

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	97163	Physical therapy evaluation; high complexity requiring components
Medicare	97022	Application of a modality to 1 or more areas; whirlpool
Medicare	97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)
Medicare	97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises
Medicare	97028	Application of a modality to 1 or more areas; ultraviolet
Medicare	97026	Application of a modality to 1 or more areas; infrared
Medicare	97799	Unlisted Physical Medicine/Rehabilitation Service/Proc
Medicare	G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati
Medicare	97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes
Medicare	97750	Physical Performance Test, W/Written Report, Each 15 Min
Medicare	97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes
Medicare	97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes
Medicare	97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s) encounter, each 15 minutes
Medicare	97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes
Medicare	97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis, use of assistive technology device/adaptive equipment), direct one-on-one contact, each 15 minutes
Medicare	97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact, each 15 minutes
Medicare	97168	Reevaluation of occupational therapy care/established plan of care requiring components
Medicare	97166	Occupational therapy evaluation; moderate complexity requiring components
Medicare	97167	Occupational therapy evaluation; high complexity requiring components
Medicare	97165	Occupational therapy evaluation; low complexity requiring components
Medicare	97161	Physical therapy evaluation; low complexity, requiring components
Medicare	97164	Reevaluation of physical therapy established plan of care requiring components
Medicare	97162	Physical therapy evaluation; moderate complexity requiring components
Medicare	97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min
Medicare	97150	Therapeutic Proc(S), Group, (2+ Individuals)
Medicare	97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage
Medicare	97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation
Medicare	97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min
Medicare	97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min
Medicare	97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min
Medicare	97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min
Medicare	97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)
Medicare	97016	Application of a modality to 1 or more areas; vasopneumatic devices
Medicare	92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding
Medicare	92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)
Medicare	92521	Evaluation of speech fluency (eg, stuttering, cluttering)
Medicare	97039	Unlisted Modality (Specify Type & Time If Constant Attendance)
Medicare	97139	Unlisted Therapeutic Procedure (Specify)
Medicare	97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes
Medicare	97018	Application of a modality to 1 or more areas; paraffin bath
Medicare	92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (eg, receptive and expressive language)
Medicare	97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises
Medicare	97012	Application of a modality to 1 or more areas; traction, mechanical
Medicare	92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual
Medicare	97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks and/or maximize environmental accessibility), direct one-on-one contact, with written report, each 15 minutes
Medicare	92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals
Medicare	J9999	NOC, antineoplastic drug
Medicare	J1554	Injection, immune globulin (asceniv), 500 mg
Medicare	J9352	Injection, trabectedin, 0.1 mg
Medicare	J2802	Injection, romiplostim, 1 microgram
Medicare	J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram
Medicare	J9026	Injection, tarlatamab-dlle, 1 mg
Medicare	Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg
Medicare	Q5135	Injection, tocilizumab-aazg (Tyenne), biosimilar, 1 mg
Medicare	J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg
Medicare	J9329	Injection, tislelizumab-jsgr, 1mg
Medicare	J1326	Injection, zolbetuximab-clzb, 2 mg
Medicare	J9276	Injection, zanidatamab-hrii, 2 mg
Medicare	J9275	Injection, cosibelimab-ipdl, 2 mg
Medicare	J9025	Injection, azacitidine, 1 mg
Medicare	J3316	Injection, triptorelin, extended-release, 3.75 mg
Medicare	J2860	Injection, siltuximab, 10 mg
Medicare	J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous
Medicare	J1930	Injection, lanreotide, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg
Medicare	J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg
Medicare	J1557	Injection, immune globulin, (Gammplex), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicare	J1556	Injection, immune globulin (bivigam), 500 mg
Medicare	J1555	Injection, immune globulin (Cuvitru), 100 mg
Medicare	J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicare	J1447	Injection, tbo-filgrastim, 1 microgram
Medicare	J1442	5G-CSFexcludes biosimilars, 1 microgram
Medicare	J2797	Injection, rolapitant, 0.5 mg
Medicare	J0897	Injection, denosumab, 1 mg
Medicare	J9351	Injection, topotecan, 0.1 mg
Medicare	J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)
Medicare	J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units
Medicare	J9219	Leuprolide Acetate Implant
Medicare	J2355	Oprelvekin Injection
Medicare	J9286	Injection, glofitamab-gxbm, 2.5 mg
Medicare	Q5111	Injection, pegfilgrastim-cbqv, biosimilar, (Udenyca), 0.5 mg
Medicare	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (nyvepria), 0.5 mg
Medicare	Q5117	Injection, trastuzumab-anns, biosimilar, (kanjinti), 10 mg
Medicare	Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg
Medicare	Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg
Medicare	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg
Medicare	J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units
Medicare	Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg
Medicare	J9400	Injection, ziv-aflibercept, 1 mg
Medicare	J9395	Injection, fulvestrant, 25 mg
Medicare	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg
Medicare	J9355	Injection, trastuzumab, excludes biosimilar, 10 mg
Medicare	J9354	Injection, ado-trastuzumab emtansine, 1 mg
Medicare	J9349	Injection, tafasitamab-cxix, 2 mg
Medicare	J9223	Injection, lurbinectedin, 0.1 mg
Medicare	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg
Medicare	J9312	Injection, rituximab, 10 mg
Medicare	J9309	Injection, polatuzumab vedotin-piiq, 1 mg
Medicare	J9308	Injection, ramucirumab, 5 mg
Medicare	J9306	Injection, pertuzumab, 1 mg
Medicare	J9302	Injection, ofatumumab, 10 mg
Medicare	J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs
Medicare	J9301	Injection, obinutuzumab, 10 mg
Medicare	J9281	Mitomycin pyelocalyceal instillation, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J9271	Injection, pembrolizumab, 1 mg
Medicare	J9269	Injection, tagraxofusp-erzs, 10 micrograms
Medicare	J9266	Injection, pegaspargase, per single dose vial
Medicare	J9228	Injection, ipilimumab, 1 mg
Medicare	J9179	Injection, eribulin mesylate, 0.1 mg
Medicare	J9207	Injection, ixabepilone, 1 mg
Medicare	J9202	Goserelin Acetate Implant
Medicare	J1323	Injection, elranatamab-bcmm, 1 mg
Medicare	J9176	Injection, elotuzumab, 1 mg
Medicare	J9173	Injection, durvalumab, 10 mg
Medicare	J9155	Injection, Degarelix, 1 Mg
Medicare	J9145	Injection, daratumumab, 10 mg
Medicare	J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj
Medicare	J9119	Injection, cemiplimab-rwlc, 1 mg
Medicare	J9118	Injection, calaspargase pegol-mknl, 10 units
Medicare	J9057	Injection, copanlisib, 1 mg
Medicare	J9055	Cetuximab injection
Medicare	J9047	Injection, carfilzomib, 1 mg
Medicare	J9043	Injection, cabazitaxel, 1 mg
Medicare	J9042	Injection, brentuximab vedotin, 1 mg
Medicare	J3055	Injection, talquetamab-tgvs, 0.25 mg
Medicare	J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg
Medicare	J9035	Bevacizumab injection
Medicare	J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg
Medicare	J9032	Injection, belinostat, 10 mg
Medicare	J9015	Injection, aldesleukin, per single use vial
Medicare	J3489	Injection, zoledronic acid, 1 mg
Medicare	J3315	Injection, Triptorelin Pamoate, 3.75 Mg
Medicare	Q5136	Injection, denosumab-bbdz (Jubbonti/Wyost), biosimilar, 1 mg
Medicare	J0870	Injection, imetelstat, 1 mg
Medicare	Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion
Medicare	J9262	Injection, omacetaxine mepesuccinate, 0.01 mg
Medicare	J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)
Medicare	J0896	Injection, luspatercept-aamt, 0.25 mg
Medicare	J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg
Medicare	J1952	Leuprolide injectable, camcevi, 1 mg
Medicare	J1552	Injection, immune globulin (alyglo), 500 mg
Medicare	J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy
Medicare	J1559	Injection, immune globulin (hizentra), 100 mg
Medicare	Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram
Medicare	J9264	Injection, paclitaxel protein-bound particles, 1 mg
Medicare	J9303	Injection, panitumumab, 10 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J9299	Injection, nivolumab, 1 mg
Medicare	Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg
Medicare	J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg
Medicare	Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram
Medicare	J0185	Injection, aprepitant, 1 mg
Medicare	J9029	Injection, nadofaragene firadenovec-vncg, per therapeutic dose
Medicare	J9226	Histrelin implant (supprelin LA), 50 mg
Medicare	Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram
Medicare	Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg
Medicare	Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg
Medicare	J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg
Medicare	J2820	Sargramostim Injection
Medicare	J9217	Leuprolide Acetate Suspnsion
Medicare	J1950	Leuprolide Acetate /3.75 Mg
Medicare	J9034	Injection, bendamustine hcl (bendeka), 1 mg
Medicare	J9345	Injection, retifanlimab-dlwr, 1 mg
Medicare	J9039	Injection, blinatumomab, 1 microgram
Medicare	J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg
Medicare	J9227	Injection, isatuximab-irfc, 10 mg
Medicare	J9305	Pemetrexed injection
Medicare	J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg
Medicare	J1558	Injection, immune globulin (xembify), 100 mg
Medicare	J1568	Injection, immune globulin, (Octagam), intravenous, nonlyophilized (e.g., liquid), 500 mg
Medicare	J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin
Medicare	J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg
Medicare	J9229	Injection, inotuzumab ozogamicin, 0.1 mg
Medicare	J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg
Medicare	J1453	Injection, fosaprepitant, 1 mg
Medicare	J1627	Injection, granisetron, extended-release, 0.1 mg
Medicare	J9311	Injection, rituximab 10 mg and hyaluronidase
Medicare	J9153	Injection, liposomal, 1 mg daunorubicin and 2.27 mg cytarabine
Medicare	J9295	Injection, necitumumab, 1 mg
Medicare	J9204	Injection, mogamulizumab-kpkc, 1 mg
Medicare	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg
Medicare	Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg
Medicare	E0601	Continuous positive airway pressure (cpap) device
Medicare	61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (Li
Medicare	61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)
Medicare	61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (Lis
Medicare	61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion
Medicare	55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed
Medicare	Q4370	Aeroguard, per square centimeter
Medicare	Q4382	Advograft dual, per square centimeter
Medicare	Q4400	Polygon3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4415	Alexiguard sl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4432	510(k) skin substitute product, not otherwise specified (list in addition to primary procedure)
Medicare	0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 209 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (luminal, luminal infiltrated, basal, basal claudin-low, neuroendocrine-like)
Medicare	0466U	Cardiology (coronary artery disease [CAD]), DNA, genome-wide association studies (564856 single-nucleotide polymorphisms [SNPs], targeted variant genotyping), patient lifestyle
Medicare	0506U	Injection, midazolam in 0.8% sodium chloride, intravenous, not therapeutically equivalent to J2250, 1 mg
Medicare	0784T	Insertion or replacement of percutaneous electrode array, spinal, with integrated neurostimulator, including imaging guidance, when performed
Medicare	Q4280	Xcell amnio matrix, per square centimeter
Medicare	Q4369	Amnioplast 3, per square centimeter
Medicare	J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.
Medicare	81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicare	81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis
Medicare	81408	MOLECULAR PATHOLOGY PROCEDURE LEVEL 9
Medicare	81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence
Medicare	J1302	Injection, sutimlimab-jome, 10 mg
Medicare	G2083	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of greater than 56 mg esketamine nasal self administration, includes 2 hours post administration observation
Medicare	J2782	Injection, avacincaptad pegol, 0.1 mg
Medicare	0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior knowledge of partner/breakpoint, copy number variations), with report of significant mutation(s)
Medicare	J9038	Injection, axatilimab-csfr, 0.1 mg
Medicare	J9248	Injection, melphalan (Hepzato), 1 mg
Medicare	97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face with multiple sets of guardians/caregivers, each 15 minutes
Medicare	A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
Medicare	E0721	Transcutaneous electrical nerve stimulator, stimulates nerves in the auricular region
Medicare	Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg
Medicare	0487U	Oncology (solid tumor), cell-free circulating DNA, targeted genomic sequence analysis panel of 84 genes, interrogation for sequence variants, aneuploidy-corrected gene copy number amplifications and losses, gene rearrangements, and microsatellite instability
Medicare	0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p.G370C [c.1108G>T], p.Y373C [c.1118A>G], FGFR3-TACC3v1, and FGFR3-TACC3v3) utilizing formalin-fixed paraffin-embedded urothelial cancer tumor tissue, reported as FGFR gene alteration status
Medicare	60660	Percutaneous ablation of 1 or more thyroid nodule(s)
Medicare	0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marr
Medicare	0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or
Medicare	Q4318	E-Graft, per sq cm
Medicare	Q4322	CaregraFT, per sq cm
Medicare	Q4354	PalinGen Dual-Layer Membrane, per sq cm
Medicare	Q4372	Amchoplast excel, per square centimeter
Medicare	Q4384	Axolotl DualGraft Ultra, per sq cm
Medicare	Q4405	Xwrap fenestra plus, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4406	Xwrap fenestra, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	0596U	Neurology (Alzheimer disease), plasma, 3 distinct isoform-specific peptides (APOE2, APOE3, and APOE4) by liquid chromatography with tandem mass spectrometry (LC-MS/MS), report
Medicare	0295U	Oncology (breast ductal carcinoma in situ), protein expression profiling by immunohistochemistry of 7 proteins (COX2, FOXA1, HER2, Ki-67, p16, PR, SIAH2), with 4 clinicopathol

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	83884	Neurofilament light chain
Medicare	0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categoric
Medicare	81168	CCND1/IGH (t(11;14)) (eg, mantle cell lymphoma) translocation analysis, major breakpoint, qualitative and quantitative, if performed
Medicare	81269	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; duplication/deletion variants
Medicare	81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)
Medicare	81529	Oncology (cutaneous melanoma), mRNA, gene expression profiling by real-time RT-PCR of 31 genes (28 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence risk, including likelihood of sentinel lymph node metastasis
Medicare	0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as
Medicare	J0179	Injection, brolocizumab-dbl, 1 mg
Medicare	C8932	Magnetic resonance angiography without contrast, spinal canal and contents
Medicare	C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)
Medicare	Q4273	Esano aaa, per square centimeter
Medicare	J1954	Injection, leuprolide acetate for depot suspension (Lutrate), 7.5 mg
Medicare	0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when
Medicare	81522	Oncology (breast), mRNA, gene expression profiling by RT-PCR of 12 genes (8 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported
Medicare	0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a
Medicare	81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicare	81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicare	J3247	Injection, secukinumab, IV, 1 mg
Medicare	J3394	Injection, lovetibeglogene autotemcel, per treatment
Medicare	Q4320	PelloGraft, per sq cm
Medicare	0917T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0920T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous pacing lead only
Medicare	0925T	Relocation of skin pocket for implanted cardiac contractility modulation-defibrillation pulse generator
Medicare	0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia
Medicare	Q4319	SanoGraft, per sq cm
Medicare	0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or seru
Medicare	J9324	Injection, pemetrexed (pemrydi rtu), 10 mg
Medicare	Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg
Medicare	C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medic
Medicare	0495U	Oncology (prostate), analysis of circulating plasma proteins (tPSA, fPSA, KLK2, PSP94, and GDF15), germline polygenic risk score (60 variants), clinical information (age, fami
Medicare	C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging
Medicare	Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg
Medicare	Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg
Medicare	J2468	Injection, palonosetron HCl (Avyxa), not therapeutically equivalent to J2469, 25 mcg
Medicare	J9376	Injection, pozelimab-bbfg, 1 mg
Medicare	0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatmen
Medicare	0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication is trans) (List separately in addition to code for primary procedure)
Medicare	J9319	Injection, romidepsin, lyophilized, 0.1 mg
Medicare	E0683	Nonpneumatic, nonsequential, peristaltic wave compression pump
Medicare	J1440	Fecal microbiota, live - jslm, 1 ml
Medicare	0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequenc
Medicare	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile
Medicare	0236U	SMN1 (survival of motor neuron 1, telomeric) and SMN2 (survival of motor neuron 2, centromeric) (eg, spinal muscular atrophy) full gene analysis, including small sequence changes in exonic and intronic regions, duplications and deletions, and mobile element insertions

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/duplication analysis panel (ATM, BRCA1, BRCA2, CDH1, CHEK2, PALB2, PTEN, and TP53)
Medicare	0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC, CDH1, CHEK2, MLH1, MSH2, MSH6, MUTYH, PMS2, PTEN, and TP53) (List separately in addition to code for primary procedure)
Medicare	60661	Percutaneous ablation of additional lobe of thyroid nodule(s)
Medicare	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicare	64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch
Medicare	81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative
Medicare	J1427	Injection, viltolarsen, 10 mg
Medicare	38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous
Medicare	0927T	Interrogation device evaluation (in person) with analysis, review, and report, including connection, recording, and disconnection, per patient encounter, implantable cardiac c
Medicare	J3241	Injection, teprotumumab-trbw, 10 mg
Medicare	L5845	Knee-Shin Sys Stance Flexion
Medicare	0929T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system, remote data acquisition(s), receipt of transmissions, technici
Medicare	81451	Targeted genomic sequence analysis panel, hematolymphoid neoplasm or disorder, 5-50 genes (eg, BRAF, CEBPA, DNMT3A, EZH2, FLT3, IDH1, IDH2, JAK2, KIT, KRAS, MLL, NOTCH1, NPM1,
Medicare	81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithms reported as percentage risk for metastatic recurrence and likelihood of benefit from extended endocrine therapy
Medicare	81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicare	81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)
Medicare	J1307	Injection, crovalimab-akkz, 10 mg
Medicare	77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session
Medicare	Q4397	Summit AAA, per sq cm
Medicare	Q4401	Absolv3 membrane, per square centimeter (add-on, list separately in addition to primary procedure)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4379	Amniodefend ft matrix, per square centimeter
Medicare	Q4392	GRAFIX Duo, per sq cm
Medicare	Q4396	Natalin, per sq cm
Medicare	81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucopolipidosis type VI, Gaucher disease, Tay-Sachs disease], beta hemoglobinopathies, phenylketonuria, galactosemia), genomic sequence analysis panel, must include sequencing of at least 15 genes (eg, ACADM, ARSA, ASPA, ATP7B, BCKDHA, BCKDHB, BLM, CFTR, DHCR7, FANCC, G6PC, GAA, GALT, GBA, GBE1, HBB, HEXA, IKBKAP, MCOLN1, PAH)
Medicare	J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU
Medicare	Q9998	Injection, ustekinumab-aekn (selarsdi), 1 mg
Medicare	0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder
Medicare	0891T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent treatment day
Medicare	0478U	MiroTract Wound Matrix sheet, per cc
Medicare	0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; percutaneous
Medicare	0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s)
Medicare	0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab
Medicare	81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicare	C9047	Injection, caplacizumab-yhdp, 1 mg
Medicare	J1426	Injection, casimersen, 10 mg
Medicare	J1303	Injection, ravulizumab-cwvz, 10 mg
Medicare	A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome
Medicare	J0217	Injection, velmanase alfa-tycv, 1 mg
Medicare	0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected
Medicare	0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement
Medicare	0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, insertions, deletions, select rearrangements, and copy number variations

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0585U	Targeted genomic sequence analysis panel, solid organ neoplasm, circulating cell-free DNA (cfDNA) analysis from plasma of 521 genes, interrogation for sequence variants, gene
Medicare	0485U	Oncology (solid tumor), cell-free DNA and RNA by next-generation sequencing, interpretative report for germline mutations, clonal hematopoiesis of indeterminate potential, and tumor-derived single-nucleotide variants, small insertions/deletions, copy number alterations, fusions, microsatellite instability, and tumor mutational burden
Medicare	J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg
Medicare	0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipopro
Medicare	A4545	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month
Medicare	J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg
Medicare	Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm
Medicare	Q4375	Duograft ac, per square centimeter
Medicare	Q4377	Trigraft ft, per square centimeter
Medicare	Q4411	Amniomatrixf4x, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4414	Simplichor, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	J1456	Injection, fosaprepitant (teva), not therapeutically equivalent to j1453, 1 mg
Medicare	81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)
Medicare	81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)
Medicare	81546	Oncology (thyroid), mRNA, gene expression analysis of 10,196 genes, utilizing fine needle aspirate, algorithm reported as a categorical result (eg, benign or suspicious)
Medicare	J7331	Hyaluronan or derivative, synojoynt, for intra-articular injection, 1 mg
Medicare	0592U	Oncology (hematolymphoid neoplasms), DNA, targeted genomic sequence of 417 genes, interrogation for gene fusions, translocations, rearrangements, utilizing formalin-fixed para
Medicare	0589U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 24 PFAS compounds by high-performance liquid chromatography with tandem mass spec
Medicare	J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes
Medicare	96130	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicare	Q4331	Axolotl Graft, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single
Medicare	0892T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including neuronavigation, delivery and management, subsequent motor threshold re
Medicare	0916T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther
Medicare	0475U	Hereditary prostate cancer-related disorders, genomic sequence analysis panel using next-generation sequencing (NGS), Sanger sequencing, multiplex ligation-dependent probe amp
Medicare	J9331	Injection, sirolimus protein-bound particles, 1 mg
Medicare	J9353	Injection, margetuximab-cmkb, 5 m
Medicare	J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg
Medicare	Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm
Medicare	0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)
Medicare	J2777	Injection, faricimab-svoa, 0.1 mg
Medicare	97156	Family adaptive behavior treatment guidance, administered by physician or other qualified health care professional (with or without the patient present), face-to-face with guardian(s)/caregiver(s), each 15 minutes
Medicare	J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m
Medicare	0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homologous recombination deficiency pathways, DNA, formalin-fixed paraffin-embedded tissue, algorithm quantifying tumor genomic instability score
Medicare	0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545A, p.E545D [g.1635G>T only], p.E545G, p.E545K, p.Q546E, p.Q546R, p.H1047L, p.H1047R, p.H1047Y), utilizing formalin-fixed paraffin-embedded breast tumor tissue, reported as PIK3CA gene mutation status
Medicare	0018U	Oncology (thyroid), microRNA profiling by RT-PCR of 10 microRNA sequences, utilizing fine needle aspirate, algorithm reported as a positive or negative result for moderate to high risk of malignancy
Medicare	0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch post-digital rectal examination urine (or processed first-catch urine), algorithm reported as per
Medicare	0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite insta

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome), full gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicare	0245U	Oncology (thyroid), mutation analysis of 10 genes and 37 RNA fusions and expression of 4 mRNA markers using next-generation sequencing, fine needle aspirate, report includes associated risk of malignancy expressed as a percentage
Medicare	0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator genome (eg, parent, sibling)
Medicare	J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg
Medicare	0503U	Injection, lidocaine HCl in 5% dextrose, 1 mg
Medicare	Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)
Medicare	0477U	MicroMatrix Flex, per mg
Medicare	0452U	Oncology (bladder), methylated PENK DNA detection by linear target enrichment-quantitative methylation-specific real-time PCR (LTE-qMSP), urine, reported as likelihood of blad
Medicare	0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative
Medicare	Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.
Medicare	43499	Unlisted Proc, Esophagus
Medicare	Q4387	NeoThelium FT, per sq cm
Medicare	Q4390	Ascendion, per sq cm
Medicare	Q4312	Acesso AC, per sq cm
Medicare	Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm
Medicare	0488U	Obstetrics (fetal antigen noninvasive prenatal test), cell-free DNA sequence analysis for detection of fetal presence or absence of 1 or more of the Rh, C, c, D, E, Duffy (Fya), or Kell (K) antigen in alloimmunized pregnancies, reported as selected antigen(s) detected or not detected
Medicare	0499U	Oncology (colorectal and lung), DNA from formalin-fixed paraffin-embedded (FFPE) tissue, next-generation sequencing of 8 genes (NRAS, EGFR, CTNNB1, PIK3CA, APC, BRAF, KRAS, and TP53), mutation detection
Medicare	81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicare	J7355	Injection, travoprost, intracameral implant, 1 mcg
Medicare	J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg
Medicare	81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis
Medicare	J7351	Injection, bimatoprost, intracameral implant, 1 microgram

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0020M	Oncology (central nervous system), analysis of 30000 DNA methylation loci by methylation array, utilizing DNA extracted from tumor tissue, diagnostic algorithm reported as pro
Medicare	J1932	Injection, lanreotide, (ciplá), 1 mg
Medicare	81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability
Medicare	0815T	Ultrasound-based radiofrequency echographic multi-spectrometry (REMS), bone-density study and fracture-risk assessment, 1 or more sites, hips, pelvis, or spine
Medicare	J2998	Injection, plasminogen, human-tvmh, 1 mg
Medicare	G0465	Autologous platelet rich plasma (PRP) for diabetic chronic wounds/ulcers, using an FDA-cleared device (includes administration, dressings, phlebotomy, centrifugation, and all
Medicare	J3397	Injection, vestronidase alfa-vjbk, 1 mg
Medicare	0895T	Connection of liver allograft to normothermic machine perfusion device, hemostasis control; initial 4 hours of monitoring time, including hourly physiological and laboratory a
Medicare	84393	Tau, phosphorylated
Medicare	J0174	Injection, lecanemab-irmb, 1 mg
Medicare	J2781	Injection, pegcetacoplan, intravitreal, 1 mg
Medicare	C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev
Medicare	0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (15 genes [sequencing and deletion/duplication], EPCAM and GREM1 [deletion/duplication only])
Medicare	0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (24 genes [sequencing and deletion/duplication], EPCAM [deletion/duplication only])
Medicare	81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicare	0479U	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month
Medicare	0518U	Therapeutic drug monitoring, 90 or more pain and mental health drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally effective range of pre
Medicare	J0177	Injection, aflibercept HD, 1 mg
Medicare	J9161	Injection, denileukin diftotox-cxdl, 1 mcg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and
Medicare	0461U	Oncology, pharmacogenomic analysis of single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, whole blood or buccal swab, with variant analysis, includin
Medicare	E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist
Medicare	33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography) and device evaluation (eg, interrogation or programming), when performed
Medicare	0579U	Nephrology (diabetic chronic kidney disease), enzyme-linked immunosorbent assay (ELISA) of apolipoprotein A4 (APOA4), CD5 antigen-like (CD5L) combined with estimated glomerula
Medicare	Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m
Medicare	Q4367	AmnioCore SL, per sq cm
Medicare	E0736	Transcutaneous tibial nerve stimulator
Medicare	Q4386	Acesso TrifACA, per sq cm
Medicare	Q4395	Acelagraft, per sq cm
Medicare	Q4399	Summit fx, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4389	NeoThelium 4L Plus, per sq cm
Medicare	J9256	Injection, nipocalimab-aahu, 3 mg
Medicare	Q4403	Xwrap dual plus, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	0220U	Oncology (breast cancer), image analysis with artificial intelligence assessment of 12 histologic and immunohistochemical features, reported as a recurrence score
Medicare	Q4413	Cygnus solo, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4433	361 hct/p skin substitute product, not otherwise specified (list in addition to primary procedure)
Medicare	Q4408	Xwrap hydro, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	C9145	Injection, aprepitant, (aponvie), 1 mg
Medicare	Q4404	Xwrap hydro plus, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4412	Choriofix, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4431	Pma skin substitute product, not otherwise specified (list in addition to primary procedure)
Medicare	Q4385	Apollo FT, per sq cm
Medicare	0897T	Noninvasive augmentative arrhythmia analysis derived from quantitative computational cardiac arrhythmia simulations, based on selected intervals of interest from 12-lead elect

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4380	Advograft one, per square centimeter
Medicare	Q4394	SurGraft ACA, per sq cm
Medicare	J7169	Injection, coagulation Factor Xa (recombinant), inactivated-zhzo (Andexxa), 10 mg
Medicare	Q5160	Injection, bevacizumab-nwgd (jobevne), biosimilar, 10 mg
Medicare	Q4393	SurGraft AC, per sq cm
Medicare	Q4398	Summit ac, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4410	Amchomatrixdl, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	J9326	Injection, telisotuzumab vedotin-tllv, 1 mg
Medicare	Q4378	Renew ft matrix, per square centimeter
Medicare	Q4420	Nuform, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	J1434	Injection, fosaprepitant (Focinvez), 1 mg
Medicare	Q4373	Membrane wrap lite, per square centimeter
Medicare	Q4388	NeoThelium 4L, per sq cm
Medicare	Q4402	Xwrap 2.0, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4409	Amniomatrixf3x, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4416	Alexiguard tl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4417	Alexiguard dl-t, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4368	Amchothick, per square centimeter
Medicare	Q4376	Duograft aa, per square centimeter
Medicare	0599U	Oncology (pancreatic cancer), multiplex immunoassay of ICAM1, TIMP1, CTSD, THBS1, and CA 19-9, serum, diagnostic algorithm reported as positive or negative
Medicare	96113	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicare	Q4371	Neoguard, per square centimeter
Medicare	96112	Developmental test administration (including assessment of fine and/or gross motor, language, cognitive level, social, memory and/or executive functions by standardized developmental instruments when performed), by physician or other qualified health care professional, with interpretation and report; first hour
Medicare	Q4407	Xwrap tribus, per square centimeter (add-on, list separately in addition to primary procedure)
Medicare	Q4383	Axolotl Graft Ultra, per sq cm
Medicare	J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicare	J7172	Injection, marstacimab-hncq, 0.5 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	J3590	Unclassified Biologics
Medicare	Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg
Medicare	Q5126	Injection, bevacizumab-maly, biosimilar, (alymys), 10 mg
Medicare	Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg
Medicare	Q5130	Injection, pegfilgrastim-pbbk (fynetra), biosimilar, 0.5 mg
Medicare	J9294	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg
Medicare	J9296	Injection, pemetrexed (accord) not therapeutically equivalent to j9305, 10 mg
Medicare	J9322	Injection, pemetrexed (bluepoint) not therapeutically equivalent to j9305, 10 mg
Medicare	J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram
Medicare	J9061	Injection, amivantamab-vmjw, 2 mg
Medicare	J9272	Injection, dostarlimab-gxly, 10 mg
Medicare	J9273	Injection, tisotumab vedotin-tftv, 1 mg
Medicare	J9274	Injection, tebentafusp-tebn, 1 microgram
Medicare	J9314	Injection, pemetrexed (Teva) not therapeutically equivalent to J9305, 10 mg
Medicare	J9332	Injection, efgartigimod alfa-fcab, 2mg
Medicare	J9348	Injection, naxitamab-gqgk, 1 m
Medicare	J9393	Injection, fulvestrant (teva) not therapeutically equivalent to j9395, 25 mg
Medicare	Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm
Medicare	Q4357	XWRAP Plus, per sq cm
Medicare	Q4358	XWRAP Dual, per sq cm
Medicare	Q4359	ChoriPly, per sq cm
Medicare	Q4360	AmchoPlast FD, per sq cm
Medicare	Q4361	EPIXPRESS, per sq cm
Medicare	Q4362	CYGNUS Disk, per sq cm
Medicare	Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm
Medicare	Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm
Medicare	Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm
Medicare	Q4283	Biovance tri-layer or biovance 3l, per square centimeter
Medicare	0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma
Medicare	Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	J7352	Afamelanotide implant, 1 mg
Medicare	J7332	Hyaluronan or derivative, triluron, for intra-articular injection, 1 mg
Medicare	J7329	Hyaluronan or derivative, Trivisc, for intra-articular injection, 1 mg
Medicare	J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg
Medicare	J7318	Hyaluronan or derivative, Durolane, for intra-articular injection, 1 mg
Medicare	Q4332	Axolotl DualGraft, per sq cm
Medicare	Q4333	ArdeoGraft, per sq cm
Medicare	Q4325	ACApatch, per sq cm
Medicare	Q4326	WoundPlus, per sq cm
Medicare	Q4327	DuoAmnion, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4328	MOST, per sq cm
Medicare	Q4329	Singlay, per sq cm
Medicare	Q4330	TOTAL, per sq cm
Medicare	Q4321	RenoGraft, per sq cm
Medicare	Q4324	AmnioTX, per sq cm
Medicare	0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative
Medicare	Q4323	alloPLY, per sq cm
Medicare	L8045	Auricular Prosthesis
Medicare	Q4313	DermaBind FM, per sq cm
Medicare	Q4314	Reeva FT, per sq cm
Medicare	Q4311	Acesso, per sq cm
Medicare	Q4317	VitoGraft, per sq cm
Medicare	Q4316	AmchoPlast, per sq cm
Medicare	E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type
Medicare	0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography
Medicare	0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an
Medicare	0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria
Medicare	0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free
Medicare	0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi
Medicare	A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each
Medicare	C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)
Medicare	0493U	Transplantation medicine, quantification of donor-derived cell-free DNA (cfDNA) using next-generation sequencing, plasma, reported as percentage of donor-derived cell-free DNA
Medicare	0497U	Accessory for speech generating device, electromyographic sensor
Medicare	0494U	Red blood cell antigen (fetal RhD gene analysis), next-generation sequencing of circulating cell-free DNA (cfDNA) of blood in pregnant individuals known to be RhD negative, reported as positive or negative
Medicare	0498U	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0500U	Injection, donanemab-azbt, 2 mg
Medicare	0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed par
Medicare	0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis,
Medicare	0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score
Medicare	0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy num
Medicare	0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation know
Medicare	0469U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis for chromosomal abnormalities, copy number variants, duplications/deletions, inversions, unb
Medicare	0471U	Oncology (colorectal cancer), qualitative real-time PCR of 35 variants of KRAS and NRAS genes (exons 2, 3, 4), formalin-fixed paraffin-embedded (FFPE), predictive, identificat
Medicare	0473U	Oncology (solid tumor), next-generation sequencing (NGS) of DNA from formalin-fixed paraffin-embedded (FFPE) tissue with comparative sequence analysis from a matched normal sp
Medicare	0474U	Hereditary pan-cancer (eg, hereditary sarcomas, hereditary endocrine tumors, hereditary neuroendocrine tumors, hereditary cutaneous melanoma), genomic sequence analysis panel
Medicare	0481U	Supplies and accessories for external tibial nerve stimulator (e.g., socks, gel pads, electrodes, etc.), needed for one month
Medicare	0489U	Obstetrics (single-gene noninvasive prenatal test), cell-free DNA sequence analysis of 1 or more targets (eg, CFTR, SMN1, HBB, HBA1, HBA2) to identify paternally inherited pathogenic variants, and relative mutation-dosage analysis based on molecular counts to determine fetal inheritance of maternal mutation, algorithm reported as a fetal risk score for the condition (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia)
Medicare	0921T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); single transvenous defibrillation lead only
Medicare	0922T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); dual (pacing and defibrillation) transvenous leads only
Medicare	0923T	Removal and replacement of permanent cardiac contractility modulationdefibrillation pulse generator only
Medicare	0919T	Removal of a permanent cardiac contractility modulation-defibrillation system component(s); pulse generator only

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0924T	Repositioning of previously implanted cardiac contractility modulation-defibrillation transvenous electrode(s)/lead(s), including fluoroscopic guidance and programming of sens
Medicare	0439U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 5 single-nucleotide polymorphisms (SNPs) (rs11716050 [LOC105376934], rs6560711 [WDR37], rs3735222 [SCIN/LOC10798676
Medicare	0933T	Transcatheter implantation of wireless left atrial pressure sensor for long-term left atrial pressure monitoring, including sensor calibration and deployment, right heart cath
Medicare	0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of u
Medicare	0440U	Cardiology (coronary heart disease [CHD]), DNA, analysis of 10 single-nucleotide polymorphisms (SNPs) (rs710987 [LINC010019], rs1333048 [CDKN2B-AS1], rs12129789 [KCND3], rs942
Medicare	0449U	Carrier screening for severe inherited conditions (eg, cystic fibrosis, spinal muscular atrophy, beta hemoglobinopathies [including sickle cell disease], alpha thalassemia), r
Medicare	0444U	Oncology (solid organ neoplasia), targeted genomic sequence analysis panel of 361 genes, interrogation for gene fusions, translocations, or other rearrangements, using DNA fro
Medicare	0454U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical
Medicare	0465U	Oncology (urothelial carcinoma), DNA, quantitative methylation-specific PCR of 2 genes (ONECUT2, VIM), algorithmic analysis reported as positive or negative
Medicare	0889T	Personalized target development for accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation derived from a structural and resting-state fu
Medicare	0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance
Medicare	0890T	Accelerated, repetitive high-dose functional connectivity MRI-guided theta-burst stimulation, including target assessment, initial motor threshold determination, neuronavigati
Medicare	0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleoti
Medicare	L8699	Prosthetic Implant Nos
Medicare	0918T	Insertion of permanent cardiac contractility modulation-defibrillation system component(s), including fluoroscopic guidance, and evaluation and programming of sensing and ther
Medicare	0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as Carrie

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a
Medicare	0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance
Medicare	0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed
Medicare	0744T	Insertion of bioprosthetic valve, open, femoral vein, including duplex ultrasound imaging guidance, when performed, including autogenous or nonautogenous patch graft (eg, poly
Medicare	0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural vari
Medicare	0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; laparoscopic
Medicare	0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pa
Medicare	0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when performed; open
Medicare	0459U	B-amyloid (Abeta42) and total tau (tTau), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pathology
Medicare	0468U	Hepatology (nonalcoholic steatohepatitis [NASH]), miR-34a-5p, alpha 2-macroglobulin, YKL40, HbA1c, serum and whole blood, algorithm reported as a single score for NASH activit
Medicare	0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open vascular access, ultrasound guidance for vascular access when performed, all catheterization(s) and intraprocedural roadmapping and imaging guidance necessary to complete the intervention, all associated radiological supervision and interpretation, when performed
Medicare	0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation, diagnostic imaging, imaging guidance and monitoring
Medicare	0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0571T	Insertion or replacement of implantable cardioverter-defibrillator system with substernal electrode(s), including all imaging guidance and electrophysiological evaluation (includes defibrillation threshold evaluation, induction of arrhythmia, evaluation of sensing for arrhythmia termination, and programming or reprogramming of sensing or therapeutic parameters), when performed
Medicare	0137U	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0156U	Copy number (eg, intellectual disability, dysmorphism), sequence analysis
Medicare	0157U	APC (APC regulator of WNT signaling pathway) (eg, familial adenomatous polyposis [FAP]) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0158U	MLH1 (mutL homolog 1) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0159U	MSH2 (mutS homolog 2) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0160U	MSH6 (mutS homolog 6) (eg, hereditary colon cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0161U	PMS2 (PMS1 homolog 2, mismatch repair system component) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0162U	Hereditary colon cancer (Lynch syndrome), targeted mRNA sequence analysis panel (MLH1, MSH2, MSH6, PMS2) (List separately in addition to code for primary procedure)
Medicare	0252U	Fetal aneuploidy short tandem repeat comparative analysis, fetal DNA f
Medicare	0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical
Medicare	0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic predict
Medicare	0045U	Oncology (breast ductal carcinoma in situ), mRNA, gene expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as recurrence score
Medicare	0597U	Oncology (breast), RNA expression profiling of 329 genes by targeted next-generation sequencing and 20 proteins by multiplex immunofluorescence, formalin-fixed paraffin-embedd
Medicare	0088U	Transplantation medicine (kidney allograft rejection), microarray gene expression profiling of 1494 genes, utilizing transplant biopsy tissue, algorithm reported as a probability score for rejection
Medicare	81599	Unlisted Multianalyte Assay With Algorithmic Analysis
Medicare	J3393	Injection, betibeglogene autotemcel, per treatment
Medicare	Q4391	AmnioPlast Double, per sq cm
Medicare	55899	Unlisted Proc, Male Genital System

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	96131	Psychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicare	96132	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; first hour
Medicare	96133	Neuropsychological testing evaluation services by physician or other qualified health care professional, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning and report, and interactive feedback to the patient, family member(s) or caregiver(s), when performed; each additional hour (List separately in addition to code for primary procedure)
Medicare	96136	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; first 30 minutes
Medicare	96138	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; first 30 minutes
Medicare	96139	Psychological or neuropsychological test administration and scoring by technician, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicare	81419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8A, SLC2A1, SLC9A6, STXBP1, SYNGAP1, TCF4, TPP1, TSC1, TSC2, and ZEB2
Medicare	81435	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis); genomic sequence analysis panel, must include sequencing of at least 10 genes, including APC, BMPR1A, CDH1, MLH1, MSH2, MSH6, MUTYH, PTEN, SMAD4, and STK11
Medicare	81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-related genes (eg, BSCL2, GJB1, MFN2, MPZ, REEP1, SPAST, SPG11, SPTLC1)
Medicare	81449	Targeted genomic sequence analysis panel, solid organ neoplasm, 5-50 genes (eg, ALK, BRAF, CDKN2A, EGFR, ERBB2, KIT, KRAS, MET, NRAS, PDGFRA, PDGFRB, PGR, PIK3CA, PTEN, RET),
Medicare	81456	Targeted genomic sequence analysis panel, solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes (eg, ALK, BRAF, CDKN2A, CEBPA, DNMT3A, EGFR, ERBB2, EZH2, FLT

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband
Medicare	0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, each comparator exome (eg, parent, sibling)
Medicare	81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score
Medicare	81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,
Medicare	0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrang
Medicare	81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categorical result (eg, positive or negative for high probability of usual interstitial pneumonia [UIP])
Medicare	0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrang
Medicare	81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10
Medicare	81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant
Medicare	81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)
Medicare	81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)
Medicare	81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicare	81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicare	81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicare	81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants
Medicare	81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicare	81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis
Medicare	81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant
Medicare	81309	PIK3CA (phosphatidylinositol-4, 5-biphosphate 3-kinase, catalytic subunit alpha) (eg, colorectal and breast cancer) gene analysis, targeted sequence analysis (eg, exons 7, 9,
Medicare	81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis
Medicare	81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicare	81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis
Medicare	81235	EGFR (epidermal growth factor receptor) (eg, non-small cell lung cancer) gene analysis, common variants (eg, exon 19 LREA deletion, L858R, T790M, G719A, G719S, L861Q)
Medicare	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants
Medicare	81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicare	81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant
Medicare	81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9
Medicare	81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis
Medicare	81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis
Medicare	81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis
Medicare	81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence
Medicare	81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants
Medicare	81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicare	81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)
Medicare	J2267	Injection, mirikizumab-mrkz, 1 mg
Medicare	J3263	Injection, toripalimab-tpzi, 1 mg
Medicare	J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc
Medicare	J0175	Injection, donanemab-azbt, 2 mg
Medicare	Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg
Medicare	77370	Special Medical Radiation Physics Consultation
Medicare	75580	Noninvasive estimate of coronary fractional flow reserve (FFR) derived from augmentative software analysis of the data set from a coronary computed tomography angiography, wit
Medicare	81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,
Medicare	G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)
Medicare	J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg
Medicare	J9382	Injection, zenocutuzumab-zbco, 1 mg
Medicare	Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion
Medicare	Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg
Medicare	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2
Medicare	81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an
Medicare	81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,
Medicare	81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and micros
Medicare	81350	Ugt1A1 (Udp Glucuronosyltransferase 1 Family, Polypeptide A1) (Eg, Irinotecan Metabolism), Gene Analysis, Common Variants (Eg, *28, *36, *37)
Medicare	81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)
Medicare	81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each
Medicare	81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	81226	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *9, *10, *17, *19, *29, *35, *41, *1XN, *2XN, *4XN)
Medicare	81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)
Medicare	81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)
Medicare	0568U	Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NfL), and glial fibrillary acid
Medicare	0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified
Medicare	0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, tech
Medicare	0970T	Ablation, benign breast tumor (eg, fibroadenoma), percutaneous, laser, including imaging guidance when performed, each tumor
Medicare	0971T	Ablation, malignant breast tumor(s), percutaneous, laser, including imaging guidance when performed, unilateral
Medicare	81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)
Medicare	0928T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation-defibrillation system with interim analysis and report(s) by a physician or other qua
Medicare	0934T	Remote monitoring of a wireless left atrial pressure sensor for up to 30 days, including data from daily uploads of left atrial pressure recordings, interpretation(s) and tren
Medicare	97152	Behavior identification-supporting assessment, administered by one technician under the direction of a physician or other qualified health care professional, face-to-face with the patient, each 15 minutes
Medicare	97153	Adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with one patient, each 15 minutes
Medicare	J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebiny), 1 IU
Medicare	L5910	Endo Below Knee Alignable Sy
Medicare	J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg
Medicare	Q4272	Esano a, per square centimeter
Medicare	Q4275	Esano aca, per square centimeter
Medicare	Q4274	Esano ac, per square centimeter
Medicare	Q4276	Orion, per square centimeter
Medicare	Q4278	Epieffect, per square centimeter
Medicare	Q4282	Cygnus dual, per square centimeter
Medicare	Q4281	Barrera sl or barrera dl, per square centimeter

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J7170	Injection, emicizumab-kxwh, 0.5 mg
Medicare	0894T	Cannulation of the liver allograft in preparation for connection to the normothermic perfusion device and decannulation of the liver allograft following normothermic perfusion
Medicare	0926T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values
Medicare	0930T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of se
Medicare	0931T	Electrophysiologic evaluation of cardiac contractility modulation-defibrillator leads, including defibrillation-threshold evaluation (induction of arrhythmia, evaluation of se
Medicare	J3245	Injection, tildrakizumab, 1 mg
Medicare	J3262	Injection, tocilizumab, 1 mg
Medicare	J3032	Injection, eptinezumab-jjmr, 1 mg
Medicare	J3111	Injection, romosozumab-aqqg, 1 mg
Medicare	0111U	Oncology (colon cancer), targeted KRAS (codons 12, 13, and 61) and NRAS (codons 12, 13, and 61) gene analysis utilizing formalin-fixed paraffin-embedded tissue
Medicare	J1823	Injection, inebilizumab-cdon, 1 mg
Medicare	0572T	Insertion of substernal implantable defibrillator electrode
Medicare	0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach
Medicare	J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg
Medicare	J1448	Injection, trilaciclib, 1 mg
Medicare	J1437	Injection, ferric derisomaltose, 10 mg
Medicare	J1429	Injection, golodirsen, 10 mg
Medicare	J1632	Injection, brexanolone, 1 mg
Medicare	J2356	Injection, tezepelumab-ekko, 1 mg
Medicare	J2327	Injection, risankizumab-rzaa, intravenous, 1 mg
Medicare	J1305	Injection, evinacumab-dgnb, 5 mg
Medicare	J1301	Injection, edaravone, 1 mg
Medicare	J1628	Injection, guselkumab, 1 mg
Medicare	96137	Psychological or neuropsychological test administration and scoring by physician or other qualified health care professional, two or more tests, any method; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicare	81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite
Medicare	81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability
Medicare	J0791	Injection, crizanlizumab-tmca, 5 mg
Medicare	0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis
Medicare	J1551	Injection, immune globulin (cutaquig), 100 mg
Medicare	J0222	Injection, Patisiran, 0.1 mg
Medicare	J0223	Injection, givosiran, 0.5 mg
Medicare	J0485	Injection, belatacept, 1 mg
Medicare	J0517	Injection, benralizumab, 1 mg
Medicare	J0567	Injection, cerliponase alfa, 1 mg
Medicare	J0584	Injection, burosumab-twza 1 mg
Medicare	G2082	Office or other outpatient visit for the evaluation and management of an established patient that requires the supervision of a physician or other qualified health care professional and provision of up to 56 mg of esketamine nasal self administration, includes 2 hours post administration observation
Medicare	A9590	Iodine I-131, iobenguane, 1 mCi
Medicare	J1449	Injection, eflapegrastim-xnst, 0.1 mg
Medicare	C8931	Magnetic resonance angiography with contrast, spinal canal and contents
Medicare	J1306	Injection, inclisiran, 1 mg
Medicare	J0491	Injection, anifrolumab-fnia, 1 mg
Medicare	J0225	Injection, vutrisiran, 1 mg
Medicare	C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and
Medicare	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg
Medicare	L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector
Medicare	81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling
Medicare	81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, co
Medicare	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8
Medicare	81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3
Medicare	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1
Medicare	81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)
Medicare	64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra
Medicare	64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr
Medicare	81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)
Medicare	64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed
Medicare	64568	Incision for implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator
Medicare	81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neuron 2, centromeric) analysis, if performed
Medicare	81332	SERPINA1 (serpin peptidase inhibitor, clade A, alpha-1 antiproteinase, antitrypsin, member 1) (eg, alpha-1-antitrypsin deficiency), gene analysis, common variants (eg, *S and *Z)
Medicare	81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence
Medicare	81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)
Medicare	81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass
Medicare	81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence
Medicare	81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant
Medicare	81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants
Medicare	81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis
Medicare	81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities
Medicare	G0137	Intensive outpatient services; weekly bundle, minimum of 9 services over a 7 contiguous day period, which can include individual and group therapy with physicians or psychologist
Medicare	81258	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; known familial variant
Medicare	81259	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; full gene sequence
Medicare	81171	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles
Medicare	81172	AFF2 (AF4/FMR2 family, member 2 [FMR2]) (eg, fragile X mental retardation 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methylation status)
Medicare	81195	Cytogenomic analysis, optical genome mapping

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)
Medicare	61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays
Medicare	61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co
Medicare	61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)
Medicare	61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation
Medicare	76390	Mr Spectroscopy
Medicare	0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene a
Medicare	0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)
Medicare	0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incor
Medicare	0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene cop
Medicare	0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comp
Medicare	0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marro
Medicare	0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,
Medicare	0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood
Medicare	0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele
Medicare	0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele
Medicare	0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel including ANK2, CASQ2, CAV3, KCNE1, KCNE2, KCNH2, KCNJ2, KCNQ1, RYR2, and SCN5A, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicare	0238U	Oncology (Lynch syndrome), genomic DNA sequence analysis of MLH1, MSH2, MSH6, PMS2, and EPCAM, including small sequence changes in exonic and intronic regions, deletions, duplications, mobile element insertions, and variants in non-uniquely mappable regions
Medicare	0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rearrangements, tumor-mutational burden and microsatellite instability, utilizing formalin-fixed paraffin-embedded tumor tissue
Medicare	0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis
Medicare	0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, sali
Medicare	0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fi
Medicare	0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical g
Medicare	0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicare	0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants
Medicare	50360	Renal Allograft Transplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy
Medicare	0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities
Medicare	0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy
Medicare	0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and variants in non-uniquely mappable regions, blood or saliva, identification and categorization of genetic variants, proband

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis
Medicare	0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and array CGH, with mRNA analytics to resolve variants of unknown significance when indicated (17 genes [sequencing and deletion/duplication])
Medicare	0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes) (List separately in addition to code for primary procedure)
Medicare	0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)
Medicare	0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative breast cancer clinical subtype(s) with information on immune cell involvement
Medicare	0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative
Medicare	0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ("Positive, high probability of malignancy" or "Negative, low probability of malignancy")
Medicare	J3392	Injection, exagamlogene autotemcel, per treatment
Medicare	J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose
Medicare	62280	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Subarachnoid
Medicare	E0739	Rehab system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, sensors
Medicare	C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medic
Medicare	C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components
Medicare	C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components
Medicare	J9381	Injection, teplizumab-mzww, 5 mcg
Medicare	82234	Beta-amyloid; 1-42
Medicare	J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg
Medicare	J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg
Medicare	J9321	Injection, epcoritamab-bysp, 0.16 mg
Medicare	J9333	Injection, rozanolixumab-noli, 1 mg
Medicare	J9347	Injection, tremelimumab-actl, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg
Medicare	J9380	Injection, teclistamab-cqyv, 0.5 mg
Medicare	84394	Tau, total
Medicare	Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg
Medicare	J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5×10^9 pfu/ml vector genomes, per 0.1 ml
Medicare	82233	Beta-amyloid; 1-40
Medicare	J0218	Injection, olipudase alfa-rpcp, 1 mg
Medicare	J1304	Injection, tofersen, 1 mg
Medicare	J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg
Medicare	J1747	Injection, spesolimab-sbzo, 1 mg
Medicare	J2329	Injection, ublituximab-xiiy, 1mg
Medicare	30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal
Medicare	0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)
Medicare	0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only
Medicare	0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only
Medicare	33275	Transcatheter removal of permanent leadless pacemaker, right ventricular
Medicare	0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood
Medicare	0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib)
Medicare	0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA, plasma, algorithm reported as c
Medicare	0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZN
Medicare	0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions an
Medicare	0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA
Medicare	0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alter
Medicare	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for M
Medicare	Q5115	Injection, rituximab-abbs, biosimilar, 10 mg
Medicare	0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a persona
Medicare	0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination
Medicare	0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gen
Medicare	0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm
Medicare	Q2055	Idecabtagene vicleucel, up to 460 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose
Medicare	0516U	Receptor sole for use with L8720, replacement, each
Medicare	0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, next-generation sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpretative report for single-nucleotide variants, copy-number alterations, with therapy association
Medicare	0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15
Medicare	0476U	MatriDerm, per sq cm
Medicare	0486U	Oncology (pan-solid tumor), next-generation sequencing analysis of tumor methylation markers present in cell-free circulating tumor DNA, algorithm reported as quantitative measurement of methylation as a correlate of tumor fraction
Medicare	0496U	Intrabuccal, systemic delivery of amplitude-modulated, radiofrequency electromagnetic field device, for cancer treatment, includes all accessories
Medicare	0507U	Injection, midazolam (Seizalam), 1 mg
Medicare	0467U	Oncology (bladder), DNA, next-generation sequencing (NGS) of 60 genes and whole genome aneuploidy, urine, algorithms reported as minimal residual disease (MRD) status positive

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of C
Medicare	0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicit
Medicare	0453U	Oncology (colorectal cancer), cell-free DNA (cfDNA), methylation-based quantitative PCR assay (SEPTIN9, IKZF1, BCAT1, Septin9-2, VAV3, BCAN), plasma, reported as presence or a
Medicare	0460U	Oncology, whole blood or buccal, DNA single-nucleotide polymorphism (SNP) genotyping by real-time PCR of 24 genes, with variant analysis and reported phenotypes
Medicare	J9356	Injection, trastuzumab, 10 mg and hyaluronidase-oysk
Medicare	0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotox
Medicare	81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immuno
Medicare	A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist
Medicare	C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging
Medicare	L5615	Addition, endoskeletal knee-shin system, 4 bar linkage or multiaxial, fluid swing and stance phase control
Medicare	L5926	Addition to lower extremity prosthesis, endoskeletal, knee disarticulation, above knee, hip disarticulation, positional rotation unit, any type
Medicare	0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4,
Medicare	0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and struct
Medicare	0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication an
Medicare	0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected
Medicare	0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number a
Medicare	Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg
Medicare	Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana
Medicare	0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes
Medicare	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg
Medicare	0356U	Oncology (oropharyngeal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA, algorithm reported as a prognostic risk score for cancer recurrence
Medicare	0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien
Medicare	0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxymethylglutarate, ethylmalonate, 3-hydroxypropyl mercapturic acid (3-HPMA), quinolinic acid, kynurenic acid), LC-MS/MS, urine, algorithm reported as a pain-index score with likelihood of atypical biochemical function associated with pain
Medicare	Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg
Medicare	Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg
Medicare	Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg
Medicare	Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg
Medicare	0242U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 55-74 genes, interrogation for sequence variants, gene copy number amplifications, and gene rearrangements
Medicare	Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg
Medicare	Q9999	Injection, ustekinumab-aaaz (Otulfi), biosimilar, 1 mg
Medicare	0326U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free circulating DNA analysis of 83 or more genes, interrogation for sequence variants, gene copy number a
Medicare	0332U	Oncology (pan-tumor), genetic profiling of 8 DNA-regulatory (epigenetic) markers by quantitative polymerase chain reaction (qPCR), whole blood, reported as a high or low proba
Medicare	0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicare	0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene analysis of 11 gene variants utilizing plasma, reported as
Medicare	0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative for neovascular age-related macular-degeneration risk associated with zinc supplements
Medicare	J1299	Injection, eculizumab, 2 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq
Medicare	0229U	BCAT1 (Branched chain amino acid transaminase 1) or IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis
Medicare	0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *10, *11, *12, *13, *14A, *14B, *15, *17, *29, *35, *36, *41, *57, *61, *63, *68, *83, *xN)
Medicare	0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)
Medicare	0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (
Medicare	0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in addition to code for primary procedure)
Medicare	0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in addition to code for primary procedure)
Medicare	0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5' gene duplication/multiplication) (List separately in addition to code for primary procedure)
Medicare	0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)
Medicare	0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant
Medicare	Q4344	Tri-Membrane Wrap, per sq cm
Medicare	Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg
Medicare	L5783	Addition to lower extremity, user adjustable, mechanical, residual limb volume management system
Medicare	L5841	Addition, endoskeletal knee-shin system, polycentric, pneumatic swing, and stance phase control
Medicare	J9216	Injection, interferon, gamma-1B, 3 million units
Medicare	J9210	Injection, emapalumab-lzsg, 1 mg
Medicare	E0738	Upper extremity rehabilitation system providing active assistance to facilitate muscle re-education, includes microprocessor, all components and accessories
Medicare	E0743	External lower extremity nerve stimulator for restless legs syndrome, each
Medicare	97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each 15 minutes
Medicare	84999	Unlisted Chemistry Proc
Medicare	97154	Group adaptive behavior treatment by protocol, administered by technician under the direction of a physician or other qualified health care professional, face-to-face with two or more patients, each 15 minutes

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0482U	Obstetrics (preeclampsia), biochemical assay of soluble fms-like tyrosine kinase 1 (sFlt-1) and placental growth factor (PlGF), serum, ratio reported for sFlt-1/PlGF, with ris
Medicare	0490U	Oncology (cutaneous or uveal melanoma), circulating tumor cell selection, morphological characterization and enumeration based on differential CD146, high molecular-weight mel
Medicare	0491U	Oncology (solid tumor), circulating tumor cell selection, morphological characterization and enumeration based on differential epithelial cell adhesion molecule (EpCAM), cytok
Medicare	0492U	Supplies and accessories for intravaginal device intended to strengthen pelvic floor muscles during Kegel exercises
Medicare	0511U	Oncology (solid tumor), tumor cell culture in 3D microenvironment, 36 or more drug panel, reported as tumor-response prediction for each drug
Medicare	0517U	Therapeutic drug monitoring, 80 or more psychoactive drugs or substances, LC-MS/MS, plasma, qualitative and quantitative therapeutic minimally and maximally effective dose of prescribed and non-prescribed medications
Medicare	0519U	Therapeutic drug monitoring, medications specific to pain, depression, and anxiety, LC-MS/MS, plasma, 110 or more drugs or substances, qualitative and quantitative therapeutic
Medicare	Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg
Medicare	J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)
Medicare	J2277	Injection, motixafortide, 0.25 mg
Medicare	J1203	Injection, cipaglucosidase alfa-atga, 5 mg
Medicare	Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg
Medicare	J0589	Injection, daxibotulinumtoxina-lanm, 1 unit
Medicare	0108U	Gastroenterology (Barrett's esophagus), whole slide-digital imaging, including morphometric analysis, computer-assisted quantitative immunolabeling of 9 protein biomarkers (p16, AMACR, p53, CD68, COX-2, CD45RO, HIF1a, HER-2, K20) and morphology, formalin-fixed paraffin-embedded tissue, algorithm reported as risk of progression to high-grade dysplasia or cancer
Medicare	0394U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 16 PFAS compounds by liquid chromatography with tandem mass spectrometry (LC-MS/M
Medicare	0457U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), 9 PFAS compounds by LC-MS/MS, plasma or serum, quantitative
Medicare	0480U	Infectious disease (bacteria, viruses, fungi, and parasites), cerebrospinal fluid (CSF), metagenomic next-generation sequencing (DNA and RNA), bioinformatic analysis, with pos
Medicare	0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies
Medicare	J1809	Injection, fosdenopterin, 0.1 mg
Medicare	J0614	Injection, treosulfan, 50 mg
Medicare	J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg
Medicare	0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n
Medicare	0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific prot
Medicare	0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy
Medicare	0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score
Medicare	0093U	Prescription drug monitoring, evaluation of 65 common drugs by LC-MS/MS, urine, each drug reported detected or not detected
Medicare	0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smoking status, nodule diameter, nodule-spiculation status and nodule location), utilizing plasma, algorithm reported as a categorical probability of malignancy
Medicare	0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immun
Medicare	0091U	Oncology (colorectal) screening, cell enumeration of circulating tumor cells, utilizing whole blood, algorithm, for the presence of adenoma or cancer, reported as a positive or negative result
Medicare	H0044	Supported housing, per month
Medicare	S9349	Home infusion therapy, tocolytic infusion therapy
Medicare	99255	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of high complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 110 minutes are spent at the bedside and on the patient's hospital floor or unit.
Medicare	C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])
Medicare	A2019	Kerecis omega3 marigen shield, per square centimeter
Medicare	S9353	Home infusion therapy, continuous insulin infusion therapy
Medicare	38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat
Medicare	E0782	Non-Programable Infusion Pump
Medicare	S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day
Medicare	S9336	Home infusion therapy, continuous anticoagulant infusion therapy (e.g., Heparin)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral
Medicare	A2024	Resolve Matrix, per sq cm
Medicare	0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy
Medicare	S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day
Medicare	Q4343	Dermacyte AC Matrix Amniotic Membrane Allograft, per sq cm
Medicare	Q4345	Matrix HD Allograft Dermis, per sq cm
Medicare	A2029	Artacent Vericlen, per sq cm
Medicare	Q4298	Amnicore pro, per square centimeter
Medicare	S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours
Medicare	Q4263	Surgraft tl, per square centimeter
Medicare	A2013	Innovamatrix FS, per sq cm
Medicare	A2034	Foundation DRS Solo, per sq cm
Medicare	A2032	Myriad Matrix, per sq cm
Medicare	S9359	Home infusion therapy, anti-tumor necrosis factor intravenous therapy; (e.g., Infliximab)
Medicare	90791	Psychiatric diagnostic evaluation
Medicare	61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)
Medicare	22802	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 7 To 12 Vertebral Segments
Medicare	K1007	Bilateral hip, knee, ankle, foot (HKAFO) device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes all components and accessories, motors, microprocessors, sensors
Medicare	L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension
Medicare	Q4193	Coll-e-Derm, per sq cm
Medicare	0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, i
Medicare	S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)
Medicare	Q4236	carePATCH, per sq cm
Medicare	Q4245	AmnioText, per cc
Medicare	Q4249	Amniplay, for topical use only, per square centimeter
Medicare	Q4269	Surgraft xt, per square centimeter
Medicare	S9340	Home therapy; enteral nutrition;
Medicare	T2023	Targeted case management; per month
Medicare	Q4350	Palisade dm matrix, per square centimeter
Medicare	S0155	Sterile dilutant for epoprostenol, 50 ml
Medicare	Q4260	Signature apatch, per square centimeter

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	S9537	Home therapy; hematopoietic hormone injection therapy (e.g., Crythropoietin, G-CSF, GM-CSF)
Medicare	90792	Psychiatric diagnostic evaluation with medical services
Medicare	0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report
Medicare	Q4290	Membrane wrap-hydro, per square centimeter
Medicare	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (ZIEXTENZO), 0.5 mg
Medicare	A9278	Receiver (monitor); external, for use with nondurable medical equipment interstitial continuous glucose monitoring system (CGM)
Medicare	61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)
Medicare	64636	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); lumbar or sacral, each additional facet joint (List separately in addition to code for primary procedure)
Medicare	D7950	Osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report
Medicare	S5115	Home Care Training, Non-Family, Per 15 Minutes
Medicare	Q4201	Matrion, per sq cm
Medicare	Q4204	XWRAP, per sq cm
Medicare	Q4213	Ascent, 0.5 mg
Medicare	L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
Medicare	64479	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); cervical or thoracic, single level
Medicare	A2009	Symphony, per square centimeter
Medicare	38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete
Medicare	63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additional interspace, cervical or lumbar (List separately in addition to code for primary procedure)
Medicare	A0426	Ambulance service, advanced life support, nonemergency transport, level 1 (ALS 1)
Medicare	Q4270	Complete sl, per square centimeter
Medicare	Q4271	Complete ft, per square centimeter
Medicare	0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral
Medicare	0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	22558	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Lumbar
Medicare	A2026	Restrata MiniMatrix, 5 mg
Medicare	S0145	INJ PEGYLATED INTERFERON ALFA2A 180 MCG PER ML
Medicare	S5125	Attendant Care Services, Per 15 Minutes
Medicare	S9542	Home injectable therapy; not otherwise classified
Medicare	Q4196	PuraPly AM, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4202	Keroxx (2.5g/cc), 1cc
Medicare	Q4218	Surgicord, per square centimeter
Medicare	Q4233	SurFactor or NuDyn, per 0.5 cc
Medicare	Q4242	AmnioCyte Plus, per 0.5 cc
Medicare	38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition
Medicare	A4100	Skin substitute, FDA-cleared as a device, not otherwise specified
Medicare	Q4306	American Amnion AC, per sq cm
Medicare	A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie
Medicare	62362	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump
Medicare	L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension
Medicare	22595	Arthrodesis, Posterior Technique, Atlas-Axis
Medicare	S9341	Home therapy; enteral nutrition; via gravity
Medicare	A2027	Artacent Trident, per sq cm
Medicare	Q4289	Revoshield + amniotic barrier, per square centimeter
Medicare	Q4299	Amnicore pro+, per square centimeter
Medicare	Q4300	Acesso tl, per square centimeter
Medicare	T2044	Hospice inpatient respite care; per diem
Medicare	H0014	Alcohol and/or drug services; ambulatory detoxification
Medicare	63047	Laminectomy. Facetectomy & Foraminotomy, 1 Segment; Lumbar
Medicare	53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance
Medicare	A2015	Phoenix wound matrix, per square centimeter
Medicare	A2030	Miro3D fibers, per mg
Medicare	22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2
Medicare	Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm
Medicare	T2043	Hospice continuous home care; per hour
Medicare	A2020	Ac5 advanced wound system (ac5)
Medicare	S9355	Home infusion therapy, chelation therapy
Medicare	Q4215	Axolotl ambient or axolotl cryo, 0.1 mg
Medicare	Q4235	AMNIOREPAIR or AltiPly, per sq cm
Medicare	Q4238	Derm-Maxx, per sq cm
Medicare	Q4241	PolyCyte, for topical use only, per 0.5 cc
Medicare	Q4246	CoreText or ProText, per cc
Medicare	99505	Home Visit, Stoma Care & Maintenance, Colostomy, Cystostomy
Medicare	Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter
Medicare	Q4341	SimpliMax, per sq cm
Medicare	Q5106	Injection, epoetin alfa, biosimilar, (retacrit) (for non-esrd use), 1000 units
Medicare	99510	Home Visit Individual, Family, Marriage Counseling
Medicare	Q4305	American Amnion AC Tri-Layer, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	H0037	Community psychiatric supportive treatment program, per diem
Medicare	0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	Q4209	Surgraft, per square centimeter
Medicare	64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
Medicare	S9213	Home management of preeclampsia
Medicare	Q4195	PuraPly, per sq cm
Medicare	Q4230	Cogenex Flowable Amnion, per 0.5 cc
Medicare	Q4237	Cryo-Cord, per sq cm
Medicare	A2010	Apis, per square centimeter
Medicare	Q4348	Sentry sl matrix, per square centimeter
Medicare	64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array
Medicare	Q4342	TheraMend, per sq cm
Medicare	Q4186	Epifix, per sq cm
Medicare	S9558	Home injectable therapy; growth hormone,
Medicare	99511	Home Visit, Fecal Impaction Management & Enema Administration
Medicare	S9024	Paranasal Sinus Ultrasound
Medicare	T2022	Case management, per month
Medicare	99254	Inpatient consultation for a new or established patient, which requires these 3 key components: A comprehensive history; A comprehensive examination; and Medical decision making of moderate complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 80 minutes are spent at the bedside and on the patient's hospital floor or unit.
Medicare	T2045	Hospice general inpatient care; per diem
Medicare	H0035	Mental health partial hospitalization, treatment, less than 24 hours
Medicare	H0010	Alcohol and/or drug services; subacute detoxification (residential addiction program inpatient)
Medicare	H2012	Behavioral health day treatment, per hour
Medicare	S5102	Day Care Services, Adult, Per Diem
Medicare	S5175	Laundry Service, External, Professional, Per Order
Medicare	99502	Home Visit, Newborn Care, Assessment
Medicare	99501	Home Visit, Postnatal Assessment, Follow-Up Care
Medicare	H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3 days/week and is based on an individualized treatment plan), including assessment, counseling; crisis intervention, and activity therapies or education
Medicare	90399	Unlisted Immune Globulin
Medicare	T1019	Personal Care Services, Per 15 Minutes, Not For An Inpatient Or Reside
Medicare	T1040	Medicaid certified community behavioral health clinic services, per diem

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0900T	Noninvasive estimate of absolute quantitation of myocardial blood flow (AQMBF), derived from assistive algorithmic analysis of the dataset acquired via contrast cardiac magnet
Medicare	H0043	Supported housing, per diem
Medicare	99252	Inpatient consultation for a new or established patient, which requires these 3 key components: An expanded problem focused history; An expanded problem focused examination; and Straightforward medical decision making. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of low severity. Typically, 40 minutes are spent at the bedside and on the patient's hospital floor or unit.
Medicare	99253	Inpatient consultation for a new or established patient, which requires these 3 key components: A detailed history; A detailed examination; and Medical decision making of low complexity. Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate severity. Typically, 55 minutes are spent at the bedside and on the patient's hospital floor or unit.
Medicare	S0148	Injection, pegylated interferon alfa-2B, 10 mcg
Medicare	S9338	Home infusion therapy, immunotherapy therapy
Medicare	S9347	Home infusion therapy, uninterrupted, long-term, controlled rate intravenous infusion therapy (e.g., Epoprostenol)
Medicare	S9559	Home injectable therapy; interferon
Medicare	S9562	Home Injectable Therapy, Palivizumab, Including Administrative Service
Medicare	J9304	Injection, pemetrexed (pemfexy), 10 mg
Medicare	Q4205	Membrane graft or membrane wrap, per square centimeter
Medicare	Q4225	AmnioBind, per sq cm
Medicare	Q4251	Vim, per sq cm
Medicare	Q4252	Vendaje, per sq cm
Medicare	Q4253	Zenith Amniotic Membrane, per sq cm
Medicare	Q4256	MLG-Complete, per sq cm
Medicare	Q4257	Relese, per sq cm
Medicare	Q4258	Enverse, per sq cm
Medicare	Q4259	Celera dual layer or celera dual membrane, per square centimeter
Medicare	Q4261	Tag, per square centimeter
Medicare	Q4262	Dual layer impax membrane, per square centimeter
Medicare	Q4264	Cocoon membrane, per square centimeter
Medicare	T2042	Hospice routine home care; per diem
Medicare	99500	Home Visit, Prenat Monitor Assess, Fetal Heart Rate, Non-Stress Test, Uterine, Gestat Diabet Monitor
Medicare	99504	Home Visit, Mechanical Ventilation Care
Medicare	99507	Home Visit, Care & Maintenance Catheter(S) (Therapy, Drainage, Enteral)
Medicare	A2011	Supra SDRM, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	A2012	SUPRATHEL, per sq cm
Medicare	A2014	Omeza collagen matrix, per 100 mg
Medicare	A2016	Permeaderm b, per square centimeter
Medicare	A2017	Permeaderm glove, each
Medicare	L5827	Endoskeletal knee-shin system, single axis, electromechanical swing and stance phase control, with or without shock absorption and stance extension damping
Medicare	A2018	Permeaderm c, per square centimeter
Medicare	E1032	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware used with joystick or other drive control interface
Medicare	E1033	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for headrest, cushioned, any type
Medicare	E1034	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware for lateral trunk or hip support, any type
Medicare	E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
Medicare	A2031	MiroDry Wound Matrix, per sq cm
Medicare	A2033	Myriad Morcells, 4 mg
Medicare	A2035	Corplex P or Theracor P or Allacor P, per mg
Medicare	Q4187	Epicord, per sq cm
Medicare	Q4334	AmnioPlast 1, per sq cm
Medicare	Q4335	AmnioPlast 2, per sq cm
Medicare	22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes
Medicare	22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba
Medicare	22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic
Medicare	E0735	Non-invasive vagus nerve stimulator
Medicare	22585	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Add'l Interspace
Medicare	22612	Arthrodesis, posterior or posterolateral technique, single level; lumbar (with lateral transverse technique, when performed)
Medicare	22812	Spinal Fixation, Wiring, Spinous Processes
Medicare	22808	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 2 To 3 Vertebral Segments
Medicare	22810	Arthrodesis, Anterior, Spinal Deformity, W/Wo Cast; 4 To 7 Vertebral Segments
Medicare	22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs
Medicare	22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More
Medicare	C1832	Autograft suspension, including cell processing and application, and all system components
Medicare	Q4307	American Amnion, per sq cm
Medicare	Q4308	Sanopellis, per sq cm
Medicare	Q4309	VIA Matrix, per sq cm
Medicare	Q4310	Procenta, per 100 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
Medicare	0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilate
Medicare	0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa
Medicare	0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi
Medicare	S9152	Speech therapy, re-evaluation
Medicare	92618	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face with the patient; each additional 30 minutes (List separately in addition to code for primary procedure)
Medicare	69710	Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone
Medicare	90281	Immune Globulin (Ig), Human, Im Use
Medicare	J0139	Injection, adalimumab, 1 mg
Medicare	65760	Keratomileusis
Medicare	22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed
Medicare	22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments
Medicare	63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar
Medicare	63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicare	63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, Re-Explor, Sngle Interspc; Lumbar
Medicare	63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar
Medicare	63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar
Medicare	61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrode Array
Medicare	58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency
Medicare	Q4284	Dermabind sl, per square centimeter
Medicare	M0076	Prolotherapy
Medicare	S0157	Becaplermin Gel 1%, 0.5 Gm
Medicare	S8042	Magnetic Resonance Imaging (Mri), Low-Field
Medicare	S9055	Procuren Or Other Growth Fac

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4265	Neostim tl, per square centimeter
Medicare	Q4266	Neostim membrane, per square centimeter
Medicare	Q4267	Neostim dl, per square centimeter
Medicare	Q4268	Surgraft ft, per square centimeter
Medicare	63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level
Medicare	53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon
Medicare	53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume
Medicare	A2002	Mirragen advanced wound matrix, per square centimeter
Medicare	A2005	Microlyte matrix, per square centimeter
Medicare	A2006	Novosorb synpath dermal matrix, per square centimeter
Medicare	A2004	Xcellistem, per square centimeter
Medicare	A2008	Theragenesis, per square centimeter
Medicare	A2007	Restrata, per square centimeter
Medicare	64483	Injection(s), anesthetic agent and/or steroid, transforaminal epidural, with imaging guidance (fluoroscopy or CT); lumbar or sacral, single level
Medicare	64484	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, each additional level (List separately in addition to code for primary procedure)
Medicare	64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
Medicare	64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
Medicare	64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicare	64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; single level
Medicare	64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; second level (List separately in addition to code for primary procedure)
Medicare	64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), lumbar or sacral; third and any additional level(s) (List separately in addition to code for primary procedure)
Medicare	A2001	Innovamatrix ac, per square centimeter

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar
Medicare	38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage
Medicare	38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor
Medicare	38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor
Medicare	38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete
Medicare	38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal
Medicare	38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion
Medicare	38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion
Medicare	E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software
Medicare	A0428	Ambulance service, basic life support, nonemergency transport, (BLS)
Medicare	S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)
Medicare	T1021	Home Health Aide Or Certified Nurse Assistant, Per Visit
Medicare	A2021	Neomatrix, per square centimeter
Medicare	A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each
Medicare	A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each
Medicare	S9372	Home infusion therapy, intermittent anticoagulant injection therapy; (e.g., Heparin); (do not use this code for flushing
Medicare	S9379	Home infusion therapy, infusion therapy, not otherwise classified; administrative services, professional pharmacy servic
Medicare	S9211	Home management of gestational hypertension
Medicare	S9214	Home management of gestational diabetes
Medicare	Q4211	Amnion bio or Axobiomembrane, per square centimeter
Medicare	Q4216	Artacent cord, per square centimeter
Medicare	Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter
Medicare	Q4214	Cellesta cord, per square centimeter
Medicare	Q4219	Surgigraft-dual, per square centimeter
Medicare	Q4220	BellaCell HD or Surederm, per square centimeter
Medicare	Q4221	Amniowrap2, per square centimeter
Medicare	Q4227	AmnioCore™, per sq cm
Medicare	Q4222	Progenamatrix, per square centimeter
Medicare	Q4229	Cogenex Amniotic Membrane, per sq cm
Medicare	Q4234	XCellerate, per sq cm
Medicare	Q4232	Corplex, per sq cm
Medicare	Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm
Medicare	Q4240	CoreCyte, for topical use only, per 0.5 cc
Medicare	Q4247	Amniotext patch, per sq cm

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm
Medicare	Q4250	Amnioamp-mp, per square centimeter
Medicare	Q4254	Novafix dl, per square centimeter
Medicare	Q4255	Reguard, for topical use only, per square centimeter
Medicare	Q4184	Cellesta, per sq cm
Medicare	Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc
Medicare	Q4183	Surgigraft, per sq cm
Medicare	Q4188	AmnioArmor, per sq cm
Medicare	Q4189	Artacent AC, 1 mg
Medicare	Q4190	Artacent AC, per sq cm
Medicare	Q4192	Restorigin, 1 cc
Medicare	Q4194	Novachor, per sq cm
Medicare	Q4191	Restorigin, per sq cm
Medicare	Q4197	PuraPly XT, per sq cm
Medicare	Q4198	Genesis Amniotic Membrane, per sq cm
Medicare	Q4206	Fluid flow or fluid GF, 1 cc
Medicare	Q4208	Novafix, per square cenitmeter
Medicare	Q4203	Derma-Gide, per sq cm
Medicare	Q4212	Allogen, per cc
Medicare	L8701	Powered upper extremity range of motion assist device, elbow, wrist, hand with single or double upright(s), includes microprocessor, sensors, all components and accessories, custom fabricated
Medicare	22590	Arthrodesis, Posterior Technique, Craniocervical
Medicare	22614	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Add'l Segment
Medicare	22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; lumbar
Medicare	J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms
Medicare	E2398	Wheelchair accessory, dynamic positioning hardware for back
Medicare	S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(
Medicare	63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, lumbar
Medicare	L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension
Medicare	L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension
Medicare	S8085	Fluorine-18 Fluorodeoxygluco
Medicare	G0235	PET imaging, any site, not otherwise specified
Medicare	63012	Laminectomy W/Removal, Abnormal Facets, Lumbar
Medicare	L8679	Implantable neurostimulator, pulse generator, any type
Medicare	L8680	Implantable neurostimulator electrode, each
Medicare	L8682	Implantable neurostimulator radiofrequency receiver

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10 ¹⁵ vector genomes
Medicare	90283	Immune Globulin (Igiv), Human, Iv Use
Medicare	66683	Iris prosthesis Implantation
Medicare	29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage
Medicare	E1092	Wheelchair Wide W/ Leg Rests
Medicare	64575	Incision for implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicare	64581	Incision for implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)
Medicare	22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicare	22548	Arthrodesis, Anterior Transoral/Extraoral, Atlas-Axis, W/Wo Excision Odontoid Process
Medicare	64590	Insertion or replacement of peripheral or gastric neurostimulator pulse generator or receiver, direct or inductive coupl
Medicare	22600	Arthrodesis, Posterior/Posterolateral Technique, Single Level; Cervical Below C2
Medicare	22630	Arthrodesis, Post Interbody W/Laminectomy &/Or Discect, Prep Interspace, Single Interspace; Lumbar
Medicare	22804	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; 13+ Vertebral Segments
Medicare	64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)
Medicare	64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint
Medicare	64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint
Medicare	64634	Destruction by neurolytic agent, paravertebral facet joint nerve(s), with imaging guidance (fluoroscopy or CT); cervical or thoracic, each additional facet joint (List separately in addition to code for primary procedure)
Medicare	63685	Incision/Placement, Spinal Neurostimulator Pulse Generator/Receiver
Medicare	63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural
Medicare	0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)
Medicare	63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural
Medicare	63185	Laminectomy with rhizotomy; 1 or 2 segments
Medicare	E0447	Portable oxygen contents, liquid, 1 month's supply = 1 unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (LPM)
Medicare	0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter
Medicare	63190	Laminectomy with rhizotomy; more than 2 segments
Medicare	E0604	Breast pump, hospital grade, electric (AC and/or DC), any type
Medicare	63053	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg. spinal or lateral recess stenosis]

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)
Medicare	D7941	Osteotomy - Mandibular Rami
Medicare	D7943	Osteotomy - Mandibular Rami With Bone Graft; Includes Obtaining The Graft
Medicare	D7944	OSTEOTOMY-SEGMENTED OR SUBAPICAL
Medicare	D7945	osteotomy - body of mandible
Medicare	D7946	LeFort I (maxilla - total)
Medicare	D7947	Lefort I (Maxilla - Segmented)
Medicare	D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft
Medicare	D7949	Lefort li Or Lefort lii - With Bone Graft
Medicare	D7995	Synthetic Graft - Mandible Or Facial Bones, By Report
Medicare	D7996	Implant-Mandible For Augmentation Purposes (Excluding Alveolar Ridge), By Report
Medicare	63052	Laminectomy, facetectomy, or foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s] [eg, spinal or lateral recess stenosis]
Medicare	62323	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); with imaging guidance (ie, fluoroscopy or CT)
Medicare	62322	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, lumbar or sacral (caudal); without imaging guidance
Medicare	62321	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; with imaging guidance (ie, fluoroscopy or CT)
Medicare	99602	Home infusion/specialty drug administration, per visit (up to 2 hours); each additional hour (List separately in additio
Medicare	61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel
Medicare	A4575	Hyperbaric O2 Chamber Disps
Medicare	A9272	Wound suction, disposable, includes dressing, all accessories and components, any type, each
Medicare	99600	Unlisted Home Visit Service/Procedure
Medicare	99601	Home infusion/specialty drug administration, per visit (up to 2 hours)
Medicare	99506	Home Visit, Im Injections
Medicare	S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours
Medicare	S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours
Medicare	S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours
Medicare	S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours
Medicare	S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi
Medicare	Q4351	Enclose tl matrix, per square centimeter
Medicare	Q4352	Overlay sl matrix, per square centimeter
Medicare	Q4353	Xceed tl matrix, per square centimeter
Medicare	Q4346	Shelter dm matrix, per square centimeter
Medicare	Q4347	Rampart dl matrix, per square centimeter
Medicare	Q4349	Mantle dl matrix, per square centimeter
Medicare	62320	Injection(s), of diagnostic or therapeutic substance(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle or catheter placement, interlaminar epidural or subarachnoid, cervical or thoracic; without imaging guidance
Medicare	43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease
Medicare	31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve
Medicare	31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve
Medicare	30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)
Medicare	Q4286	NuDYN SL or NuDYN SLW, per sq cm
Medicare	Q4285	NuDYN DL or NuDYN DL MESH, per sq cm
Medicare	22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for
Medicare	37216	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; Wo Distal Embolic Protection
Medicare	0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation
Medicare	0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound guidance, unilateral
Medicare	22800	Arthrodesis, Posterior, Spinal Deformity, W/Wo Cast; Up To 6 Vertebral Segments
Medicare	22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other than for decompression), single interspace and segment; each additional interspace and segment (List separately in addition to code for primary procedure)
Medicare	22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophyctectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each additional interspace (List separately in addition to code for separate procedure)
Medicare	22554	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Cervical Below C2

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; each additional thoracic or lumbar vertebral body (List separately in addition to code for primary procedure)
Medicare	22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; lumbar
Medicare	22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 vertebral body, unilateral or bilateral cannulation, inclusive of all imaging guidance; thoracic
Medicare	33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana
Medicare	33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)
Medicare	33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generat
Medicare	33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only
Medicare	33281	Repositioning of phrenic nerve stimulator transvenous lead(s)
Medicare	33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous sti
Medicare	33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator
Medicare	22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral
Medicare	22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cervicothoracic or lumbosacral vertebral body (List separately in addition to code for primary procedure)
Medicare	0778T	Surface mechanomyography (sMMG) with concurrent application of inertial measurement unit (IMU) sensors for measurement of multi-joint range of motion, posture, gait, and muscl
Medicare	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (fulphila), 0.5 mg
Medicare	Q4279	Vendaje ac, per square centimeter
Medicare	Q4287	Dermabind dl, per square centimeter
Medicare	Q4288	Dermabind ch, per square centimeter
Medicare	Q4296	Rebound matrix, per square centimeter

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4297	Emerge matrix, per square centimeter
Medicare	Q4301	Activate matrix, per square centimeter
Medicare	Q4302	Complete aca, per square centimeter
Medicare	Q4303	Complete aa, per square centimeter
Medicare	Q4304	Grafix plus, per square centimeter
Medicare	Q4291	Lamellas xt, per square centimeter
Medicare	Q4292	Lamellas, per square centimeter
Medicare	Q4293	Acesso dl, per square centimeter
Medicare	Q4294	Amnio quad-core, per square centimeter
Medicare	Q4295	Amnio tri-core amniotic, per square centimeter
Medicare	93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming
Medicare	93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system
Medicare	93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography
Medicare	93153	Interrogation without programming of implanted phrenic nerve stimulator system
Medicare	Q4336	Artacent C, per sq cm
Medicare	Q4338	Artacent Velos, per sq cm
Medicare	Q4337	Artacent Trident, per sq cm
Medicare	Q4339	Artacent Vericlen, per sq cm
Medicare	Q4340	SimpliGraft, per sq cm
Medicare	A2028	Artacent Velos, per sq cm
Medicare	A2025	Miro3D, per cu cm
Medicare	S9376	Home infusion therapy, hydration therapy; more than two liters but no more than three liters per day
Medicare	S9377	Home infusion therapy, hydration therapy; more than three liters per day
Medicare	S9373	Home infusion therapy, hydration therapy (do not use with hydration therapy codes S9374-S9377 using daily volume scales)
Medicare	S9374	Home infusion therapy, hydration therapy; one liter per day
Medicare	S9375	Home infusion therapy, hydration therapy; more than one liter but no more than two liters per day
Medicare	A2022	InnovaBurn or InnovaMatrix XL, per sq cm
Medicare	A2023	InnovaMatrix PD, 1 mg
Medicare	0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence
Medicare	S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day
Medicare	S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day
Medicare	0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral
Medicare	S9343	Home therapy; enteral nutrition via bolus
Medicare	S9342	Home therapy; enteral nutrition via pump

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	S9351	Home infusion therapy, continuous or intermittent anti-emetic infusion therapy; administrative services, professional ph
Medicare	Q4199	Cygnus matrix, per square centimeter
Medicare	Q4200	SkinTE, per sq cm
Medicare	T2035	Utility services to support medical equipment and assistive technology/devices, waiver
Medicare	T2040	Financial management, self-directed, waiver; per 15 minutes
Medicare	C1889	Implantable/insertable device, not otherwise classified
Medicare	0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles
Medicare	0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve
Medicare	K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0003	Lightweight Wheelchair
Medicare	A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries
Medicare	L3003	Foot Insert Silicone Gel Eac
Medicare	L3224	Woman's Shoe Oxford Brace
Medicare	L1630	Abduct Control Hip Semi-Flex
Medicare	L1970	Afo Plastic Molded W/Ankle J
Medicare	L2037	Knee ankle foot orthosis, full plastic, single upright, with or without free motion knee, with or without free motion an
Medicare	L0632	LSO, sagittal control, with rigid anterior and posterior panels, posterior extends from sacrococcygeal junction to T-9 v
Medicare	K0011	Stnd Wt Pwr Whlchr W Control
Medicare	K0014	Other Power Whlchr Base
Medicare	K0047	Elevating legrest, upper hanger bracket, replacement only, each
Medicare	J2182	Injection, mepolizumab, 1 mg
Medicare	Q4181	Amnio Wound, per sq cm
Medicare	L6935	Below Elbow Myoelectronic Ct
Medicare	L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow
Medicare	47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectom
Medicare	20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)
Medicare	S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT codes 99500-99602 can be used)
Medicare	S9128	Speech Therapy, In The Home
Medicare	J2786	Injection, reslizumab, 1 mg
Medicare	T1000	Private duty/independent nursing service(s) - licensed, up to 15 minutes
Medicare	S2060	Lobar Lung Transplantation
Medicare	77523	Proton Treatment Delivery; Intermediate

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed
Medicare	E0968	Wheelchair Commode Seat
Medicare	E0946	Fracture Frame Dual W Cross
Medicare	E0673	Pressure Pneum Appl Half Leg
Medicare	E0610	Pacemaker Monitr Audible/Vis
Medicare	G0255	Current Perception Threshold/Sensory Nerve Conduction Test, Per Limb,
Medicare	77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)
Medicare	E2508	Speech generating device, synthesized speech, requiring message formulation by spelling
Medicare	E2511	Speech generating software program, for personal computer or personal digital assistant
Medicare	E2602	Gen w/c cushion wdth >=22 in
Medicare	E2612	Gen use back cush wdth>=22in
Medicare	E2615	Pos back post/lat wdth <22in
Medicare	E2388	POWER WHEELCHAIR ACCESSORY, FOAM DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicare	E2206	Manual wheelchair accessory, wheel lock assembly, complete, replacement only, each
Medicare	E2225	Manual wheelchair accessory, caster wheel excludes tire, any size, replacement only, each
Medicare	E1234	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, Wo Seating
Medicare	E1520	Heparin Infusion Pump For Di
Medicare	E1592	Auto Interm Peritoneal Dialy
Medicare	E1226	Wheelchair accessory, manual fully reclining back, (recline greater than 80 degrees), each
Medicare	E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction
Medicare	E1036	Multi-Positional Patient Transfer System, Extra-Wide, With Integrated Seat, Operated By Caregiver, Patient Weight Capaci
Medicare	G0304	Pre-operative pulmonary surgery services for preparation for lvrs, 1 to 9 days
Medicare	42830	Adenoidectomy, primary; under age 12
Medicare	J7328	Hyaluronan or derivative, GELSYN-3, for intra-articular injection, 0.1 mg
Medicare	S5108	Home care training to home care client, per 15 minutes
Medicare	S5110	Home Care Training, Family, Per 15 Minutes
Medicare	Q4107	Graftjacket, per square centimeter
Medicare	Q4101	Apligraf, per square centimeter
Medicare	Q4102	Oasis wound matrix, per square centimeter
Medicare	E0205	Heat Lamp With Stand
Medicare	E0225	Hydrocollator Unit
Medicare	A9606	Radium ra-223 dichloride, therapeutic, per microcurie
Medicare	E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	99509	Home Visit, Assistance W/Activities Daily Living & Personal Care
Medicare	E2228	Manual wheelchair accessory, wheel braking system and lock, complete, each
Medicare	E2322	Power wheelchair accessory, hand control interface, multiple mechanical switches
Medicare	E1290	Wheelchair Hvy Duty Detach A
Medicare	E1296	Wheelchair Special Seat Heig
Medicare	64736	Transection/Avulsion; Mental Nerve
Medicare	E1180	Wheelchair Amputee W/ Foot R
Medicare	E1570	Adjustable Chair For Esrd Pt
Medicare	E1580	Unipuncture Control System
Medicare	E0985	Wheelchair accessory, seat lift mechanism
Medicare	E0992	Wheelchair Solid Seat Insert
Medicare	E1010	Wheelchair accessory, addition to power seating system, power leg elevation
Medicare	E1014	Reclining Back, Addition To Pediatric Wheelchair
Medicare	63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion
Medicare	E0666	Pneumatic Appliance Half Leg
Medicare	J0565	Injection, bezlotoxumab, 10 mg
Medicare	J0585	Injection, Onabotulinumtoxina, 1 Unit
Medicare	J0178	Injection, aflibercept, 1 mg
Medicare	G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval
Medicare	C1778	Lead, neurostimulator (implantable)
Medicare	E1500	Centrifuge, for dialysis
Medicare	E2613	Position back cush wd <22in
Medicare	E2619	Replace cover w/c seat cush
Medicare	E2358	Power wheelchair accessory, group 34 nonsealed lead acid battery, each
Medicare	E2391	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE (REMOVABLE), ANY
Medicare	J1325	Epoprostenol Injection
Medicare	L2038	Knee ankle foot orthosis, full plastic, with or without free motion knee, multi-axis ankle, custom fabKnee ankle foot or
Medicare	K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicare	K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED
Medicare	K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU
Medicare	S0800	Laser In Situ Keratomileusis
Medicare	J2357	Injection, omalizumab, 5 mg
Medicare	L5968	Multiaxial Ankle W Dorsiflex
Medicare	S9129	Occupational Therapy, In The
Medicare	T1003	LPN/LVN services, up to 15 minutes
Medicare	T1022	Contracted Home Health Agency Services, All Services Provided Under Co
Medicare	S2235	Implantation of auditory brain stem implant
Medicare	77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	H2019	Therapeutic behavioral services, per 15 minutes
Medicare	15783	Dermabrasion; Superficial, Any Site
Medicare	15273	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicare	Q4128	FlexHD, AllopatchHD, or Matrix HD, per sq cm
Medicare	Q4151	Amnioband or guardian, per square centimeter
Medicare	27125	Hemiarthroplasty, Hip, Partial
Medicare	21155	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/Lefort I
Medicare	21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open
Medicare	32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass
Medicare	Q4182	Transcyte, per sq cm
Medicare	S5135	Companion Care, Adult, Per 15 Minutes
Medicare	S5140	Foster Care, Adult, Per Diem
Medicare	J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu
Medicare	J9022	Injection, atezolizumab, 10 mg
Medicare	21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation
Medicare	21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl
Medicare	22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le
Medicare	33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary
Medicare	L5859	Addition to lower extremity prosthesis, endoskeletal knee-shin system, powered and programmable flexion/extension assist control, includes any type motor(s)
Medicare	36260	Insertion, Implantable Intra-Arterial Infusion Pump
Medicare	36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated
Medicare	27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s))
Medicare	E2301	Wheelchair accessory, power standing system, any type
Medicare	E0266	Hosp Bed Total Elec W/O Matt
Medicare	E0615	Pacemaker Monitr Digital/Vis
Medicare	62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day
Medicare	E2390	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) DRIVE WHEEL TIRE, ANY SIZE,
Medicare	E2216	Manual wheelchair accessory, foam filled propulsion tire, any size, each
Medicare	E2214	Manual wheelchair accessory, pneumatic caster tire, any size, each
Medicare	E2222	Manual wheelchair accessory, solid (rubber/plastic) caster tire with integrated wheel, any size, replacement only, each
Medicare	E1600	Deliv/Install Equip For Dial
Medicare	E1634	Peritoneal dialysis clamps, each
Medicare	E1233	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adj, Wo Seating
Medicare	E1140	Wheelchair Standard Detach A

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E0988	Manual wheelchair accessory, lever-activated, wheel drive, pair
Medicare	E0483	High frequency chest wall oscillation system, includes all accessories and supplies, each
Medicare	J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)
Medicare	29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx
Medicare	E2622	Skin protection wheelchair seat cushion, adjustable, width less than 22 inches, any depth
Medicare	E2392	POWER WHEELCHAIR ACCESSORY, SOLID (RUBBER/PLASTIC) CASTER TIRE WITH INTEGRATED
Medicare	E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.
Medicare	E2325	Power wheelchair accessory, sip and puff interface, nonproportional
Medicare	E2363	Power wheelchair accessory, group 24 sealed lead acid battery, each
Medicare	L0492	TLSO, sagittal-coronal control, modular segmented spinal system, three rigid plastic shells, posterior extends from the
Medicare	K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft
Medicare	36514	Therapeutic Apheresis; Plasma Pheresis
Medicare	S8035	Magnetic Source Imaging
Medicare	J1745	Injection, infliximab, excludes biosimilar, 10 mg
Medicare	Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm
Medicare	Q4132	Grafix Core and GrafixPL Core, per sq cm
Medicare	Q4145	Epifix, injectable, 1 mg
Medicare	67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of
Medicare	0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or foraminotomy), any method, under indirect image guidance (eg, fluoroscopic, CT), single or multiple levels, unilateral or bilateral; cervical or thoracic
Medicare	S9090	Vertebral Axial Decompressio
Medicare	Q4116	Alloderm, per square centimeter
Medicare	Q4121	Theraskin, per square centimeter
Medicare	T2031	Assisted living; waiver, per diem
Medicare	S5121	Home Care Training, Family, Per Diem/TX LTC Pest Control
Medicare	S5141	Foster Care, Adult, Per Month
Medicare	L6925	Wrist Disart Myoelectronic C
Medicare	G0460	Autologous platelet rich plasma for chronic wounds/ulcers, including phlebotomy, centrifugation, and all other preparatory procedures, administration and dressings, per treatment

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L3250	Custom Mold Shoe Remov Prost
Medicare	S9212	Home management of postpartum hypertension
Medicare	Q4140	Biodfence, per square centimeter
Medicare	Q4143	Repriza, per square centimeter
Medicare	Q4165	Keramatrix, per square centimeter
Medicare	L7180	Electronic Elbow Utah Myoele
Medicare	J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0
Medicare	65765	Keratophakia
Medicare	90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery and management
Medicare	E0980	Wheelchair Safety Vest
Medicare	E0942	Cervical Head Harness/Halter
Medicare	E0667	Seg Pneumatic Appl Full Leg
Medicare	E0352	Disposable Pack W/Bowel Syst
Medicare	29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)
Medicare	E2606	Position wc cush wdth>=22 in
Medicare	E2616	Pos back post/lat wdth>=22in
Medicare	27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft
Medicare	E2378	Power wheelchair component, actuator, replacement only
Medicare	E2384	POWER WHEELCHAIR ACCESSORY, PNEUMATIC CASTER TIRE, ANY SIZE, REPLACEMENT ONLY,
Medicare	E2226	Manual wheelchair accessory, caster fork, any size, replacement only, each
Medicare	E2227	Manual wheelchair accessory, gear reduction drive wheel, each
Medicare	E1239	Ped power wheelchair NOS
Medicare	E2100	Blood glucose monitor with integrated voice synthesizer
Medicare	E1297	Wheelchair Special Seat Dept
Medicare	E1160	Wheelchair Fixed Arms
Medicare	E1020	Residual limb support system for wheelchair, any type
Medicare	K0042	Standard size footplate, replacement only, each
Medicare	K0052	Swingaway, detachable footrests, replacement only, each
Medicare	K0069	Rear wheel assembly, complete, with solid tire, spokes or molded, replacement only, each
Medicare	K0065	Spoke Protectors
Medicare	29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)
Medicare	S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including
Medicare	S2102	Islet Cell Tissue Transplant
Medicare	L0974	Tlso Full Corset
Medicare	K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS
Medicare	K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicare	21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft
Medicare	L5649	Addition to lower extremity, ischial containment/narrow M-L socket
Medicare	J9203	Injection, gemtuzumab ozogamicin, 0.1 mg
Medicare	A9274	External ambulatory insulin delivery system, disposable, each, includes all
Medicare	21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)
Medicare	21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts
Medicare	46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
Medicare	S9991	Services provided as part of a Phase III clinical trial
Medicare	T2027	Specialized childcare, waiver; per 15 minutes
Medicare	55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without
Medicare	47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor
Medicare	57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy
Medicare	J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.
Medicare	J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg
Medicare	J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU
Medicare	J7181	Injection, factor xiii a-subunit, (recombinant), per iu
Medicare	37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention; for tumors, organ ischemia, or infarction
Medicare	77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)
Medicare	77522	Proton Treatment Delivery; Simple W/Compensation
Medicare	0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve
Medicare	C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
Medicare	21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead
Medicare	J7325	Hyaluronan Or Derivative, Synvisc Or Synvisc-One, For Intra-Articular Injection, 1 Mg
Medicare	S2400	Repair, congenital hernia in the fetus, procedure performed in utero
Medicare	15878	Suction Assisted Lipectomy; Upper Extremity
Medicare	29873	Arthroscopy, Knee, Surgical; W/Lateral Release
Medicare	K0001	Standard Wheelchair
Medicare	S5180	Home Health Respiratory Therapy, Initial Evaluation
Medicare	K0009	Other Manual Wheelchair/Base
Medicare	K0056	Seat Ht <17 Or >=21 Lwt Wc
Medicare	29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation
Medicare	77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E2632	Wheelchair accessory, addition to mobile arm support, offset or lateral rocker arm with elastic balance control
Medicare	77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist
Medicare	J1439	Injection, ferric carboxymaltose, 1mg
Medicare	L3020	Foot Longitud/Metatarsal Sup
Medicare	S2117	Arthroereisis, subtalar
Medicare	K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	S9124	Nursing care, in the home; by licensed practical nurse, per hour
Medicare	Q4134	Hmatrix, per square centimeter
Medicare	L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O
Medicare	27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft
Medicare	27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft
Medicare	E1590	Hemodialysis Machine
Medicare	E1130	Whlchr Stand Fxd Arm Ft Rest
Medicare	E0956	Wheelchair accessory, lateral trunk or hip support, prefabricated, including fixed mounting hardware, each
Medicare	E0974	Wheelchair Grade-Aid
Medicare	E0948	Fracture Frame Attachmnts Ce
Medicare	63688	Revision/Removal, Implanted Spinal Neurostimulator Pulse Generator/Receiver
Medicare	E0668	Seg Pneumatic Appl Full Arm
Medicare	E0669	Seg Pneumatic Appli Half Leg
Medicare	E0265	Hosp Bed Total Electr W/ Mat
Medicare	0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion system, and cold preservation of the allograft prior to implantation, when performed
Medicare	E0239	Hydrocollator Unit Portable
Medicare	E1701	Repl Cushions For Jaw Motion
Medicare	E1195	Wheelchair Amputee Heavy Dut
Medicare	E1540	Pressure Alarm For Dialysis
Medicare	Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg
Medicare	L3918	Hand orthosis, metacarpal fracture orthosis, prefabricated, off-the-shelf
Medicare	L3981	Upper extremity fracture orthosis, humeral, prefabricated, includes shoulder cap design, with or without joints, forearm section, may include soft interface, straps, includes fitting and adjustments
Medicare	S5105	Day Care Services, Center Based, Not Incl In Program Fee, Per Diem
Medicare	S5162	Emergency Response System, Purchase Only
Medicare	S5165	Home Modifications, Per Service

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0488T	Preventive behavior change, online/electronic structured intensive program for prevention of diabetes using a standardized diabetes prevention program curriculum, provided to an individual, per 30 days
Medicare	C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm
Medicare	C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm
Medicare	21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft
Medicare	J7326	Hyaluronan or derivative, Gel-One, for intra-articular injection, per dose
Medicare	15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)
Medicare	77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels
Medicare	K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30
Medicare	0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles
Medicare	S2348	Decompress disc RF lumbar
Medicare	S2053	Transplantation Of Small Int
Medicare	J1428	Injection, eteplirsen, 10 mg
Medicare	K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3
Medicare	K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0051	Cam release assembly, footrest or legrest, replacement only, each
Medicare	S9122	Home health aide or certified nurse assistant, providing care in the home; per hour
Medicare	E0425	Gas System Stationary Compre
Medicare	S5181	Home Health Respiratory Therapy, NOS, Per Diem
Medicare	Q4103	Oasis burn matrix, per square centimeter
Medicare	Q4150	Allowrap ds or dry, per square centimeter
Medicare	Q4166	Cytal, per square centimeter
Medicare	L7181	Electronic elbow simultaneous
Medicare	J1602	Injection, golimumab, 1 mg, for intravenous use
Medicare	L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL
Medicare	J2941	Injection, somatropin, 1 mg
Medicare	J3060	Injection, taliglucerase alfa, 10 units
Medicare	J7191	Factor Viii (Porcine)
Medicare	27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee
Medicare	J2502	Injection, pasireotide long acting, 1 mg
Medicare	L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets
Medicare	47135	Liver Allograft Transplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age
Medicare	42835	Adenoidectomy, secondary; younger than age 12
Medicare	E0960	Wheelchair accessory, shoulder harness/straps or chest strap, including any type mounting hardware
Medicare	E2631	Wheelchair accessory, addition to mobile arm support, elevating proximal arm
Medicare	E2385	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC CASTER TIRE, ANY SIZE,
Medicare	E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device
Medicare	E2208	Wheelchair accessory, cylinder tank carrier, each
Medicare	E1230	Power Operated Vehicle
Medicare	E1260	Wheelchair Lightwt Foot Rest
Medicare	E1172	Wheelchair Amputee Detach Ar
Medicare	E1550	Bath Conductivity Meter
Medicare	E1610	Reverse Osmosis Water Purifi
Medicare	E0984	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicare	E0856	Cervical traction device, cervical collar with inflatable air bladder
Medicare	J1413	Injection, delandistrogene moxeparovec-rokl, per therapeutic dose
Medicare	21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts
Medicare	Q4136	Ez-derm, per square centimeter
Medicare	H2036	Alcohol and/or other drug treatment program, per diem
Medicare	A9580	Sodium fluoride F-18, diagnostic, per study dose, up to 30 millicuries
Medicare	T1041	Medicaid certified community behavioral health clinic services, per month
Medicare	H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem
Medicare	S5101	Day Care Services, Adult, Per Half Day
Medicare	J7199	Hemophilia Clot Factor Noc
Medicare	E0350	Control Unit Bowel System
Medicare	T2030	Assisted living, waiver; per month
Medicare	S5170	Home Delivered Meals, Including Preparation, Per Meal
Medicare	S9988	Services provided as part of a Phase I clinical trial
Medicare	H2021	Community-based wrap-around services, per 15 minutes
Medicare	E0242	Bath Tub Rail Floor
Medicare	S5151	Unskilled Respite Care, Not Hospice, Per Diem
Medicare	E0455	Oxygen Tent Excl Croup/Ped T
Medicare	E0175	Commode Chair Foot Rest
Medicare	S5100	Day Care Services, Adult, Per 15 Minutes
Medicare	S5130	Homemaker Service, NOS, Per 15 Minutes
Medicare	S5160	Emergency Response System, Installation And Testing
Medicare	E0243	Toilet Rail

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit
Medicare	H0032	Mental health service plan development by nonphysician
Medicare	S9990	Services provided as part of a Phase II clinical trial
Medicare	S5120	Chore Services, Per 15 Minutes
Medicare	T1028	Assessment Of Home, Physical And Family Environment, To Determine Suit
Medicare	S5136	Companion Care, Adult, Per Diem
Medicare	S5150	Unskilled Respite Care, Not Hospice, Per 15 Minutes
Medicare	L9900	Orthotic and prosthetic supply, accessory, and/or service component of another HCPCS L code
Medicare	D9920	Behavior Management, By Report
Medicare	E0446	Topical oxygen delivery system, not otherwise specified, includes all supplies and accessories
Medicare	T2026	Specialized childcare, waiver; per diem
Medicare	S5126	Attendant Care Services, Per Diem
Medicare	S5131	Homemaker Services, NOS, Per Diem
Medicare	S5161	Emergency Response System, Service Fee Per Month
Medicare	K0740	Repair or nonroutine service for oxygen equipment requiring the skill of a technician, labor component, per 15 minutes
Medicare	H0018	Behavioral health; short-term residential (nonhospital residential treatment program), without room and board, per diem
Medicare	Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures
Medicare	S2340	Chemodenervation Of Abductor
Medicare	J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rc0
Medicare	J7190	Factor Viii
Medicare	J7194	Factor Ix Complex
Medicare	J7205	Injection, factor viii fc fusion (recombinant), per iu
Medicare	M0300	Iv Chelationtherapy
Medicare	C1763	Connective tissue, nonhuman (includes synthetic)
Medicare	Q4130	Strattice TM, per sq cm
Medicare	Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm
Medicare	Q4154	Biovance, per square centimeter
Medicare	Q4158	Kerecis Omega3, per sq cm
Medicare	Q4160	Nushield, per square centimeter
Medicare	V2790	Amniotic Membrane
Medicare	Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm
Medicare	Q4110	Primatrix, per square centimeter
Medicare	Q4115	Alloskin, per square centimeter
Medicare	Q4122	Dermacell, per square centimeter
Medicare	Q4124	OASIS ultra tri-layer wound matrix, per sq cm
Medicare	Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor
Medicare	21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy
Medicare	21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy
Medicare	65778	Placement of amniotic membrane on the ocular surface; without sutures
Medicare	21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining
Medicare	21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o
Medicare	21151	Reconstruction Midface, Lefort Ii; W/Bone Grafts
Medicare	65779	Placement of amniotic membrane on the ocular surface; single layer, sutured
Medicare	21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)
Medicare	21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft
Medicare	21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement
Medicare	65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers
Medicare	J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg
Medicare	15277	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area greater than or equal to 100 sq cm; first 100 sq cm wound surface area, or 1% of body area of infants and children
Medicare	21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft
Medicare	21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft
Medicare	15275	Application of skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to 100 sq cm; first 25 sq cm or less wound surface area
Medicare	15271	Application Of Skin Substitute Graft To Trunk, Arms, Legs, Total Wound Surface Area Up To 100 Sq Cm; First 25 Sq Cm Or Less Wound Surface Area
Medicare	20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a
Medicare	J7324	Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
Medicare	19368	Breast Reconstruction W/Myocutan (Tram) Flap, Single Pedicle W/Closure Donor Site; W/Microvasc Anast
Medicare	19369	Breast Reconstruction W/Myocutaneous (Tram) Flap, Double Pedicle W/Closure Donor Site
Medicare	15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in addition to code for primary procedure)
Medicare	19396	Preparation, Moulage, Custom Breast Implant
Medicare	J7327	Hyaluronan or derivative, monovisc, for intra-articular injection, per dose

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	S2401	Repair, urinary tract obstruction in the fetus, procedure performed in utero
Medicare	S2402	Repair, congenital cystic adenomatoid malformation in the fetus, procedure performed in utero
Medicare	S2202	Echosclerotherapy
Medicare	S2405	Repair Of Sacrococcygeal Teratoma In The Fetus, Procedure Performed In
Medicare	S2409	Repair, congenital malformation of fetus, procedure performed in utero, not otherwise classified
Medicare	S2403	Repair, extralobar pulmonary sequestration in the fetus, procedure performed in utero
Medicare	S2404	Repair, myelomeningocele in the fetus, procedure performed in utero
Medicare	J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU
Medicare	J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg
Medicare	J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg
Medicare	J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg
Medicare	J7321	Hyaluronan or derivative, Hyalgan, Supartz or Visco-3, for intra-articular injection, per dose
Medicare	J7322	Hyaluronan or derivative, hymovis, for intra-articular injection, 1 mg
Medicare	J7323	Hyaluronan or derivative, euflexxa, for intra-articular injection, per dose
Medicare	J7320	Hyaluronan or derivitive, genvisc 850, for intra-articular injection, 1 mg
Medicare	15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand
Medicare	15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique
Medicare	V2787	Astigmatism correcting function of intraocular lens
Medicare	V2788	Presbyopia correcting function of intraocular lens
Medicare	15826	Rhytidectomy; Glabellar Frown Lines
Medicare	E0617	Automatic Ext Defibrillator
Medicare	E0746	Electromyograph Biofeedback
Medicare	15776	Punch Graft, Hair Transplant; > 15 Punch Grafts
Medicare	15787	Abrasion; Add'l 4 Lesions/<
Medicare	15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less
Medicare	15155	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; first 25 sq cm or less
Medicare	0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space
Medicare	0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast injection(s), intraprocedural roadmapping and radiological supervision and interpretation, including pressure gradient measurements, flush aortogram and diagnostic renal angiography when performed; bilateral
Medicare	0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)
Medicare	0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin
Medicare	K0108	W/C Component-Accessory Nos

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU
Medicare	M0075	Cellular Therapy
Medicare	S2107	Adoptive Immunotherapy I.E. Development Of Specific Anti-Tumor Reactiv
Medicare	E1399	Durable medical equipment, miscellaneous
Medicare	78350	Bone density (bone mineral content) study, 1 or more sites; single photon absorptiometry
Medicare	Q3001	Brachytherapy Radioelements
Medicare	S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy
Medicare	E0748	Elec Osteogen Stim Spinal
Medicare	G0282	Electrical Stimulation, (Unattended), To One Or More Areas, For Wound
Medicare	G0339	Robot lin-radsurg com, first
Medicare	G0340	Robt lin-radsurg fractx 2-5
Medicare	G0448	Insertion or replacement of a permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber with insertion of pacing electrode, cardiac venous system, for left ventricular pacing
Medicare	G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate
Medicare	H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes
Medicare	E0203	Therapeutic Lightbox, Minimum 10,000 Lux, Table Top Model
Medicare	K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type
Medicare	90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management
Medicare	90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session
Medicare	69714	Implantation, Osseointegrated Implant Temporal Bone; W/O Mastoidectomy
Medicare	69717	Replacement, Osseointegrated Implant, Temporal Bone; W/O Mastoidectomy
Medicare	69930	Cochlear Device Implantation, W/Wo Mastoidectomy
Medicare	Q0515	Injection, sermorelin acetate, 1 mcg
Medicare	77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels
Medicare	77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel
Medicare	77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev
Medicare	77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl
Medicare	77520	Proton Treatment Delivery; Simple W/O Compensation
Medicare	77525	Proton Treatment Delivery; Complex
Medicare	76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning
Medicare	76965	Us Guided, Interstitial Radioelement Application
Medicare	65767	Epikeratoplasty
Medicare	65771	Radial Keratotomy
Medicare	77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)
Medicare	77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(s)
Medicare	77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT
Medicare	J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwq), 1 i.u.
Medicare	17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue
Medicare	S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI
Medicare	59076	Fetal Shunt Placement, Including Ultrasound Guidance
Medicare	J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.
Medicare	57291	Construction, Artificial Vagina; W/O Graft
Medicare	J7198	Anti-Inhibitor
Medicare	J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu
Medicare	J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU
Medicare	J7195	Factor IX (antihemophilic factor, recombinant) per IU
Medicare	J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU
Medicare	J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.
Medicare	J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.
Medicare	J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.
Medicare	J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified
Medicare	S2140	Cord Blood Harvesting
Medicare	S2142	Cord Blood-Derived Stem-Cell
Medicare	J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo
Medicare	54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis
Medicare	J7175	Injection, factor x, (human), 1 i.u.
Medicare	J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg
Medicare	53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence
Medicare	64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion
Medicare	44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each
Medicare	44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each
Medicare	48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment
Medicare	33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft
Medicare	J3380	Injection, vedolizumab, 1 mg
Medicare	32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	J3385	Injection, velaglucerase alfa, 100 units
Medicare	21086	Impression & Custom Preparation; Auricular Prosthesis
Medicare	E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom
Medicare	J3358	Ustekinumab, for intravenous injection, 1 mg
Medicare	J3285	Injection, treprostini, 1 mg
Medicare	19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicare	19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad
Medicare	19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the time of or subsequent to) partial mastectomy, includes imaging guidance
Medicare	55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy
Medicare	V5095	Semi-Implantable Middle Ear Hearing Prosthesis
Medicare	55920	Placement of needles or catheters into pelvic organs and/or genitalia (except prostate) for subsequent interstitial radi
Medicare	T1002	RN services, up to 15 minutes
Medicare	T1030	Nursing Care, In The Home, By Registered Nurse, Per Diem
Medicare	E0730	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, FOUR OR MORE LEADS,
Medicare	E1354	Oxygen accessory, wheeled cart for portable cylinder or portable concentrator, any type, replacement only, each
Medicare	T1031	Nursing Care, In The Home, By Licensed Practical Nurse, Per Diem
Medicare	J1756	Injection, Iron Sucrose, 1 Mg
Medicare	J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg
Medicare	L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement
Medicare	L8627	Cochlear Implant, External Speech Processor, Component, Replacement
Medicare	L8628	Cochlear Implant, External Controller Component, Replacement
Medicare	55860	Exposure, Prostate, Any Approach, Radiation Insertion
Medicare	55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)
Medicare	32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass
Medicare	S9098	Home visit, phototherapy services (e.g., Bililite), including equipment rental, nursing services, blood draw, supplies a
Medicare	J2778	Injection, ranibizumab, 0.1 mg
Medicare	S9131	Physical therapy, in the home, per diem
Medicare	S5109	Home care training to home care client, per 15 minutes per session
Medicare	S5111	Home Care Training, Family, Per Session
Medicare	S5116	Home Care Training, Non-Family, Per Session
Medicare	32852	Lung Transplant, Single; W/Cardiopulmonary Bypass
Medicare	S8040	Topographic Brain Mapping
Medicare	J2507	Injection, pegloticase, 1 mg

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q4141	Alloskin ac, per square centimeter
Medicare	Q4142	Xcm biologic tissue matrix, per square centimeter
Medicare	Q4139	Amniomatrix or biodmatrix, injectable, 1 cc
Medicare	Q4146	Tensix, per square centimeter
Medicare	Q4147	Architect extracellular matrix, per square centimeter
Medicare	Q4149	Excellagen, 0.1 cc
Medicare	Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm
Medicare	Q4153	Dermavest, per square centimeter
Medicare	Q4152	Dermapure, per square centimeter
Medicare	Q4156	Neox 100 or Clarix 100, per sq cm
Medicare	Q4157	Revitalon, per square centimeter
Medicare	Q4155	Neoxflo or clarixflo, 1 mg
Medicare	Q4161	Bio-connekt wound matrix, per square centimeter
Medicare	Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc
Medicare	Q4159	Affinity, per square centimeter
Medicare	Q4164	Helicoll, per square centimeter
Medicare	Q4163	WoundEx, BioSkin, per sq cm
Medicare	Q4167	Truskin, per square centimeter
Medicare	Q4169	Artacent wound, per square centimeter
Medicare	Q4171	Interfyl, 1 mg
Medicare	Q4173	Palingen or palingen xplus, per square centimeter
Medicare	Q4174	Palingen or promatr, 0.36 mg per 0.25 cc
Medicare	Q4170	Cygnus, per square centimeter
Medicare	Q4176	NeoPatch, per sq cm
Medicare	Q4177	FlowerAmnioFlo, 0.1 cc
Medicare	Q4178	FlowerAmnioPatch, per sq cm
Medicare	Q4175	Miroderm, per square centimeter
Medicare	Q4180	Revita, per sq cm
Medicare	Q4179	FlowerDerm, per sq cm
Medicare	J1786	Injection, imiglucerase, 10 units
Medicare	J1931	Laronidase injection
Medicare	J2278	Injection, ziconotide, 1 mcg
Medicare	J2323	Injection, natalizumab, 1 mg
Medicare	J2326	Injection, nusinersen, 0.1 mg
Medicare	J2350	Injection, ocrelizumab, 1 mg
Medicare	S0810	Photorefractive Keratectomy
Medicare	S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,
Medicare	S2055	Harvesting Of Donor Multivis
Medicare	S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe
Medicare	S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear
Medicare	S2300	Arthroscopy, Shoulder, Surgi

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L8693	Auditory osseointegrated device abutment, any length, replacement only
Medicare	J1743	Injection, idursulfase, 1 mg
Medicare	J1750	Injection, Iron Dextran, 50mg
Medicare	Q4108	Integra matrix, per square centimeter
Medicare	Q4111	Gammagraft, per square centimeter
Medicare	Q4112	Cymetra, injectable, 1cc
Medicare	Q4113	GRAFTJACKET XPRESS, injectable, 1cc
Medicare	Q4114	Integra flowable wound matrix, injectable, 1 cc
Medicare	Q4117	Hyalomatrix, per square centimeter
Medicare	Q4118	Matristem micromatrix, 1 mg
Medicare	Q4123	AlloSkin RT, per sq cm
Medicare	Q4125	Arthroflex, per sq cm
Medicare	Q4127	Talymed, per sq cm
Medicare	Q4135	Mediskin, per square centimeter
Medicare	Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm
Medicare	Q4138	Biodfence dryflex, per square centimeter
Medicare	L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS
Medicare	L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device
Medicare	L6945	Elbow Disart Myoelectronic C
Medicare	L6955	Above Elbow Myoelectronic Ct
Medicare	L6965	Shldr Disartic Myoelectronic
Medicare	L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicare	L6975	Interscap-Thor Myoelectronic
Medicare	L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC
Medicare	L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC
Medicare	L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT
Medicare	L7190	Elbow Adolescent Myoelectron
Medicare	L7191	Elbow Child Myoelectronic Ct
Medicare	L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)
Medicare	L5987	Shank Ft W Vert Load Pylon
Medicare	L5940	Endo Bk Ultra-Light Material
Medicare	L5961	Addition, endoskeletal system, polycentric hip joint, pneumatic or hydraulic control, rotation control, with or without flexion and/or extension control
Medicare	L5981	Flex-Walk Sys Low Ext Prosth
Medicare	L5645	Addition to lower extremity, below knee (BK), flexible inner socket, external frame
Medicare	L5671	Addition lower extremity, below knee/above knee suspension locking mechanism (shuttle, lanyard or equal), includes socke
Medicare	L5673	Addition to lower extremity, below knee/above knee, custom fabricated
Medicare	L5679	Addition to lower extremity, below knee/above knee, custom fabricated
Medicare	L5700	Replace Socket Below Knee
Medicare	L5701	Replace Socket Above Knee
Medicare	L5620	Test Socket Below Knee
Medicare	L4055	Replace Non-Molded Calf Lace

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L5301	Below knee, molded socket, shin, SACH foot, endoskeletal system
Medicare	L5321	Above knee, molded socket, open end, SACH foot, endoskeletal system, single axis knee
Medicare	15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts
Medicare	L3999	Upper Limb Orthosis Nos
Medicare	J1458	INJECTION, GALSULFASE, 1 MG
Medicare	L3340	Shoe Wedge Sach
Medicare	L3002	Foot Insert Plastazote Or Eq
Medicare	L3030	Foot Arch Support Remov Prem
Medicare	L3010	Foot Longitudinal Arch Suppo
Medicare	L3222	Orthopedic footwear, mens shoe, hightop, depth inlay, each
Medicare	L3225	Man's Shoe Oxford Brace
Medicare	L3252	Shoe Molded Plastazote Cust
Medicare	L3253	Shoe Molded Plastazote Cust
Medicare	S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components
Medicare	L2134	Kafo Fem Fx Cast Semi-Rigid
Medicare	S2080	Laser-assisted uvulopalatoplasty (LAUP)
Medicare	L2186	Adj Motion Knee Jnt Lerman T
Medicare	S2103	Adrenal Tissue Transplant
Medicare	S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)
Medicare	J1438	Etanercept Injection
Medicare	L1910	Afo Sing Bar Clasp Attach Sh
Medicare	L1940	Afo Molded To Patient Plasti
Medicare	S2054	Transplantation Of Multivisc
Medicare	J1411	Injection, etranacogene dezaparovec-drlb, per therapeutic dose
Medicare	S2061	Donor Lobectomy (Lung)
Medicare	S2065	Simultaneous pancreas kidney transplantation
Medicare	S2067	Breast reconstruction of a single breast with "stacked" deep inferior
Medicare	L2126	Kafo Fem Fx Cast Thermoplas
Medicare	L1620	Hip orthosis (HO), abduction control of hip joints, flexible, (Pavlik harness), prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicare	H2015	Comprehensive community support services, per 15 minutes
Medicare	L1685	Post-Op Hip Abduct Custom Fa
Medicare	H2016	Comprehensive community support services, per diem
Medicare	50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft
Medicare	J1322	Injection, elosulfase alfa, 1mg
Medicare	J2170	INJECTION, MECASERMIN, 1 MG
Medicare	L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L0468	Thoracic-lumbar-sacral orthosis (TLSO), sagittal-coronal control, rigid posterior frame and flexible soft anterior apron with straps, closures and padding, extends from sacrococcygeal junction over scapulae, lateral strength provided by pelvic, thoracic, and lateral frame pieces, restricts gross trunk motion in sagittal, and coronal planes, produces intracavitary pressure to reduce load on intervertebral disks, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customized to fit a specific patient by an individual with expertise
Medicare	E0720	TRANSCUTANEOUS ELECTRICAL NERVE STIMULATION (TENS) DEVICE, TWO LEAD, LOCALIZED
Medicare	L0488	TLSO, Triplanar Control, One Piece Rigid Plastic Shell W Interface Lin
Medicare	K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicare	K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS
Medicare	K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicare	K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicare	K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicare	K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicare	K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicare	K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO
Medicare	K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO
Medicare	L8623	Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each
Medicare	K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicare	K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicare	K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS
Medicare	K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicare	K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicare	K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicare	K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC
Medicare	K0899	Power mobility device, not coded by DME PDAC or does not meet criteria
Medicare	K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicare	K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU
Medicare	K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE
Medicare	K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND
Medicare	K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD
Medicare	K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300
Medicare	K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU
Medicare	K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60
Medicare	K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL
Medicare	K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P
Medicare	K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS
Medicare	K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0669	Wheelchair accessory, wheelchair seat or back cushion, does not meet specific code criteria or no written coding verifc
Medicare	K0733	Pwr wc access 12 to 24 amp hr lead acid batt ea
Medicare	K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS
Medicare	K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS
Medicare	K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED
Medicare	K0043	Footrest, lower extension tube, replacement only, each
Medicare	K0040	Adjustable Angle Footplate
Medicare	K0045	Footrest, complete assembly, replacement only, each
Medicare	K0044	Footrest, upper hanger bracket, replacement only, each
Medicare	K0070	Rear wheel assembly, complete, with pneumatic tire, spokes or molded, replacement only, each
Medicare	K0072	Front caster assembly, complete, with semipneumatic tire, replacement only, each
Medicare	K0077	Front caster assembly, complete, with solid tire, replacement only, each
Medicare	K0071	Front caster assembly, complete, with pneumatic tire, replacement only, each
Medicare	K0195	Elevating Whlchair Leg Rests
Medicare	63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace, cervical
Medicare	K0006	Heavy Duty Wheelchair
Medicare	K0005	Ultralightweight Wheelchair
Medicare	K0007	Extra Heavy Duty Wheelchair
Medicare	K0010	Stnd Wt Frame Power Whlchr
Medicare	K0012	Ltwrt Portbl Power Whlchr
Medicare	K0015	Detach Non-Adjus Hght Armrst
Medicare	K0017	Detach Adjust Armrest Base

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	K0018	Detach Adjust Armrst Upper
Medicare	K0019	Arm pad, replacement only, each
Medicare	K0020	Fixed Adjust Armrest Pair
Medicare	K0037	High mount flip-up footrest, each
Medicare	K0041	Large Size Footplate Each
Medicare	41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn
Medicare	J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg
Medicare	L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver
Medicare	J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units
Medicare	29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)
Medicare	J0638	Injection, canakinumab, 1 mg
Medicare	29916	Arthroscopy, hip, surgical; with labral repair
Medicare	J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg
Medicare	J0490	Injection, belimumab, 10 mg
Medicare	J0586	Injection, Abobotulinumtoxina, 5 Units
Medicare	J0587	Injection, Rimabotulinumtoxinb, 100 Units
Medicare	J0588	Injection, incobotulinumtoxinA, 1 unit
Medicare	J0180	Agalsidase beta injection
Medicare	L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde
Medicare	J0202	Injection, alemtuzumab, 1 mg
Medicare	J0207	Amifostine
Medicare	J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg
Medicare	29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion
Medicare	J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg
Medicare	31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr
Medicare	90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each
Medicare	90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each
Medicare	J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml
Medicare	K0739	Repair or nonroutine service for durable medical equipment other than oxygen requiring the skill of a technician, labor
Medicare	G0341	Percutaneous islet celltrans
Medicare	G0343	Laparotomy islet cell transp
Medicare	G0342	Laparoscopy islet cell trans
Medicare	E2211	Manual wheelchair accessory, pneumatic propulsion tire, any size, each
Medicare	C1767	Generator, neurostimulator (implantable), nonrechargeable
Medicare	29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)
Medicare	C1787	Patient programmer, neurostimulator
Medicare	C1899	Lead, pacemaker/cardioverter-defibrillator combination (implantable)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicare	29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral
Medicare	29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral
Medicare	77761	Intracavitary Radiation Source Application; Simple
Medicare	77762	Intracavitary Radiation Source Application; Intermediate
Medicare	77778	Interstitial Radioelement Application; Complex
Medicare	77763	Intracavitary Radiation Source Application; Complex
Medicare	29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed
Medicare	E2629	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, friction arm support (friction dampening to proximal and distal joints)
Medicare	E2630	Wheelchair accessory, shoulder elbow, mobile arm support, monosuspension arm and hand support, overhead elbow forearm hand sling support, yoke type suspension support
Medicare	E2633	Wheelchair accessory, addition to mobile arm support, supinator
Medicare	E8001	Upright gait trainer
Medicare	77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en
Medicare	E8000	Posterior gait trainer
Medicare	93653	Comprehensive electrophysiologic evaluation including insertion and repositioning of multiple electrode catheters with induction or attempted induction of an arrhythmia with right atrial pacing and recording, right ventricular pacing and recording (when necessary), and His bundle recording (when necessary) with intracardiac catheter ablation of arrhythmogenic focus; with treatment of supraventricular tachycardia by ablation of fast or slow atrioventricular pathway, accessory atrioventricular connection, cavo-tricuspid isthmus or other single atrial focus or source of atrial re-entry
Medicare	77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g
Medicare	77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)
Medicare	29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)
Medicare	E2614	Position back cush wd>=22in
Medicare	E2617	Custom fab w/c back cushion
Medicare	E2620	WC planar back cush wd <22in
Medicare	E2621	WC planar back cush wd>=22in
Medicare	E2623	Skin protection wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
Medicare	E2624	Skin protection and positioning wheelchair seat cushion, adjustable, width less than 22 inches, any depth

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E2625	Skin protection and positioning wheelchair seat cushion, adjustable, width 22 inches or greater, any depth
Medicare	E2626	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable
Medicare	E2628	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, reclining
Medicare	E2627	Wheelchair accessory, shoulder elbow, mobile arm support attached to wheelchair, balanced, adjustable Rancho type
Medicare	E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less
Medicare	E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.
Medicare	E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.
Medicare	E2603	Skin protect wc cus wd <22in
Medicare	E2604	Skin protect wc cus wd >=22in
Medicare	29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
Medicare	E2605	Position wc cush wdth <22 in
Medicare	E2607	Skin pro/pos wc cus wd <22in
Medicare	E2608	Skin pro/pos wc cus wd >=22in
Medicare	E2609	Custom fabricate w/c cushion
Medicare	E2610	Powered w/c cushion
Medicare	E2611	Gen use back cush wdth <22in
Medicare	27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft
Medicare	E2364	Power wheelchair accessory, u-1 non-sealed lead acid battery, each
Medicare	E2365	Power wheelchair accessory, u-1 sealed lead acid battery, each
Medicare	E2366	Power wheelchair accessory, battery charger, single mode, for use with only one battery type
Medicare	E2367	Power wheelchair accessory, battery charger, dual mode, for use with either battery type
Medicare	E2368	Power wheelchair component, drive wheel motor, replacement only
Medicare	E2369	Power wheelchair component, drive wheel gear box, replacement only
Medicare	E2370	Power wheelchair component, integrated drive wheel motor and gear box combination, replacement only
Medicare	E2371	Power wheelchair accessory, group 27 sealed lead acid battery, (e.g., gel cell, absorbed glassmat), each
Medicare	E2372	Power wheelchair accessory, group 27 nonsealed lead acid battery, each
Medicare	E2374	POWER WHEELCHAIR ACCESSORY, HAND OR CHIN CONTROL INTERFACE, STANDARD REMOTE
Medicare	E2375	POWER WHEELCHAIR ACCESSORY, NON-EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicare	E2376	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E2373	Power wheelchair accessory, hand or chin control interface, compact remote joystick, proportional, including fixed mount
Medicare	E2377	POWER WHEELCHAIR ACCESSORY, EXPANDABLE CONTROLLER, INCLUDING ALL RELATED
Medicare	E2381	POWER WHEELCHAIR ACCESSORY, PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicare	E2382	POWER WHEELCHAIR ACCESSORY, TUBE FOR PNEUMATIC DRIVE WHEEL TIRE, ANY SIZE,
Medicare	E2383	POWER WHEELCHAIR ACCESSORY, INSERT FOR PNEUMATIC DRIVE WHEEL TIRE (REMOVABLE),
Medicare	E2386	POWER WHEELCHAIR ACCESSORY, FOAM FILLED DRIVE WHEEL TIRE, ANY SIZE, REPLACEMENT
Medicare	E2387	POWER WHEELCHAIR ACCESSORY, FOAM FILLED CASTER TIRE, ANY SIZE, REPLACEMENT
Medicare	29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb
Medicare	E2389	POWER WHEELCHAIR ACCESSORY, FOAM CASTER TIRE, ANY SIZE, REPLACEMENT ONLY, EACH
Medicare	E2394	POWER WHEELCHAIR ACCESSORY, DRIVE WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicare	E2395	POWER WHEELCHAIR ACCESSORY, CASTER WHEEL EXCLUDES TIRE, ANY SIZE, REPLACEMENT
Medicare	E2396	POWER WHEELCHAIR ACCESSORY, CASTER FORK, ANY SIZE, REPLACEMENT ONLY, EACH
Medicare	E2397	Power wheelchair accessory, lithium-based battery, each
Medicare	E2295	Manual wheelchair accessory, for pediatric size wheelchair, dynamic seating frame, allows coordinated movement of multip
Medicare	E2310	Power wheelchair accessory, electronic connection between wheelchair controller
Medicare	E2311	Power wheelchair accessory, electronic connection between wheelchair controller
Medicare	E2312	Power wheelchair accessory, hand or chin control interface, mini-proportional
Medicare	E2313	Power wheelchair accessory, harness for upgrade to expandable controller,
Medicare	E2321	Power wheelchair accessory, hand control interface, remote joystick,
Medicare	E2327	Power wheelchair accessory, head control interface, mechanical, proportional
Medicare	E2323	Power wheelchair accessory, specialty joystick handle for hand control
Medicare	E2324	Power wheelchair accessory, chin cup for chin control interface
Medicare	E2326	Power wheelchair accessory, breath tube kit for sip and puff interface
Medicare	E2328	Power wheelchair accessory, head control or extremity control interface, electronic, proportional
Medicare	E2329	Power wheelchair accessory, head control interface, contact switch mechanism, nonproportional
Medicare	E2330	Power wheelchair accessory, head control interface, proximity switch mechanism, nonproportional
Medicare	E2331	Power wheelchair accessory, attendant control, proportional, including all electronics and hardware
Medicare	E2340	Power wheelchair accessory, nonstandard seat frame width, 20-23 inches

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E2341	Power wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicare	E2342	Power wheelchair accessory, nonstandard seat frame depth, 20 or 21 inches
Medicare	E2351	Power wheelchair accessory, electronic interface to operate speech generating device
Medicare	E2359	Power wheelchair accessory, group 34 sealed lead acid battery, each (e.g., gel cell, absorbed glass mat)
Medicare	E2343	Power wheelchair accessory, nonstandard seat frame depth, 22-25 inches
Medicare	E2360	Power wheelchair accessory, 22 nf non-sealed lead acid battery, each
Medicare	E2361	Power wheelchair accessory, 22nf sealed lead acid battery, each
Medicare	E2362	Power wheelchair accessory, group 24 non-sealed lead acid battery, each
Medicare	E1818	Static progressive stretch forearm pronation/supination device, with or without range of motion adjustment, includes all
Medicare	E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories
Medicare	E1841	Static progressive stretch shoulder device, with or without range of motion adjustment, includes all components and acce
Medicare	E2201	Manual wheelchair accessory, nonstandard seat frame, width 20-24 in.
Medicare	E2202	Manual wheelchair accessory, nonstandard seat frame width, 24-27 inches
Medicare	E2203	Manual wheelchair accessory, nonstandard seat frame depth, 20-22 in.
Medicare	E2204	Manual wheelchair accessory, nonstandard seat frame depth, 22 to 25 inches
Medicare	E2205	Manual wheelchair accessory, handrim without projections (includes ergonomic or contoured), any type, replacement only,
Medicare	E2207	Wheelchair accessory, crutch and cane holder, each
Medicare	E0675	Pneumatic compression device, high pressure, rapid inflation/deflation cycle
Medicare	E2209	ARM TROUGH, WITH OR WITHOUT HAND SUPPORT, EACH
Medicare	E2210	Wheelchair accessory, bearings, any type, replacement only, each
Medicare	E2212	Manual wheelchair accessory, tube for pneumatic propulsion tire, any size, each
Medicare	E2213	Manual wheelchair accessory, insert for pneumatic propulsion tire (removable), any type, any size, each
Medicare	E2215	Manual wheelchair accessory, tube for pneumatic caster tire, any size, each
Medicare	E2217	Manual wheelchair accessory, foam filled caster tire, any size, each
Medicare	E2218	Manual wheelchair accessory, foam propulsion tire, any size, each
Medicare	E2219	Manual wheelchair accessory, foam caster tire, any size, each
Medicare	E2220	Manual wheelchair accessory, solid (rubber/plastic) propulsion tire, any size, replacement only, each
Medicare	E2221	Manual wheelchair accessory, solid (rubber/plastic) caster tire (removable), any size, replacement only, each
Medicare	E2224	Manual wheelchair accessory, propulsion wheel excludes tire, any size, replacement only, each
Medicare	E0830	Ambulatory Traction Device
Medicare	E2231	Manual wheelchair accessory, solid seat support base (replaces sling seat), includes any type mounting hardware
Medicare	E2291	Planar back for ped size wc
Medicare	E2292	Planar seat for ped size wc

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E2293	Contour back for ped size wc
Medicare	E2294	Contour seat for ped size wc
Medicare	E1298	Wheelchair Spec Seat Depth/W
Medicare	E0200	Heat Lamp Without Stand
Medicare	29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral
Medicare	29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)
Medicare	E1801	Static progressive stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes
Medicare	E1702	Repl Measr Scales Jaw Motion
Medicare	E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes
Medicare	E1816	Static progressive stretch ankle device, flexion and/or extension, with or without range of motion adjustment, includes
Medicare	E1236	Wheelchair, Pediatric Size, Folding, Adjustable, With Seating System
Medicare	E1237	Wheelchair, Pediatric Size, Rigid, Adjustable, Without Seating System
Medicare	E1250	Wheelchair Lightwt Fixed Arm
Medicare	E1240	Whchr Litwt Det Arm Leg Rest
Medicare	29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)
Medicare	29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])
Medicare	E2101	Blood glucose monitor with integrated lancing/blood sample
Medicare	E1270	Wheelchair Lightweight Leg R
Medicare	E1280	Whchr H-Duty Det Arm Leg Res
Medicare	E1285	Wheelchair Heavy Duty Fixed
Medicare	E1295	Wheelchair Heavy Duty Fixed
Medicare	E1224	Wheelchair Spec Size W/ Leg
Medicare	E1222	Wheelchair Spec Size W/ Leg
Medicare	E1223	Wheelchair Spec Size W Foot
Medicare	E1228	Wheelchair Spec Sz Spec Ht B
Medicare	E1225	Wheelchair accessory, manual semi-reclining back, (recline greater than 15 degrees, but less than 80 degrees), each
Medicare	E1227	Wheelchair Spec Sz Spec Ht A
Medicare	E1231	Wheelchair, Pediatric Size, Tilt-In-Space, Rigid, Adjustable,W Seating
Medicare	E1229	Pediatric wheelchair NOS
Medicare	E1235	Wheelchair, Pediatric Size, Rigid, Adjustable, With Seating System
Medicare	E1232	Wheelchair, Pediatric Size, Tilt-In-Space, Folding, Adj, W Seating
Medicare	E1238	Wheelchair, Pediatric Size, Folding, Adjustable, Without Seating Syst
Medicare	64868	Anastomosis; Facial-Hypoglossal
Medicare	E1171	Wheelchair Amputee W/O Leg R
Medicare	E1190	Wheelchair Amputee W/ Leg Re
Medicare	E1200	Wheelchair Amputee Fixed Arm
Medicare	E1220	Whlchr Special Size/Constrc
Medicare	E1510	Kidney Dialysate Delivry Sys

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E1530	Air Bubble Detector For Dial
Medicare	E1560	Blood Leak Detector For Dial
Medicare	E1575	Transducer Protector/Fluid B
Medicare	E1221	Wheelchair Spec Size W Foot
Medicare	E1594	Cycler Dialysis Machine
Medicare	E1615	Deionizer Water Purification
Medicare	E1620	Blood Pump For Dialysis
Medicare	E1625	Water Softening System
Medicare	E1632	Wearable Artificial Kidney
Medicare	E1635	Compact Travel Hemodialyzer
Medicare	E1030	Wheelchair accessory, ventilator tray, gimbaled
Medicare	E1060	Wheelchair Detachable Arms
Medicare	E1070	Wheelchair Detachable Foot R
Medicare	E1083	Hemi-wheelchair, fixed full-length arms, swing-away, detachable elevating legrest
Medicare	E1084	Hemi-Wheelchair Detachable A
Medicare	E1085	Hemi-Wheelchair Fixed Arms
Medicare	E1086	Hemi-Wheelchair Detachable A
Medicare	E1087	Wheelchair Lightwt Fixed Arm
Medicare	E1088	Wheelchair Lightweight Det A
Medicare	E1089	Wheelchair Lightwt Fixed Arm
Medicare	E1090	Wheelchair Lightweight Det A
Medicare	E1093	Wheelchair Wide W/ Foot Rest
Medicare	E1100	Whchr S-Recl Fxd Arm Leg Res
Medicare	64732	Transection/Avulsion; Supraorbital Nerve
Medicare	E1110	Wheelchair Semi-Recl Detach
Medicare	E1150	Wheelchair Standard W/ Leg R
Medicare	E1161	Manual Adult Size Wheelchair, Includes Tilt In Space
Medicare	E1170	Whlchr Ampu Fxd Arm Leg Rest
Medicare	E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction
Medicare	E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear
Medicare	E1005	Wheelchair accessory, power seatng system, recline only, with power shear
Medicare	E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg
Medicare	E1011	Modification To Pediatric Wheelchair, Width Adjustment Package (Not To
Medicare	E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each
Medicare	E1015	Shock Absorber For Manual Wheelchair, Each
Medicare	E1016	Shock Absorber For Power Wheelchair, Each
Medicare	E1017	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Manual Wh
Medicare	E1018	Heavy Duty Shock Absorber For Heavy Duty Or Extra Heavy Duty Power Whe
Medicare	E1028	Wheelchair accessory, manual swingaway, retractable or removable mounting hardware
Medicare	E1029	Wheelchair accessory, ventilator tray, fixed
Medicare	E1050	Whelchr Fxd Full Length Arms

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E0973	Wheelchair Adjustabl Height
Medicare	E0982	Wheelchair accessory, back upholstery, replacement only, each
Medicare	E0983	Manual wheelchair accessory, power add-on to convert manual wheelchair to motorized
Medicare	E0981	Wheelchair accessory, seat upholstery, replacement only, each
Medicare	E0994	Wheelchair Arm Rest
Medicare	E0990	Whellchair Elevating Leg Res
Medicare	E1002	Wheelchair accessory, power seating system, tilt only
Medicare	E1003	Wheelchair accessory, power seating system, recline only, without shear
Medicare	E0995	Wheelchair accessory, calf rest/pad, replacement only, each
Medicare	E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction
Medicare	E0955	Wheelchair accessory, headrest, cushioned, prefabricated, including fixed mounting hardware, each
Medicare	E0957	Wheelchair accessory, medial thigh support, prefabricated, including fixed mounting hardware, each
Medicare	E0958	Whlchr Att- Conv 1 Arm Drive
Medicare	E0959	Amputee Adapter
Medicare	E0961	Wheelchair Brake Extension
Medicare	E0966	Wheelchair Head Rest Extensi
Medicare	E0967	Manual wheelchair accessory, hand rim with projections, any type, replacement only, each
Medicare	E0971	Manual wheelchair accessory, anti-tipping device, each
Medicare	E0969	Wheelchair Narrowing Device
Medicare	E0978	Wheelchair Belt W/Airplane B
Medicare	E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n
Medicare	E0840	Tract Frame Attach Headboard
Medicare	64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)
Medicare	E0951	Loop Heel
Medicare	E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
Medicare	E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
Medicare	E0672	Pressure Pneum Appl Full Arm
Medicare	E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE
Medicare	E0731	Conductive Garment For Tens/
Medicare	E0760	Osteogen Ultrasound Stimltor
Medicare	E0762	Transcutaneous electrical joint stimulation device system, includes all accessories
Medicare	E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer
Medicare	E0747	Elec Osteogen Stim Not Spine

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type
Medicare	E0660	Pneumatic Appliance Full Leg
Medicare	E0665	Pneumatic Appliance Full Arm
Medicare	E0920	Fracture Frame Attached To B
Medicare	E0947	Fracture Frame Attachmnts Pe
Medicare	63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotom
Medicare	E0671	Pressure Pneum Appl Full Leg
Medicare	E0651	Pneum Compressor Segmental
Medicare	E0650	Pneuma Compresor Non-Segment
Medicare	E0655	Pneumatic Appliance Half Arm
Medicare	63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separat
Medicare	E0880	Trac Stand Free Stand Extrem
Medicare	E0652	Pneum Compres W/Cal Pressure
Medicare	E0618	Apnea Monitor, Without Recording Feature
Medicare	E0619	Apnea Monitor, With Recording Feature
Medicare	E0639	PATIENT LIFT, MOVEABLE FROM ROOM TO ROOM WITH DISASSEMBLY AND REASSEMBLY,
Medicare	E0481	Intrapulmonary percussive ventilation system and related accessories
Medicare	E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)
Medicare	E0710	Restraints Any Type
Medicare	E0329	Hospital bed, pediatric, electric or semi-electric, 360 degree side enclosures,
Medicare	E0293	Hosp Bed Var Ht W/O Rail W/
Medicare	E0300	Pediatric crib, hospital grade, fully enclosed, with or without top enclosure
Medicare	E0316	Safety enclosure frame/canopy for use with hospital bed, any type
Medicare	E0328	Hospital bed, pediatric, manual, 360 degree side enclosures, top of headboard
Medicare	E0315	Bed Accessory Brd/Tbl/Supprt
Medicare	E0170	Commode chair with integrated seat lift mechanism, electric, any type
Medicare	E0171	Commode chair with integrated seat lift mechanism, non-electric, any type
Medicare	E0172	Seat lift mechanism placed over or on top of toilet, any type
Medicare	E0187	Water Pressure Mattress
Medicare	E0194	Air Fluidized Bed
Medicare	E0198	Water Pressure Pad For Matr
Medicare	E0236	Pump For Water Circulating P
Medicare	E0202	Phototherapy Light W/ Photom
Medicare	E0217	Water Circ Heat Pad W Pump
Medicare	C9727	Insertion of implants into the soft palate; minimum of 3 implants
Medicare	Q2026	Injection, Radiesse, 0.1ml
Medicare	E0215	Electric Heat Pad Moist
Medicare	E0231	Non-contact wound warming device (temperature control unit, AC adapter and power cord) for use with warming card and wound cover
Medicare	E0244	Toilet Seat Raised

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E0249	Pad For Water Circulating Heat Unit, For Replacement Only
Medicare	C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length
Medicare	C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm
Medicare	C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length
Medicare	C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm
Medicare	C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length
Medicare	E0113	Crutch Underarm Each Wood
Medicare	C9364	Porcine implant, Permacol, per sq cm
Medicare	A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use
Medicare	A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified
Medicare	E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels
Medicare	E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels
Medicare	E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric
Medicare	E2230	Manual wheelchair accessory, manual standing system
Medicare	99503	Home Visit, Respiratory Therapy Care (Bronchodilator, Oxygen Therapy, Resp Assess, Apnea Eval)
Medicare	58999	Unlisted Proc, Female Genital System (Nonobstetrical)
Medicare	Q2028	Injection, sculptra, 0.5 mg
Medicare	58346	Insertion, Heyman Capsules, Clinical Brachytherapy
Medicare	57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy
Medicare	42820	Tonsillectomy and adenoidectomy; younger than age 12
Medicare	31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral
Medicare	C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length
Medicare	48556	Removal, Transplanted Pancreatic Allograft
Medicare	48554	Transplantation, Pancreatic Allograft
Medicare	47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical
Medicare	47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy
Medicare	47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy
Medicare	27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing
Medicare	G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of
Medicare	27437	Arthroplasty, Patella; W/O Prosthesis
Medicare	27438	Arthroplasty, Patella; W/Prosthesis
Medicare	27440	Arthroplasty, Knee, Tibial Plateau

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy
Medicare	27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy
Medicare	27412	Autologous Chondrocyte Implantation, Knee
Medicare	27415	Osteochondral allograft, knee, open
Medicare	27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft
Medicare	62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal
Medicare	62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic
Medicare	44136	Intestinal Allotransplantation; From Living Donor
Medicare	44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor
Medicare	44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor
Medicare	32491	Removal of lung, other than pneumonectomy; with resection-plication of emphysematous lung(s) (bullous or non-bullous) for lung volume reduction, sternal split or transthoracic approach, includes any pleural procedure, when performed
Medicare	32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor
Medicare	38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor
Medicare	38232	Bone Marrow Harvesting For Transplantation; Autologous
Medicare	38241	Hematopoietic progenitor cell (HPC); autologous transplantation
Medicare	C1764	Event recorder, cardiac (implantable)
Medicare	L5973	Endoskeletal Ankle Foot System, Microprocessor Controlled Feature, Dorsiflexion And/Or Plantar Flexion Control, Includes
Medicare	L5969	Addition, endoskeletal ankle-foot or ankle system, power assist, includes any type motor(s)
Medicare	36482	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all imaging guidance and monitoring, percutaneous; first vein treated
Medicare	L5858	Addition to lower extremity prosthesis, endoskeletal knee shin system, microprocessor control feature, stance phase only
Medicare	L5856	Elec knee-shin swing/stance
Medicare	L5857	Elec knee-shin swing only
Medicare	0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed
Medicare	33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy
Medicare	33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy
Medicare	33945	Heart Transplant, W/Wo Recipient Cardiectomy
Medicare	E0936	CONTINUOUS PASSIVE MOTION EXERCISE DEVICE FOR USE OTHER THAN KNEE
Medicare	33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber
Medicare	32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass
Medicare	S2341	Chemodenervation of adductor muscle(s) of vocal cord
Medicare	Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg
Medicare	J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2×10^{13} vector genomes
Medicare	J9330	Injection, temsirolimus, 1 mg
Medicare	21242	Arthroplasty, Temporomandibular Joint, W/Allograft
Medicare	21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)
Medicare	21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft
Medicare	21154	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/O Lefort I
Medicare	21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I
Medicare	21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I
Medicare	21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft
Medicare	21121	Genioplasty; Sliding Osteotomy, Single Piece
Medicare	27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment
Medicare	27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion
Medicare	19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma
Medicare	H2014	Skills training and development, per 15 minutes
Medicare	93701	Bioimpedance-derived physiologic cardiovascular analysis
Medicare	82542	Column Chromatography/Mass Spectrometry; Quantitative, Single Stationary & Mobile Phase
Medicare	83921	Organic Acid, Single, Quantitative
Medicare	27120	Acetabuloplasty;
Medicare	27122	Acetabuloplasty; Resection, Femoral Head
Medicare	E0986	Manual wheelchair accessory, push-rim activated power assist, each
Medicare	0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicare	0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by the physician or other qualified health care professional who is on site; with the assistance of two or more technicians; for a patient who exhibits destructive behavior; completion in an environment that is customized to the patient's behavior.
Medicare	0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands
Medicare	0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens
Medicare	0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure including unilateral or bilateral bone marrow harvest
Medicare	0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation with cell dissociation enzymes, removal of non-viable cells and debris, determination of concentration and dilution of regenerative cells
Medicare	0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and laboratory assessment (eg, pulmonary artery flow, pulmonary artery pressure, left atrial pressure, pulmonary vascular resistance, mean/peak and plateau airway pressure, dynamic compliance and perfusate gas analysis), including bronchoscopy and X ray when performed; first two hours in sterile field
Medicare	0330T	Tear film imaging, unilateral or bilateral, with interpretation and report
Medicare	0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to 30 days; technical support and patient instructions, surveillance, analysis, and transmission of daily and emergent data reports as prescribed by a physician or other qualified health care professional
Medicare	J9023	Injection, avelumab, 10 mg
Medicare	0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)
Medicare	0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as presence/absence of variants and associated therapy(ies) to consider
Medicare	64615	Chemodervation of muscle(s); muscle(s) innervated by facial, trigeminal, cervical spinal and accessory nerves, bilateral (eg, for chronic migraine)
Medicare	93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicare	93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited
Medicare	A7033	Pillow for use on nasal cannula type interface, replacement only, pair
Medicare	0513T	Extracorporeal shock wave for integumentary wound healing, high energy, including topical application and dressing care; each additional wound (List separately in addition to code for primary procedure)
Medicare	0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)
Medicare	0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)
Medicare	0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values with analysis, including review and report, implantable cardiac contractility modulation system

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration
Medicare	B4148	Enteral feeding supply kit; elastomeric control fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
Medicare	27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed
Medicare	95811	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bilevel ventilation, attended by a technologist
Medicare	95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory
Medicare	95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicare	95783	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, with initiation of continuous positive airway pressure therapy or bi-level ventilation, attended by a technologist
Medicare	95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time
Medicare	29805	Arthroscopy, Shoulder, Dx, W/Wo Synovial Bx (Sep Proc)
Medicare	33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart catheterization, selective pulmonary catheterization, radiological supervision and interpretation, and pulmonary artery angiography, when performed
Medicare	33285	Insertion, subcutaneous cardiac rhythm monitor, including programming
Medicare	22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when performed, L5-S1 interspace
Medicare	22556	Arthrodesis, Anterior Interbody, W/Minimal Discectomy; Thoracic
Medicare	22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)
Medicare	22854	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to vertebral corpectomy(ies) (vertebral body resection, partial or complete) defect, in conjunction with interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicare	23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release
Medicare	23120	Claviclectomy; Partial
Medicare	23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal
Medicare	23412	Repair, Ruptured Musculotendinous Cuff; Chronic
Medicare	23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute
Medicare	23415	Coracoacromial Ligament Release, W/Wo Acromioplasty
Medicare	23430	Tenodesis, Long Tendon, Biceps
Medicare	23440	Resection/Transplantation, Long Tendon, Biceps

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation
Medicare	E1814	Dynamic adjustable knee flexion only device, includes soft interface material
Medicare	E1807	Dynamic adjustable wrist extension only device, includes soft interface material
Medicare	E1804	Dynamic adjustable elbow flexion only device, includes soft interface material
Medicare	E1803	Dynamic adjustable elbow extension only device, includes soft interface material
Medicare	23455	Capsulorrhaphy, Anterior; W/Labral Repair
Medicare	E1827	Dynamic adjustable finger flexion only device, includes soft interface material
Medicare	E1826	Dynamic adjustable finger extension only device, includes soft interface material
Medicare	E1823	Dynamic adjustable ankle flexion only device, includes soft interface material
Medicare	E1822	Dynamic adjustable ankle extension only device, includes soft interface material
Medicare	27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral
Medicare	23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty
Medicare	E1829	Dynamic adjustable toe flexion only device, includes soft interface material
Medicare	23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability
Medicare	23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block
Medicare	27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)
Medicare	27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular
Medicare	27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate
Medicare	27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments
Medicare	27345	Excision, Synovial Cyst, Popliteal Space
Medicare	27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral
Medicare	27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area
Medicare	27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior
Medicare	27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component
Medicare	29806	Arthroscopy, Shoulder, Surgical; Capsulorrhaphy
Medicare	29819	Arthroscopy, Shoulder, Surgical; W/Removal, Loose/Fb
Medicare	29807	Arthroscopy, Shoulder, Surgical; Repair, Slap Lesion
Medicare	29820	Arthroscopy, Shoulder, Surgical; Synovectomy, Partial
Medicare	29821	Arthroscopy, Shoulder, Surgical; Synovectomy, Complete
Medicare	70450	Ct Scan, Head/Brain; W/O Contrast Matl
Medicare	70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast
Medicare	70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast
Medicare	70460	Ct Scan, Head/Brain; W/Contrast Matl(S)
Medicare	70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl
Medicare	70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast
Medicare	70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl
Medicare	70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)
Medicare	29823	Arthroscopy, Shoulder, Surgical; Debridement, Extensive
Medicare	70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)
Medicare	29822	Arthroscopy, Shoulder, Surgical; Debridement, Limited
Medicare	70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	29825	Arthroscopy, Shoulder, Surgical; W/Lysis & Resection, Adhesions, W/Wo Manipulation
Medicare	70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)
Medicare	70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)
Medicare	70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences
Medicare	70552	Mri, Brain; W/Contrast
Medicare	70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun
Medicare	70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m
Medicare	71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicare	71551	Mri, Chest; W/Contrast Matl(S)
Medicare	71550	Mri, Chest; W/O Contrast Matl(S)
Medicare	71270	Ct Scan, Thorax; W/O Contrast, Then W/Contrast & Further Sections
Medicare	72148	Mri, Lumbar Spine; W/O Contrast
Medicare	72141	Mri, Cervical Spine; W/O Contrast
Medicare	72133	Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections
Medicare	72146	Mri, Thoracic Spine; W/O Contrast
Medicare	72132	Computed tomography, lumbar spine; with contrast material
Medicare	72131	Computed tomography, lumbar spine; without contrast material
Medicare	72130	Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections
Medicare	72128	Computed tomography, thoracic spine; without contrast material
Medicare	72127	Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections
Medicare	72125	Computed tomography, cervical spine; without contrast material
Medicare	72126	Computed tomography, cervical spine; with contrast material
Medicare	73201	Ct Scan, Upper Extremity; W/Contrast
Medicare	73200	Ct Scan, Upper Extremity; W/O Contrast
Medicare	72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicare	72196	Mri, Pelvis; W/Contrast Matl(S)
Medicare	72195	Mri, Pelvis; W/O Contrast Matl(S)
Medicare	72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections
Medicare	72192	Ct Scan, Pelvis; W/O Contrast
Medicare	72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar
Medicare	73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ
Medicare	73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)
Medicare	73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)
Medicare	73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)
Medicare	73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)
Medicare	73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicare	73701	Ct Scan, Lower Extremity; W/Contrast
Medicare	73700	Ct Scan, Lower Extremity; W/O Contrast
Medicare	73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq
Medicare	73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)
Medicare	73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl
Medicare	73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq
Medicare	74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections
Medicare	74160	Computed tomography, abdomen; with contrast material(s)
Medicare	74150	Ct Scan, Abdomen; W/O Contrast
Medicare	74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions
Medicare	77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral
Medicare	77047	Magnetic resonance imaging, breast, without contrast material; bilateral
Medicare	77046	Magnetic resonance imaging, breast, without contrast material; unilateral
Medicare	74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences
Medicare	74182	Mri, Abdomen; W/Contrast Matl(S)
Medicare	78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)
Medicare	78816	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning.

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	78815	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. Computed tomography (CT) directs multiple narrow beams of x-rays around a body structure to produce thin, cross-sectional views of anatomical layers (or slices) of the body. The PET scan is highly sensitive to metabolic activity of the tumor while CT provides a detailed internal picture of the size, shape, and location of the tumor. PET, alone, has a definite limitation with respect to spatial resolution and physiological uptake of the radiopharmaceutical tracer, in some areas, can be underestimated or misinterpreted without accurate, anatomical correlations. Scanners that concurrently utilize PET with CT imaging correct for this limitation of PET, by fusing the data for precise anatomical location together with highly sensitive metabolic imaging. Report 78814 for concurrently acquired PET/CT imaging of a limited area, such as the head and neck alone; 78815 for imaging from the skull base to the mid-thigh; and 78816 for whole body scanning
Medicare	29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure)
Medicare	62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging or other form of indirect visualization, with discography and/or epidural injection(s) at the treated level(s), when performed, single or multiple levels, lumbar
Medicare	63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic
Medicare	29827	Arthroscopy, Shoulder, Surgical; W/Rotator Cuff Repair
Medicare	63055	Transpedicular Approach, 1 Segment; Thoracic
Medicare	63046	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Thoracic
Medicare	63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment
Medicare	63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment
Medicare	63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment
Medicare	63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment
Medicare	63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment
Medicare	63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment
Medicare	63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment
Medicare	63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical
Medicare	29828	Arthroscopy, shoulder, surgical; biceps tenodesis
Medicare	63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach
Medicare	63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical
Medicare	63308	Vertebral Corpectomy, Add'l Segment

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicare	63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach
Medicare	63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach
Medicare	63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach
Medicare	63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including flu
Medicare	29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body
Medicare	23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component
Medicare	23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component
Medicare	23472	Arthroplasty, Glenohumeral Joint; Total Shoulder
Medicare	27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb
Medicare	27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component
Medicare	C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system
Medicare	29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation
Medicare	93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography and right heart catheterization
Medicare	93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) including intraprocedural injection(s) for bypass graft angiography
Medicare	93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right heart catheterization
Medicare	93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;
Medicare	93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed, catheter placement(s) in bypass graft(s) (internal mammary, free arterial, venous grafts) with bypass graft angiography
Medicare	93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with right and left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicare	93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; with left heart catheterization including intraprocedural injection(s) for left ventriculography, when performed
Medicare	62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>
Medicare	29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicare	29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction
Medicare	B4034	Enteral feeding supply kit; syringe fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
Medicare	B4036	Enteral feeding supply kit; gravity fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
Medicare	B4035	Enteral feeding supply kit; pump fed, per day, includes but not limited to feeding/flushing syringe, administration set tubing, dressings, tape
Medicare	B9002	Enteral nutrition infusion pump, any type
Medicare	B9006	Parenteral nutrition infusion pump, stationary
Medicare	C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components
Medicare	22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo
Medicare	22849	Reinsertion, Spinal Fixation Device
Medicare	63001	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Cervical
Medicare	63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements
Medicare	63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar
Medicare	63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical
Medicare	63191	Laminectomy W/Section, Spinal Accessory Nerve
Medicare	63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical
Medicare	63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar
Medicare	63040	Laminotomy W/Partl Facetectmy/Foramnotmy/Herniated Discect, Re-Exploratr, Sngle Interspc; Cervical
Medicare	63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical
Medicare	63045	Laminectomy, Facetectomy & Foraminotomy, 1 Segment; Cervical
Medicare	63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex
Medicare	63048	Laminectomy, Facetectomy & Foraminotomy; Add'l Segment, Cervical/Thoracic/Lumbar
Medicare	63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar
Medicare	63076	Discectomy, Anterior; Cervical, Add'l Interspace
Medicare	63075	Discectomy, Anterior; Cervical, 1 Interspace
Medicare	70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicare	70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicare	70336	Mri, Temporomandibular Joints
Medicare	70547	Mra, Neck; W/O Contrast Matl(S)
Medicare	70548	Mra, Neck; W/Contrast Matl(S)
Medicare	70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicare	70544	Mra, Head; W/O Contrast Matl(S)
Medicare	E0491	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by hard
Medicare	E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote
Medicare	74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im
Medicare	74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing
Medicare	73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed
Medicare	73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed
Medicare	72198	Mra, Pelvis, W/Wo Contrast
Medicare	72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima
Medicare	72159	Mra, Spine W/Wo Contrast
Medicare	75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc
Medicare	75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima
Medicare	75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
Medicare	75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging
Medicare	75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi
Medicare	75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;
Medicare	74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including
Medicare	74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation
Medicare	74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
Medicare	74185	Mra, Abdomen, W/Wo Contrast
Medicare	77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)
Medicare	76391	Magnetic resonance (eg, vibration) elastography
Medicare	75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi
Medicare	78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicare	78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single study; with concurrently acquired computed tomography transmission scan
Medicare	78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress
Medicare	78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique
Medicare	78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification
Medicare	78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative
Medicare	78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicare	78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicare	78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicare	93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only
Medicare	93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report
Medicare	93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq
Medicare	93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report
Medicare	93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol
Medicare	93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete
Medicare	93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study
Medicare	93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study
Medicare	93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicare	93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study
Medicare	93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study
Medicare	93922	Limited bilateral noninvasive physiologic studies of upper or lower extremity arteries, (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus bidirectional, Doppler waveform recording and analysis at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus volume plethysmography at 1-2 levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries with, transcutaneous oxygen tension measurement at 1-2 levels)
Medicare	93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur
Medicare	A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each
Medicare	A7044	Oral Interface Used With Positive Airway Pressure Device, Each
Medicare	A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device
Medicare	A7036	Chinstrap Used With Positive Airway Pressure Device
Medicare	A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press
Medicare	A7032	Cushion for use on nasal mask interface, replacement only, each
Medicare	A7031	Face Mask Interface, Replacement For Full Face Mask, Each
Medicare	A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair
Medicare	A7030	Full Face Mask Used With Positive Airway Pressure Device, Each
Medicare	C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch
Medicare	C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch
Medicare	E0561	Humidifier, non-heated, used with positive airway pressure device
Medicare	E0471	Respiratory assist device, bi-level pressure capability, with back-up rate
Medicare	E0470	Respiratory assist device, bi-level pressure capability, without backup rate
Medicare	C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; each additional coronary artery, coronary artery branch, or bypass graft (list separately in addition to code for primary procedure)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluting intracoronary stent, atherectomy and angioplasty; single vessel
Medicare	C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; each additional branch subtended by the bypass graft (list separately in addition to code for primary procedure)
Medicare	C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary stent, atherectomy and angioplasty, including distal protection when performed; single vessel
Medicare	C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicare	G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels
Medicare	G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r
Medicare	G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,
Medicare	G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,
Medicare	E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or nonadjustable, custom fabricated, includes fitting and adjustment
Medicare	0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
Medicare	0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first level
Medicare	0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level
Medicare	0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each additional level (List separately in addition to code for primary procedure)
Medicare	0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separ
Medicare	0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
Medicare	0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)
Medicare	0412T	Removal of permanent cardiac contractility modulation system; pulse generator only

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; ventricular electrode only
Medicare	0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; atrial electrode only
Medicare	0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator only
Medicare	0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic parameters; pulse generator with transvenous electrodes
Medicare	0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator
Medicare	0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)
Medicare	0910T	Removal of integrated neurostimulation system, vagus nerve
Medicare	0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed
Medicare	0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drugdelivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery
Medicare	15017	Application of skin autograft; first 480 sq cm or less
Medicare	15015	Application of skin autograft; first 480 sq cm or less
Medicare	15018	Application of skin autograft; each additional 480 sq cm
Medicare	15013	Preparation of skin autograft, requiring enzymatic processing,; first 25 sq cm or less
Medicare	0914T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drugdelivery balloon (eg, drug-coated, drug-eluting) performed on a separate target lesion from the targ
Medicare	22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical
Medicare	22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment
Medicare	22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar
Medicare	C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)
Medicare	22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical
Medicare	22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic
Medicare	22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment
Medicare	22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar
Medicare	22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic
Medicare	22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v
Medicare	22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax
Medicare	22830	Exploration of Spinal Fusion
Medicare	22632	Arthrodesis, Post Interbody W/Laminect &/Or Discect, Prep Interspace, Sngl Intrspc; Add'l Interspc
Medicare	22610	Arthrodesis, posterior or posterolateral technique, single level; thoracic (with lateral transverse technique, when performed)
Medicare	22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicare	22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompr
Medicare	22868	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; second level (List separately in addition to code for primary procedure)
Medicare	22867	Insertion of interlaminar/interspinous process stabilization/distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; single level
Medicare	22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi
Medicare	22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (eg, screws, flanges), when performed, to intervertebral disc space in conjunction with interbody arthrodesis, each interspace (List separately in addition to code for primary procedure)
Medicare	22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)
Medicare	22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)
Medicare	23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx
Medicare	22870	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second level (List separately in addition to code for primary procedure)
Medicare	22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar
Medicare	22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical
Medicare	A6517	Gradient compression wrap with adjustable straps, below knee, each, custom

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L6031	Replacement socket/interface, partial hand including fingers, molded to patient model, for use with or without external power
Medicare	L6033	Addition to upper extremity prosthesis, partial hand including fingers, acrylic material
Medicare	A6516	Gradient compression wrap with adjustable straps, foot, each, custom
Medicare	A6611	Gradient compression wrap with adjustable straps, above knee, each, custom
Medicare	L6032	Addition to upper extremity prosthesis, partial hand including fingers, ultralight material (titanium, carbon fiber or equal)
Medicare	L0720	Cervical-thoracic-lumbar-sacral-orthoses (CTLSO), anterior-posterior-lateral control, prefabricated item that has been trimmed, bent, molded, assembled, or otherwise customize
Medicare	L6030	Upper extremity addition, external frame, partial hand including fingers
Medicare	A6518	Gradient compression wrap with adjustable straps, arm, each, custom
Medicare	L6037	Immediate postsurgical or early fitting, application of initial rigid dressing, including fitting alignment and suspension of components, and one cast change, partial hand inc
Medicare	L1952	Ankle foot orthosis (AFO), spiral, (Institute of Rehabilitative Medicine-type), plastic or other material, prefabricated, off-the-shelf
Medicare	0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contractility modulation system
Medicare	29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx
Medicare	63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment
Medicare	72129	Computed tomography, thoracic spine; with contrast material
Medicare	73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)
Medicare	70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast
Medicare	E1813	Dynamic adjustable knee extension only device, includes soft interface material
Medicare	27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral
Medicare	27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular
Medicare	63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment
Medicare	63280	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Extramedullary, Cervical
Medicare	0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional
Medicare	A7035	Headgear Used With Positive Airway Pressure Device
Medicare	0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)
Medicare	78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant
Medicare	78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa
Medicare	L6029	Upper extremity addition, test socket/interface, partial hand including fingers
Medicare	95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist
Medicare	78812	Positron emission tomography (PET) imaging; skull base to mid-thigh
Medicare	78814	Positron emission tomography (PET) produces thin slice images of the body that can be reassembled into three-dimensional representations by detecting positron-emitting radionuclides from a radiopharmaceutical introduced into the body. These radionuclides must be produced in a cyclotron or generator that can bombard chemicals with neutrons to produce unstable, short-lived radioisotopes, such as carbon-11, nitrogen-13, and oxygen-15. These can be readily incorporated into common and important, biological body compounds for administration. Data from this kind of imaging yields metabolic or biochemical function information depending on the type of molecule tagged. In PET tumor imaging, information about the tumor's glucose and oxygen utilization is obtained, which reveals the tumor's behavior compared to normal tissue or benign tumors. Report 78811 for PET imaging of a limited area such as the chest alone; 78812 for imaging from the skull base to the mid-thigh; and 78813 for imaging of the whole body.
Medicare	72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic
Medicare	74177	Computed tomography, abdomen and pelvis; with contrast material(s)
Medicare	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral
Medicare	74181	Mri, Abdomen; W/O Contrast Matl(S)
Medicare	E1808	Dynamic adjustable wrist flexion only device, includes soft interface material
Medicare	23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block
Medicare	22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate
Medicare	A7027	Combination oral/nasal mask, used with continuous positive airway pressure
Medicare	A7037	Tubing Used With Positive Airway Pressure Device
Medicare	E0562	Humidifier, heated, used with positive airway pressure device
Medicare	63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;
Medicare	E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type
Medicare	77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply
Medicare	71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing
Medicare	78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress
Medicare	78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification
Medicare	64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	E0201	Penile contracture device, manual, greater than 3 lbs traction force
Medicare	A6515	Gradient compression wrap with adjustable straps, full leg, each, custom
Medicare	A6519	Gradient compression garment, not otherwise specified, for nighttime use, each
Medicare	E1828	Dynamic adjustable toe extension only device, includes soft interface material
Medicare	27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of transfixing device
Medicare	27403	Arthrotomy W/Meniscus Repair, Knee
Medicare	B9004	Parenteral nutrition infusion pump, portable
Medicare	63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg
Medicare	29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum
Medicare	92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)
Medicare	72149	Mri, Lumbar Spine; W/Contrast
Medicare	72193	Ct Scan, Pelvis; W/Contrast
Medicare	72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical
Medicare	78813	Positron emission tomography (PET) imaging; whole body
Medicare	70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections
Medicare	C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list separately in addition to code for primary procedure)
Medicare	G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste
Medicare	J7330	Cultured Chondrocytes Implnt
Medicare	A7028	Oral cushion for combination oral/nasal mask, replacement only, each
Medicare	L7406	Addition to upper extremity, user adjustable, mechanical, residual limb volume management system
Medicare	L6700	Upper extremity addition, external powered feature, myoelectronic control module, additional EMG inputs, pattern-recognition decoding intent movement
Medicare	22869	Insertion of interlaminar/interspinous process stabilization/distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single level
Medicare	22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicare	0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only
Medicare	A7045	Repl exhalation port for PAP
Medicare	E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes
Medicare	C8903	Magnetic resonance imaging with contrast, breast; unilateral
Medicare	70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences
Medicare	29824	Arthroscopy, Shoulder, Surgical; Distal Claviclectomy W/ Articular Surface
Medicare	71260	Ct Scan, Thorax; W/Contrast Matl(S)
Medicare	72147	Mri, Thoracic Spine; W/Contrast

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)
Medicare	95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist
Medicare	22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methylmethacrylate) to intervertebral disc space or vertebral body defect without interbody arthrodesis, each contiguous defect (List separately in addition to code for primary procedure)
Medicare	95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)
Medicare	95805	Multiple Sleep Latency Test, Multiple Trails
Medicare	23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer
Medicare	0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), inc
Medicare	A7038	Filter, Disposable, Used With Positive Airway Pressure Device
Medicare	A4604	Tubing with integrated heating element for use with positive airway pressure device
Medicare	62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc, 1 interspace, lumbar
Medicare	70545	Mra, Head; W/Contrast Matl(S)
Medicare	73225	Mra, Upper Extremity, W/Wo Contrast
Medicare	71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)
Medicare	78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan
Medicare	63270	Laminectomy, Excision, Intraspinous Lesion Other Than Neoplasm, Intradural; Cervical
Medicare	63287	Laminectomy, Bx/Excision, Intraspinous Neoplasm; Intradural, Intramedullary, Thoracolumbar
Medicare	63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical
Medicare	71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)
Medicare	64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)
Medicare	63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic
Medicare	63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment
Medicare	29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)
Medicare	63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach
Medicare	22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12
Medicare	29863	Arthroscopy, Hip, Surgical; W/Synovectomy
Medicare	73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections
Medicare	73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	L1933	Ankle foot orthosis (AFO), rigid anterior tibial section, total carbon fiber or equal material, prefabricated, off-the-shelf
Medicare	22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo
Medicare	22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophyctomy for nerve root or spinal cord decompression and microdissection); second level, cervical (List separately in addition to code for primary procedure)
Medicare	72142	Mri, Cervical Spine; W/Contrast
Medicare	70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections
Medicare	33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sens
Medicare	95807	Sleep Study, Attended
Medicare	0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)
Medicare	93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement
Medicare	73725	Mra, Lower Extremity, W/Wo Contrast
Medicare	78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification
Medicare	75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of
Medicare	78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), dual radiotracer (eg, myocardial viability);
Medicare	78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo
Medicare	63277	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural, Lumbar
Medicare	15011	Harvest of skin for autograft; first
Medicare	63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical
Medicare	93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing, (ie, bidirectional Doppler waveform or volume plethysmography recording and analysis at rest with ankle/brachial indices immediately after and at timed intervals following performance of a standardized protocol on a motorized treadmill plus recording of time of onset of claudication or other symptoms, maximal walking time, and time to recovery) complete bilateral study
Medicare	71250	Ct Scan, Thorax; W/O Contrast Matl
Medicare	E0616	Cardiac Event Recorder
Medicare	70551	Mri, Brain; W/O Contrast
Medicare	74176	Computed tomography, abdomen and pelvis; without contrast material
Medicare	74263	Computed tomographic (CT) colonography, screening, including image postprocessing

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study
Medicare	93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicare	93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com
Medicare	93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study
Medicare	93923	Complete bilateral noninvasive physiologic studies of upper or lower extremity arteries, 3 or more levels (eg, for lower extremity: ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental blood pressure measurements with bidirectional Doppler waveform recording and analysis, at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental volume plethysmography at 3 or more levels, or ankle/brachial indices at distal posterior tibial and anterior tibial/dorsalis pedis arteries plus segmental transcutaneous oxygen tension measurements at 3 or more levels), or single level study with provocative functional maneuvers (eg, measurements with postural provocative tests, or measurements with reactive hyperemia)
Medicare	77295	3-dimensional radiotherapy plan, including dose-volume histograms
Medicare	97010	Application of a modality to 1 or more areas; hot or cold packs
Medicare	97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)
Medicare	G0151	Services performed by a qualified physical therapist in the home health or hospice setting, each 15 minutes
Medicare	G0495	Skilled services of a registered nurse (rn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
Medicare	G0155	Services Of Clinical Social Worker In Home Health Or Hospice Settings, Each 15 Minutes
Medicare	G0153	Services performed by a qualified speech-language pathologist in the home health or hospice setting, each 15 minutes
Medicare	G0152	Services performed by a qualified occupational therapist in the home health or hospice setting, each 15 minutes
Medicare	G0299	Direct skilled nursing services of a registered nurse (RN) in the home health or hospice setting, each 15 minutes
Medicare	G0493	Skilled services of a registered nurse (RN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
Medicare	G0496	Skilled services of a licensed practical nurse (lpn), in the training and/or education of a patient or family member, in the home health or hospice setting, each 15 minutes
Medicare	G0161	Services performed by a qualified speech-language pathologist, in the home health setting, in the establishment or delivery of a safe and effective speech-language pathology maintenance program, each 15 minutes

List of items and service that require Prior Authorization

Updated : 2/11/2026

Line of Business	Procedure Code	Description
Medicare	G0159	Services performed by a qualified physical therapist, in the home health setting, in the establishment or delivery of a safe and effective physical therapy maintenance program, each 15 minutes
Medicare	G0160	Services performed by a qualified occupational therapist, in the home health setting, in the establishment or delivery of a safe and effective occupational therapy maintenance program, each 15 minutes
Medicare	G0158	Services performed by a qualified occupational therapist assistant in the home health or hospice setting, each 15 minutes
Medicare	G0494	Skilled services of a licensed practical nurse (LPN) for the observation and assessment of the patient's condition, each 15 minutes (the change in the patient's condition requires skilled nursing personnel to identify and evaluate the patient's need for possible modification of treatment in the home health or hospice setting)
Medicare	G0300	Direct skilled nursing services of a license practical nurse (LPN) in the home health or hospice setting, each 15 minutes
Medicare	G0156	Services Of Home Health/Hospice Aide In Home Health Or Hospice Settings, Each 15 Minutes
Medicare	G0157	Services performed by a qualified physical therapist assistant in the home health or hospice setting, each 15 minutes