM	
E0656	PA	Health Plan UM	
E0657	PA	Health Plan UM	
E0660	PA	Health Plan UM	
E0665	PA	Health Plan UM	
E0666	PA	Health Plan UM	
E0667	PA	Health Plan UM	
E0668	PA	Health Plan UM	
E0669	PA	Health Plan UM	
E0670	PA	Health Plan UM	
E0671	PA	Health Plan UM	
E0672	PA	Health Plan UM	
E0673	PA	Health Plan UM	
E0675	PA	Health Plan UM	
E0676	PA	Health Plan UM	
E0691	PA	Health Plan UM	
E0692	PA	Health Plan UM	
E0693	PA	Health Plan UM	
E0694	PA	Health Plan UM	
E0732	Non-covered		
E0735	Non-covered		
E0738	Non-covered		
E0739	Non-covered		
E0746	Non-covered		
E0746	Non-covered		
E0747	PA	Health Plan UM	
E0747	PA	Health Plan UM	
E0748	PA	EviCore	
E0748	PA	Health Plan UM	
E0749	PA	EviCore	
E0766	No PA		This code is considered payable for the Novocure device for treatment of glioblastoma.
E0769	PA	Health Plan UM	
E0770	PA	Health Plan UM	
E0781	PA	Health Plan UM	
E0782	PA	Health Plan UM	
E0783	PA	Health Plan UM	
E0786	PA	Health Plan UM	
E0983	PA	Health Plan UM	
E0984	PA	Health Plan UM	
E0986	PA	Health Plan UM	
E1002	PA	Health Plan UM	
E1003	PA	Health Plan UM	
E1004	PA	Health Plan UM	
E1005	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
E1006	PA	Health Plan UM	
E1007	PA	Health Plan UM	
E1008	PA	Health Plan UM	
E1009	PA	Health Plan UM	
E1010	PA	Health Plan UM	
E1012	PA	Health Plan UM	
E1018	PA	Health Plan UM	
E1035	PA	Health Plan UM	
E1036	PA	Health Plan UM	
E1220	PA	Health Plan UM	
E1230	PA	Health Plan UM	
E1239	PA	Health Plan UM	
E1399	PA	Health Plan UM	This code is considered E/I when specified as a mobile-based health management software application.
E2102	PA	Health Plan UM	
E2120	Non-covered		
E2325	PA	Health Plan UM	
E2327	PA	Health Plan UM	
E2328	PA	Health Plan UM	
E2329	PA	Health Plan UM	
E2330	PA	Health Plan UM	
E2331	PA	Health Plan UM	
E2343	PA	Health Plan UM	
E2351	PA	Health Plan UM	
E2504	PA	Health Plan UM	
E2506	PA	Health Plan UM	
E2508	PA	Health Plan UM	
E2510	PA	Health Plan UM	
E2599	PA	Health Plan UM	
E2609	PA	Health Plan UM	
E2617	PA	Health Plan UM	
G0129	N/A		
G0129	No PA		
G0151	N/A		
G0152	N/A		
G0153	N/A		
G0155	N/A		
G0156	N/A		
G0157	N/A		
G0158	N/A		
G0176	No PA		
G0176	No PA		
G0177	No PA		
G0219	PA required starting 2/1/26	EviCore	
G0235	PA required starting 2/1/26	EviCore	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
G0252	PA required starting 2/1/26	EviCore	
G0260	PA	EviCore	
G0277	No PA		
G0299	N/A		
G0300	N/A		
G0320	N/A		
G0321	N/A		
G0322	N/A		
G0323	N/A		
G0327	No PA		
G0327	No PA		
G0327	No PA		
G0341	PA	Health Plan UM	
G0342	PA	Health Plan UM	
G0343	PA	Health Plan UM	
G0410	N/A		
G0410	No PA		
G0411	N/A		
G0411	No PA		
G0460	No PA		
G0460	No PA		
G0465	No PA		
G0465	No PA		
G0480	No PA		
G0481	No PA		
G0508	No PA		
G0509	No PA		
G0555	No PA		
G2010	No PA		
G2025	No PA		
G9143	No PA		
H0004	N/A		
H0005	N/A		
H0010	N/A		
H0011	N/A		
H0012	N/A		
H0013	N/A		
H0015	N/A		
H0017	N/A		
H0018	N/A		
H0019	N/A		
H0022	N/A		
H0022	N/A		
H0030	N/A		
H0035	N/A		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
H0039	N/A		
H0051	Non-covered		
H2012	N/A		
H2012	N/A		
H2032	Non-covered		
H2035	N/A		
J0248	No PA		
J0594	PA	Eviti	
J0614	PA	Eviti	
J0870	PA	Eviti	
J0893	PA	Eviti	
J0894	PA	Eviti	
J1246	PA	Eviti	
J1323	PA	Eviti	
J1326	PA	Eviti	
J1950	PA	Eviti	
J1952	PA	Eviti	
J1954	PA	Eviti	
J3055	PA	Eviti	
J3263	PA	Eviti	
J3315	PA	Eviti	
J3490	No PA		This code is considered E/I when billed for IV Ketamine.
J3570	Non-covered		
J3590	PA	Eviti	
J7330	PA	EviCore	
J7402	Non-covered		
J8510	PA	Eviti	
J8520	PA	Eviti	
J8521	PA	Eviti	
J8522	PA	Eviti	
J8530	PA	Eviti	
J8560	PA	Eviti	
J8565	PA	Eviti	
J8600	PA	Eviti	
J8700	PA	Eviti	
J8705	PA	Eviti	
J8999	PA	Eviti	
J9000	PA	Eviti	
J9011	PA	Eviti	
J9015	PA	Eviti	
J9017	PA	Eviti	
J9019	PA	Eviti	
J9020	PA	Eviti	
J9021	PA	Eviti	
J9022	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
J9023	PA	Eviti	
J9024	PA	Eviti	
J9025	PA	Eviti	
J9026	PA	Eviti	
J9027	PA	Eviti	
J9028	PA	Eviti	
J9029	PA	Eviti	
J9030	PA	Eviti	
J9032	PA	Eviti	
J9033	PA	Eviti	
J9034	PA	Eviti	
J9035	PA	Eviti	
J9036	PA	Eviti	
J9037	PA	Eviti	
J9039	PA	Eviti	
J9040	PA	Eviti	
J9041	PA	Eviti	
J9042	PA	Eviti	
J9043	PA	Eviti	
J9044	PA	Eviti	
J9045	PA	Eviti	
J9046	PA	Eviti	
J9047	PA	Eviti	
J9048	PA	Eviti	
J9049	PA	Eviti	
J9050	PA	Eviti	
J9051	PA	Eviti	
J9054	PA	Eviti	
J9055	PA	Eviti	
J9056	PA	Eviti	
J9057	PA	Eviti	
J9058	PA	Eviti	
J9059	PA	Eviti	
J9060	PA	Eviti	
J9061	PA	Eviti	
J9063	PA	Eviti	
J9064	PA	Eviti	
J9065	PA	Eviti	
J9070	PA	Eviti	
J9071	PA	Eviti	
J9072	PA	Eviti	
J9073	PA	Eviti	
J9074	PA	Eviti	
J9075	PA	Eviti	
J9098	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
J9100	PA	Eviti	
J9118	PA	Eviti	
J9119	PA	Eviti	
J9120	PA	Eviti	
J9130	PA	Eviti	
J9144	PA	Eviti	
J9145	PA	Eviti	
J9150	PA	Eviti	
J9153	PA	Eviti	
J9155	PA	Eviti	
J9171	PA	Eviti	
J9173	PA	Eviti	
J9174	PA	Eviti	
J9176	PA	Eviti	
J9177	PA	Eviti	
J9178	PA	Eviti	
J9179	PA	Eviti	
J9181	PA	Eviti	
J9184	PA	Eviti	
J9185	PA	Eviti	
J9190	PA	Eviti	
J9196	PA	Eviti	
J9198	PA	Eviti	
J9200	PA	Eviti	
J9201	PA	Eviti	
J9202	PA	Eviti	
J9203	PA	Eviti	
J9204	PA	Eviti	
J9205	PA	Eviti	
J9206	PA	Eviti	
J9207	PA	Eviti	
J9208	PA	Eviti	
J9211	PA	Eviti	
J9214	PA	Eviti	
J9215	PA	Eviti	
J9217	PA	Eviti	
J9218	PA	Eviti	
J9223	PA	Eviti	
J9227	PA	Eviti	
J9228	PA	Eviti	
J9229	PA	Eviti	
J9230	PA	Eviti	
J9245	PA	Eviti	
J9246	PA	Eviti	
J9247	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
J9248	PA	Eviti	
J9258	PA	Eviti	
J9259	PA	Eviti	
J9261	PA	Eviti	
J9262	PA	Eviti	
J9263	PA	Eviti	
J9264	PA	Eviti	
J9266	PA	Eviti	
J9267	PA	Eviti	
J9268	PA	Eviti	
J9269	PA	Eviti	
J9271	PA	Eviti	
J9272	PA	Eviti	
J9273	PA	Eviti	
J9274	PA	Eviti	
J9275	PA	Eviti	
J9276	PA	Eviti	
J9280	PA	Eviti	
J9281	PA	Eviti	
J9282	PA	Eviti	
J9285	PA	Eviti	
J9286	PA	Eviti	
J9289	PA	Eviti	
J9292	PA	Eviti	
J9293	PA	Eviti	
J9294	PA	Eviti	
J9295	PA	Eviti	
J9296	PA	Eviti	
J9297	PA	Eviti	
J9298	PA	Eviti	
J9299	PA	Eviti	
J9301	PA	Eviti	
J9302	PA	Eviti	
J9303	PA	Eviti	
J9304	PA	Eviti	
J9305	PA	Eviti	
J9306	PA	Eviti	
J9307	PA	Eviti	
J9308	PA	Eviti	
J9309	PA	Eviti	
J9311	PA	Eviti	
J9312	PA	Eviti	
J9313	PA	Eviti	
J9314	PA	Eviti	
J9315	PA	Eviti	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
J9316	PA	Eviti	
J9317	PA	Eviti	
J9318	PA	Eviti	
J9319	PA	Eviti	
J9320	PA	Eviti	
J9321	PA	Eviti	
J9322	PA	Eviti	
J9323	PA	Eviti	
J9324	PA	Eviti	
J9325	PA	Eviti	
J9326	PA	Eviti	
J9328	PA	Eviti	
J9329	PA	Eviti	
J9330	PA	Eviti	
J9331	PA	Eviti	
J9340	PA	Eviti	
J9341	PA	Eviti	
J9342	PA	Eviti	
J9345	PA	Eviti	
J9347	PA	Eviti	
J9348	PA	Eviti	
J9349	PA	Eviti	
J9350	PA	Eviti	
J9351	PA	Eviti	
J9352	PA	Eviti	
J9353	PA	Eviti	
J9354	PA	Eviti	
J9355	PA	Eviti	
J9356	PA	Eviti	
J9357	PA	Eviti	
J9358	PA	Eviti	
J9359	PA	Eviti	
J9360	PA	Eviti	
J9370	PA	Eviti	
J9371	PA	Eviti	
J9380	PA	Eviti	
J9382	PA	Eviti	
J9390	PA	Eviti	
J9400	PA	Eviti	
J9600	PA	Eviti	
J9999	PA	Eviti	
K0008	PA	Health Plan UM	
K0009	PA	Health Plan UM	
K0010	PA	Health Plan UM	
K0011	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
K0012	PA	Health Plan UM	
K0013	PA	Health Plan UM	
K0014	PA	Health Plan UM	
K0108	PA	Health Plan UM	
K0800	PA	Health Plan UM	
K0801	PA	Health Plan UM	
K0802	PA	Health Plan UM	
K0806	PA	Health Plan UM	
K0807	PA	Health Plan UM	
K0808	PA	Health Plan UM	
K0812	PA	Health Plan UM	
K0813	PA	Health Plan UM	
K0814	PA	Health Plan UM	
K0815	PA	Health Plan UM	
K0816	PA	Health Plan UM	
K0820	PA	Health Plan UM	
K0821	PA	Health Plan UM	
K0822	PA	Health Plan UM	
K0823	PA	Health Plan UM	
K0824	PA	Health Plan UM	
K0825	PA	Health Plan UM	
K0826	PA	Health Plan UM	
K0827	PA	Health Plan UM	
K0828	PA	Health Plan UM	
K0829	PA	Health Plan UM	
K0830	PA	Health Plan UM	
K0831	PA	Health Plan UM	
K0835	PA	Health Plan UM	
K0836	PA	Health Plan UM	
K0837	PA	Health Plan UM	
K0838	PA	Health Plan UM	
K0839	PA	Health Plan UM	
K0840	PA	Health Plan UM	
K0841	PA	Health Plan UM	
K0842	PA	Health Plan UM	
K0843	PA	Health Plan UM	
K0848	PA	Health Plan UM	
K0849	PA	Health Plan UM	
K0850	PA	Health Plan UM	
K0851	PA	Health Plan UM	
K0852	PA	Health Plan UM	
K0853	PA	Health Plan UM	
K0854	PA	Health Plan UM	
K0855	PA	Health Plan UM	
K0857	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
K0858	PA	Health Plan UM	
K0859	PA	Health Plan UM	
K0860	PA	Health Plan UM	
K0861	PA	Health Plan UM	
K0862	PA	Health Plan UM	
K0863	PA	Health Plan UM	
K0864	PA	Health Plan UM	
K0868	PA	Health Plan UM	
K0869	PA	Health Plan UM	
K0870	PA	Health Plan UM	
K0871	PA	Health Plan UM	
K0877	PA	Health Plan UM	
K0878	PA	Health Plan UM	
K0879	PA	Health Plan UM	
K0880	PA	Health Plan UM	
K0884	PA	Health Plan UM	
K0885	PA	Health Plan UM	
K0886	PA	Health Plan UM	
K0890	PA	Health Plan UM	
K0891	PA	Health Plan UM	
K0898	PA	Health Plan UM	
K0900	PA	Health Plan UM	
K1007	PA	Health Plan UM	
K1030	Non-covered		
L0999	PA	Health Plan UM	
L1499	PA	Health Plan UM	
L3901	PA	Health Plan UM	
L3904	PA	Health Plan UM	
L3956	PA	Health Plan UM	
L5000	PA	Health Plan UM	
L5010	PA	Health Plan UM	
L5020	PA	Health Plan UM	
L5050	PA	Health Plan UM	
L5060	PA	Health Plan UM	
L5100	PA	Health Plan UM	
L5105	PA	Health Plan UM	
L5150	PA	Health Plan UM	
L5160	PA	Health Plan UM	
L5200	PA	Health Plan UM	
L5210	PA	Health Plan UM	
L5220	PA	Health Plan UM	
L5230	PA	Health Plan UM	
L5250	PA	Health Plan UM	
L5270	PA	Health Plan UM	
L5280	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L5301	PA	Health Plan UM	
L5312	PA	Health Plan UM	
L5321	PA	Health Plan UM	
L5331	PA	Health Plan UM	
L5341	PA	Health Plan UM	
L5500	PA	Health Plan UM	
L5505	PA	Health Plan UM	
L5520	PA	Health Plan UM	
L5530	PA	Health Plan UM	
L5535	PA	Health Plan UM	
L5540	PA	Health Plan UM	
L5560	PA	Health Plan UM	
L5570	PA	Health Plan UM	
L5580	PA	Health Plan UM	
L5585	PA	Health Plan UM	
L5590	PA	Health Plan UM	
L5595	PA	Health Plan UM	
L5600	PA	Health Plan UM	
L5610	PA	Health Plan UM	
L5611	PA	Health Plan UM	
L5613	PA	Health Plan UM	
L5614	PA	Health Plan UM	
L5616	PA	Health Plan UM	
L5617	PA	Health Plan UM	
L5618	PA	Health Plan UM	
L5620	PA	Health Plan UM	
L5622	PA	Health Plan UM	
L5624	PA	Health Plan UM	
L5626	PA	Health Plan UM	
L5628	PA	Health Plan UM	
L5629	PA	Health Plan UM	
L5630	PA	Health Plan UM	
L5631	PA	Health Plan UM	
L5632	PA	Health Plan UM	
L5634	PA	Health Plan UM	
L5636	PA	Health Plan UM	
L5637	PA	Health Plan UM	
L5638	PA	Health Plan UM	
L5639	PA	Health Plan UM	
L5640	PA	Health Plan UM	
L5642	PA	Health Plan UM	
L5643	PA	Health Plan UM	
L5644	PA	Health Plan UM	
L5645	PA	Health Plan UM	
L5646	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L5647	PA	Health Plan UM	
L5648	PA	Health Plan UM	
L5649	PA	Health Plan UM	
L5650	PA	Health Plan UM	
L5651	PA	Health Plan UM	
L5652	PA	Health Plan UM	
L5653	PA	Health Plan UM	
L5654	PA	Health Plan UM	
L5655	PA	Health Plan UM	
L5656	PA	Health Plan UM	
L5658	PA	Health Plan UM	
L5661	PA	Health Plan UM	
L5665	PA	Health Plan UM	
L5666	PA	Health Plan UM	
L5668	PA	Health Plan UM	
L5670	PA	Health Plan UM	
L5671	PA	Health Plan UM	
L5672	PA	Health Plan UM	
L5676	PA	Health Plan UM	
L5677	PA	Health Plan UM	
L5678	PA	Health Plan UM	
L5682	PA	Health Plan UM	
L5684	PA	Health Plan UM	
L5685	PA	Health Plan UM	
L5686	PA	Health Plan UM	
L5688	PA	Health Plan UM	
L5690	PA	Health Plan UM	
L5692	PA	Health Plan UM	
L5694	PA	Health Plan UM	
L5695	PA	Health Plan UM	
L5696	PA	Health Plan UM	
L5697	PA	Health Plan UM	
L5698	PA	Health Plan UM	
L5699	PA	Health Plan UM	
L5700	PA	Health Plan UM	
L5701	PA	Health Plan UM	
L5702	PA	Health Plan UM	
L5703	PA	Health Plan UM	
L5707	PA	Health Plan UM	
L5710	PA	Health Plan UM	
L5711	PA	Health Plan UM	
L5712	PA	Health Plan UM	
L5714	PA	Health Plan UM	
I5716	PA	Health Plan UM	
L5718	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L5722	PA	Health Plan UM	
L5724	PA	Health Plan UM	
L5726	PA	Health Plan UM	
L5728	PA	Health Plan UM	
L5780	PA	Health Plan UM	
L5781	PA	Health Plan UM	
L5782	PA	Health Plan UM	
L5785	PA	Health Plan UM	
L5790	PA	Health Plan UM	
L5795	PA	Health Plan UM	
L5810	PA	Health Plan UM	
L5811	PA	Health Plan UM	
L5812	PA	Health Plan UM	
L5814	PA	Health Plan UM	
L5816	PA	Health Plan UM	
L5818	PA	Health Plan UM	
L5822	PA	Health Plan UM	
L5824	PA	Health Plan UM	
L5826	PA	Health Plan UM	
L5828	PA	Health Plan UM	
L5830	PA	Health Plan UM	
L5840	PA	Health Plan UM	
L5845	PA	Health Plan UM	
L5848	PA	Health Plan UM	
L5850	PA	Health Plan UM	
L5855	PA	Health Plan UM	
L5856	PA	Health Plan UM	
L5857	PA	Health Plan UM	
L5858	PA	Health Plan UM	
L5859	PA	Health Plan UM	
L5910	PA	Health Plan UM	
L5920	PA	Health Plan UM	
L5925	PA	Health Plan UM	
L5930	PA	Health Plan UM	
L5940	PA	Health Plan UM	
L5950	PA	Health Plan UM	
L5960	PA	Health Plan UM	
L5961	PA	Health Plan UM	
L5962	PA	Health Plan UM	
L5964	PA	Health Plan UM	
L5966	PA	Health Plan UM	
L5968	PA	Health Plan UM	
L5969	PA	Health Plan UM	
L5970	PA	Health Plan UM	
L5971	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L5972	PA	Health Plan UM	
L5973	PA	Health Plan UM	
L5974	PA	Health Plan UM	
L5975	PA	Health Plan UM	
L5976	PA	Health Plan UM	
L5978	PA	Health Plan UM	
L5979	PA	Health Plan UM	
L5980	PA	Health Plan UM	
L5981	PA	Health Plan UM	
L5982	PA	Health Plan UM	
L5984	PA	Health Plan UM	
L5985	PA	Health Plan UM	
L5986	PA	Health Plan UM	
L5987	PA	Health Plan UM	
L5988	PA	Health Plan UM	
L5990	PA	Health Plan UM	
L5999	PA	Health Plan UM	
L6000	PA	Health Plan UM	
L6010	PA	Health Plan UM	
L6020	PA	Health Plan UM	
L6026	PA	Health Plan UM	
L6050	PA	Health Plan UM	
L6055	PA	Health Plan UM	
L6100	PA	Health Plan UM	
L6110	PA	Health Plan UM	
L6120	PA	Health Plan UM	
L6130	PA	Health Plan UM	
L6200	PA	Health Plan UM	
L6205	PA	Health Plan UM	
L6250	PA	Health Plan UM	
L6300	PA	Health Plan UM	
L6310	PA	Health Plan UM	
L6320	PA	Health Plan UM	
L6350	PA	Health Plan UM	
L6360	PA	Health Plan UM	
L6370	PA	Health Plan UM	
L6400	PA	Health Plan UM	
L6450	PA	Health Plan UM	
L6500	PA	Health Plan UM	
L6550	PA	Health Plan UM	
L6570	PA	Health Plan UM	
L6580	PA	Health Plan UM	
L6582	PA	Health Plan UM	
L6584	PA	Health Plan UM	
L6586	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L6588	PA	Health Plan UM	
L6590	PA	Health Plan UM	
L6621	PA	Health Plan UM	
L6624	PA	Health Plan UM	
L6638	PA	Health Plan UM	
L6646	PA	Health Plan UM	
L6648	PA	Health Plan UM	
L6693	PA	Health Plan UM	
L6696	PA	Health Plan UM	
L6697	PA	Health Plan UM	
L6698	PA	Health Plan UM	
L6703	PA	Health Plan UM	
L6704	PA	Health Plan UM	
L6706	PA	Health Plan UM	
L6707	PA	Health Plan UM	
L6708	PA	Health Plan UM	
L6709	PA	Health Plan UM	
L6711	PA	Health Plan UM	
L6712	PA	Health Plan UM	
L6713	PA	Health Plan UM	
L6714	PA	Health Plan UM	
L6715	PA	Health Plan UM	
L6721	PA	Health Plan UM	
L6722	PA	Health Plan UM	
L6805	PA	Health Plan UM	
L6810	PA	Health Plan UM	
L6880	PA	Health Plan UM	
L6881	PA	Health Plan UM	
L6882	PA	Health Plan UM	
L6883	PA	Health Plan UM	
L6884	PA	Health Plan UM	
L6885	PA	Health Plan UM	
L6890	PA	Health Plan UM	
L6900	PA	Health Plan UM	
L6905	PA	Health Plan UM	
L6910	PA	Health Plan UM	
L6915	PA	Health Plan UM	
L6920	PA	Health Plan UM	
L6925	PA	Health Plan UM	
L6930	PA	Health Plan UM	
L6935	PA	Health Plan UM	
L6940	PA	Health Plan UM	
L6945	PA	Health Plan UM	
L6950	PA	Health Plan UM	
L6955	PA	Health Plan UM	

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L6960	PA	Health Plan UM	
L6965	PA	Health Plan UM	
L6970	PA	Health Plan UM	
L6975	PA	Health Plan UM	
L7007	PA	Health Plan UM	
L7008	PA	Health Plan UM	
L7009	PA	Health Plan UM	
L7040	PA	Health Plan UM	
L7045	PA	Health Plan UM	
L7170	PA	Health Plan UM	
L7180	PA	Health Plan UM	
L7181	PA	Health Plan UM	
L7185	PA	Health Plan UM	
L7186	PA	Health Plan UM	
L7190	PA	Health Plan UM	
L7191	PA	Health Plan UM	
L7259	PA	Health Plan UM	
L7400	PA	Health Plan UM	
L7401	PA	Health Plan UM	
L7402	PA	Health Plan UM	
L7403	PA	Health Plan UM	
L7404	PA	Health Plan UM	
L7405	PA	Health Plan UM	
L7499	PA	Health Plan UM	
L8040	PA	Health Plan UM	
L8041	PA	Health Plan UM	
L8042	PA	Health Plan UM	
L8043	PA	Health Plan UM	
L8044	PA	Health Plan UM	
L8045	PA	Health Plan UM	
L8046	PA	Health Plan UM	
L8047	PA	Health Plan UM	
L8048	PA	Health Plan UM	
L8499	PA	Health Plan UM	
L8600	Non-covered		
L8600	PA	Health Plan UM	
L8603	No PA		
L8604	No PA		
L8606	No PA		
L8607	No PA		
L8608	PA	Health Plan UM	
L8609	PA	Health Plan UM	
L8614	No PA		
L8615	No PA		
L8616	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
L8617	No PA		
L8618	No PA		
L8619	No PA		
L8621	No PA		
L8622	No PA		
L8623	No PA		
L8624	No PA		
L8625	No PA		
L8627	No PA		
L8628	No PA		
L8629	No PA		
L8679	PA	Health Plan UM	
L8680	PA	Health Plan UM	
L8682	PA	Health Plan UM	
L8683	PA	Health Plan UM	
L8685	PA	Health Plan UM	
L8686	PA	Health Plan UM	
L8687	PA	Health Plan UM	
L8688	PA	Health Plan UM	
L8690	No PA		
L8691	No PA		
L8692	Non-covered		
L8693	No PA		
L8694	No PA		
L8699	No PA		
L8699	No PA		This code is considered E/I when billed for implantation of a synthetic cartilage implant (SCI) (Cartiva) into the toe joint, Axogen (Axoguard®) nerve connector or nerve protector procedure for non-digital nerves, Axogen (Avance®) nerve wrap procedure for non-digital nerves, Arthrex BioCartilage, Augment Bone Graft, Cartiform, Cartiva Hydrogel, DeNovo ET engineered tissue graft and DeNovo NT tissue graft, Kinex Bioactive Putty/Gel/Strip, Latera (Spirox) absorbable nasal implant, Viable bone cell matrix/enhanced allograft (e.g., Viacell™).
L8699	PA	Health Plan UM	
L8699	PA	Health Plan UM	
L8701	Non-covered		
L8702	Non-covered		
M0075	Non-covered		
M0076	Non-covered		
M0076	Non-covered		
M0076	PA	EviCore	
M0201	No PA		
M0220	Non-covered		
M0221	Non-covered		
M0222	Non-covered		
M0223	Non-covered		
M0224	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
M0240	Non-covered		
M0241	Non-covered		
M0243	Non-covered		
M0244	Non-covered		
M0245	Non-covered		
M0246	Non-covered		
M0247	Non-covered		
M0249	No PA		
M0250	No PA		
P2031	No PA		
P9020	No PA		
P9020	Non-covered		
Q0220	Non-covered		
Q0221	Non-covered		
Q0222	Non-covered		
Q0224	No PA		
Q0240	Non-covered		
Q0243	Non-covered		
Q0244	Non-covered		
Q0245	Non-covered		
Q0247	Non-covered		
Q0249	No PA		
Q2017	PA	Eviti	
Q2026	No PA		
Q2026	No PA		
Q2028	No PA		
Q2041	PA	Eviti	
Q2042	PA	Eviti	
Q2043	PA	Eviti	
Q2050	PA	Eviti	
Q2053	PA	Eviti	
Q2054	PA	Eviti	
Q2055	PA	Eviti	
Q2056	PA	Eviti	
Q2057	PA	Eviti	
Q2058	PA	Eviti	
Q3014	No PA		
Q3031	Non-covered		
Q4100	No PA		
Q4100	No PA		
Q4101	No PA		
Q4102	No PA		
Q4103	No PA		
Q4104	No PA		
Q4105	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4106	No PA		
Q4107	No PA		
Q4108	No PA		
Q4110	No PA		
Q4111	No PA		
Q4112	No PA		
Q4113	No PA		
Q4114	No PA		
Q4115	No PA		
Q4116	No PA		
Q4116	No PA		
Q4116	No PA		
Q4117	No PA		
Q4118	No PA		
Q4121	No PA		
Q4122	No PA		
Q4122	No PA		
Q4123	No PA		
Q4124	No PA		
Q4125	No PA		
Q4126	No PA		
Q4127	No PA		
Q4128	No PA		
Q4128	No PA		
Q4130	No PA		
Q4130	No PA		
Q4132	No PA		
Q4133	No PA		
Q4134	No PA		
Q4135	No PA		
Q4136	No PA		
Q4137	No PA		
Q4138	No PA		
Q4139	No PA		
Q4140	No PA		
Q4141	No PA		
Q4142	No PA		
Q4143	No PA		
Q4145	No PA		
Q4146	No PA		
Q4147	No PA		
Q4148	No PA		
Q4149	No PA		
Q4150	No PA		
Q4151	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4152	No PA		
Q4153	No PA		
Q4154	No PA		
Q4155	No PA		
Q4156	No PA		
Q4157	No PA		
Q4158	No PA		
Q4159	No PA		
Q4160	No PA		
Q4161	No PA		
Q4162	No PA		
Q4163	No PA		
Q4164	No PA		
Q4165	No PA		
Q4166	No PA		
Q4167	No PA		
Q4168	No PA		
Q4169	No PA		
Q4170	No PA		
Q4171	No PA		
Q4173	No PA		
Q4173	No PA		
Q4174	No PA		
Q4174	No PA		
Q4175	No PA		
Q4176	No PA		
Q4177	No PA		
Q4178	No PA		
Q4179	No PA		
Q4180	No PA		
Q4181	No PA		
Q4182	No PA		
Q4183	No PA		
Q4184	No PA		
Q4185	No PA		
Q4186	No PA		
Q4187	No PA		
Q4188	No PA		
Q4189	No PA		
Q4190	No PA		
Q4191	No PA		
Q4192	No PA		
Q4193	No PA		
Q4194	No PA		
Q4195	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4195	No PA		
Q4196	No PA		
Q4196	No PA		
Q4197	No PA		
Q4198	No PA		
Q4199	No PA		
Q4200	No PA		
Q4201	No PA		
Q4202	No PA		
Q4203	No PA		
Q4204	No PA		
Q4205	No PA		
Q4206	No PA		
Q4208	No PA		
Q4209	No PA		
Q4210	No PA		
Q4211	No PA		
Q4212	No PA		
Q4213	No PA		
Q4214	No PA		
Q4215	No PA		
Q4216	No PA		
Q4217	No PA		
Q4218	No PA		
Q4219	No PA		
Q4220	No PA		
Q4221	No PA		
Q4222	No PA		
Q4224	No PA		
Q4225	No PA		
Q4226	No PA		
Q4227	No PA		
Q4228	No PA		
Q4229	No PA		
Q4230	No PA		
Q4232	No PA		
Q4233	No PA		
Q4234	No PA		
Q4235	No PA		
Q4236	No PA		
Q4237	No PA		
Q4238	No PA		
Q4239	No PA		
Q4240	No PA		
Q4241	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4242	No PA		
Q4244	No PA		
Q4245	No PA		
Q4246	No PA		
Q4247	No PA		
Q4248	No PA		
Q4249	No PA		
Q4250	No PA		
Q4251	No PA		
Q4252	No PA		
Q4253	No PA		
Q4254	No PA		
Q4255	No PA		
Q4256	No PA		
Q4257	No PA		
Q4258	No PA		
Q4259	No PA		
Q4260	No PA		
Q4261	No PA		
Q4262	No PA		
Q4263	No PA		
Q4264	No PA		
Q4265	No PA		
Q4266	No PA		
Q4267	No PA		
Q4268	No PA		
Q4269	No PA		
Q4270	No PA		
Q4271	No PA		
Q4272	No PA		
Q4273	No PA		
Q4274	No PA		
Q4275	No PA		
Q4276	No PA		
Q4277	No PA		
Q4278	No PA		
Q4279	No PA		
Q4280	No PA		
Q4281	No PA		
Q4282	No PA		
Q4283	No PA		
Q4284	No PA		
Q4285	No PA		
Q4286	No PA		
Q4287	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4288	No PA		
Q4289	No PA		
Q4290	No PA		
Q4291	No PA		
Q4292	No PA		
Q4293	No PA		
Q4294	No PA		
Q4295	No PA		
Q4296	No PA		
Q4297	No PA		
Q4298	No PA		
Q4299	No PA		
Q4300	No PA		
Q4301	No PA		
Q4302	No PA		
Q4303	No PA		
Q4304	No PA		
Q4305	No PA		
Q4306	No PA		
Q4307	No PA		
Q4308	No PA		
Q4309	No PA		
Q4310	No PA		
Q4311	No PA		
Q4312	No PA		
Q4313	No PA		
Q4314	No PA		
Q4315	No PA		
Q4316	No PA		
Q4317	No PA		
Q4318	No PA		
Q4319	No PA		
Q4320	No PA		
Q4321	No PA		
Q4322	No PA		
Q4323	No PA		
Q4324	No PA		
Q4325	No PA		
Q4326	No PA		
Q4327	No PA		
Q4328	No PA		
Q4329	No PA		
Q4330	No PA		
Q4331	No PA		
Q4332	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4333	No PA		
Q4334	No PA		
Q4335	No PA		
Q4336	No PA		
Q4337	No PA		
Q4338	No PA		
Q4339	No PA		
Q4340	No PA		
Q4341	No PA		
Q4342	No PA		
Q4343	No PA		
Q4344	No PA		
Q4345	No PA		
Q4346	No PA		
Q4347	No PA		
Q4348	No PA		
Q4349	No PA		
Q4350	No PA		
Q4351	No PA		
Q4352	No PA		
Q4353	No PA		
Q4354	No PA		
Q4355	No PA		
Q4356	No PA		
Q4357	No PA		
Q4358	No PA		
Q4359	No PA		
Q4360	No PA		
Q4361	No PA		
Q4362	No PA		
Q4363	No PA		
Q4364	No PA		
Q4365	No PA		
Q4366	No PA		
Q4367	No PA		
Q4368	No PA		
Q4369	No PA		
Q4370	No PA		
Q4371	No PA		
Q4372	No PA		
Q4373	No PA		
Q4375	No PA		
Q4376	No PA		
Q4377	No PA		
Q4378	No PA		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
Q4379	No PA		
Q4380	No PA		
Q4382	No PA		
Q4383	No PA		
Q4384	No PA		
Q4385	No PA		
Q4386	No PA		
Q4387	No PA		
Q4388	No PA		
Q4389	No PA		
Q4390	No PA		
Q4391	No PA		
Q4392	No PA		
Q4393	No PA		
Q4394	No PA		
Q4395	No PA		
Q4396	No PA		
Q4397	No PA		
Q5107	PA	Eviti	
Q5112	PA	Eviti	
Q5113	PA	Eviti	
Q5114	PA	Eviti	
Q5115	PA	Eviti	
Q5116	PA	Eviti	
Q5117	PA	Eviti	
Q5118	PA	Eviti	
Q5119	PA	Eviti	
Q5123	PA	Eviti	
Q5126	PA	Eviti	
Q5129	PA	Eviti	
Q5146	PA	Eviti	
Q5160	PA	Eviti	
S0088	PA	Eviti	
S0172	PA	Eviti	
S0175	PA	Eviti	
S0178	PA	Eviti	
S0182	PA	Eviti	
S0201	N/A		
S0800	Non-covered		
S0810	Non-covered		
S1091	Non-covered		
S2053	Non-covered		
S2054	Non-covered		
S2055	Non-covered		
S2060	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
S2061	Non-covered		
S2065	Non-covered		
S2066	Non-covered		
S2067	Non-covered		
S2068	Non-covered		
S2080	Non-covered		
S2102	Non-covered		
S2112	Non-covered		
S2117	Non-covered		
S2118	PA	EviCore	
S2140	Non-covered		
S2142	Non-covered		
S2142	Non-covered		
S2150	Non-covered		
S2150	Non-covered		
S2300	Non-covered		
S2340	No PA		
S2341	No PA		
S2348	Non-covered		
S2350	Non-covered		
S2351	Non-covered		
S3650	Non-covered		
S3650	Non-covered		
S3652	Non-covered		
S3652	Non-covered		
S3800	Non-covered		
S3800	Non-covered		
S3840	Non-covered		
S3840	Non-covered		
S3841	Non-covered		
S3841	Non-covered		
S3842	Non-covered		
S3842	Non-covered		
S3844	Non-covered		
S3845	Non-covered		
S3846	Non-covered		
S3849	Non-covered		
S3850	Non-covered		
S3852	Non-covered		
S3852	Non-covered		
S3853	Non-covered		
S3853	Non-covered		
S3854	Non-covered		
S3861	No PA		
S3861	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
S3865	No PA		
S3865	Non-covered		
S3866	Non-covered		
S3870	Non-covered		
S3870	Non-covered		
S4027	Non-covered		
S4030	Non-covered		
S4031	Non-covered		
S4040	Non-covered		
S8042	PA required starting 2/1/26	EviCore	
S8080	Non-covered		
S8085	PA required starting 2/1/26	EviCore	
S8092	PA	EviCore	
S8930	Non-covered		
S8930	Non-covered		
S8940	Non-covered		
S8940	Non-covered		
S8948	Non-covered		
S9055	Non-covered		
S9055	Non-covered		
S9056	Non-covered		
S9090	Non-covered		
S9122	Non-covered		
S9123	Non-covered		
S9124	Non-covered		
S9127	Non-covered		
S9128	Non-covered		
S9129	Non-covered		
S9131	Non-covered		
S9433	Non-covered		
S9449	Non-covered		
S9454	Non-covered		
S9480	N/A		
S9484	N/A		
S9485	N/A		
S9975	Non-covered		
T1000	Non-covered		
T1001	Non-covered		
T1006	N/A		
T1006	N/A		
T1014	Non-covered		
T1021	N/A		
T1502	N/A		
T1505	Non-covered		
T2036	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
T2037	Non-covered		
T5999	PA	Health Plan UM	
U0001	No PA		
U0002	No PA		
V2500	No PA		
V2501	No PA		
V2502	No PA		
V2503	No PA		
V2510	No PA		
V2511	No PA		
V2512	No PA		
V2513	No PA		
V2520	No PA		
V2521	No PA		
V2522	No PA		
V2523	No PA		
V2530	No PA		
V2531	No PA		
V2599	No PA		
V2744	No PA		
V2745	No PA		
V2750	No PA		
V2755	No PA		
V2780	No PA		
V2784	No PA		
V2787	Non-covered		
V2788	Non-covered		
V5030	Non-covered		
V5040	Non-covered		
V5050	No PA		
V5060	No PA		
V5070	Non-covered		
V5080	Non-covered		
V5100	Non-covered		
V5120	Non-covered		
V5130	No PA		
V5140	No PA		
V5150	Non-covered		
V5171	No PA		
V5172	Non-covered		
V5181	No PA		
V5190	Non-covered		
V5211	No PA		
V5212	Non-covered		
V5213	Non-covered		

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Code	Prior Authorization Requirement	Where to Submit Prior Authorization	Additional Information
V5214	Non-covered		
V5215	Non-covered		
V5221	No PA		
V5230	Non-covered		
V5242	Non-covered		
V5243	Non-covered		
V5244	Non-covered		
V5245	Non-covered		
V5246	Non-covered		
V5247	Non-covered		
V5248	Non-covered		
V5249	Non-covered		
V5250	Non-covered		
V5251	Non-covered		
V5252	Non-covered		
V5253	Non-covered		
V5254	No PA		
V5255	No PA		
V5256	No PA		
V5257	No PA		
V5258	No PA		
V5259	No PA		
V5260	No PA		
V5261	No PA		
V5262	Non-covered		
V5263	Non-covered		
V5267	Non-covered		
V5274	Non-covered		
V5298	Non-covered		