

NOTE: This list applies to Florida Individual Local Members

Provider Precertification Number-833-476-1459

Verify Benefits and Eligibility With Customer Service For All Services. There may be differences in coverage at the member or group level. Services listed in this Guide may be governed by Medical Policies or Clinical Guidelines and may impact coverage decisions even when they do not require precertification. To review Medical Policies and Clinical Guidelines refer to the Provider Manual at https://www.wellpoint.com/provider

Note: NOC and unlisted codes - codes may not reflect precertification is required but codes may require medical necessity review upon claims submission depending on diagnosis and/or reimbursement level.

Carelon Medical Benefits Management, Inc.

Carelon Medical Benefits Management, a separate company, is a nationally recognized leader delivering specialty benefits management on behalf of FL for certain health plan members. Determine if preapproval is needed for a FL member by clicking the "Medical Policy, Clinical UM Guidelines, and Preapproval Requirements" link on our provider website, or by calling the preapproval phone number printed on the back of the member's ID card. To submit your request for any of the services below, contact Carelon online via Carelon Medical Benefits

Management Provider Portal at www.providerportal.com. You may also call Carelon toll-free at 877-291-0366, Monday – Friday, 8:00 a.m. – 6:00 p.m. ET. Note: For codes noted as managed by Carelon Medical Benefits Management, precertification requirement applies to Fully Insured and Vendor Program eligible members only.

Carelon Medical Benefits management provides benefits management for the programs listed below:

- > Imaging Level of Care
- > Genetic Testing
- > Diagnostic Imaging Management
- > Cardiovascular Services
- > Radiation Therapy Services
- > Rehabilitative Services and Site of Care
- > Sleep Therapy
- > Outpatient Sleep Testing and Therapy Services
- > Oncology Drugs
- > Cancer Care Quality Program
- > Musculoskeletal (MSK) Program and Site of Care
- > Upper Gastrointestinal Endoscopy in Adults, and Site of Care for Certain Surgical Services

For complete prior authorization requirements for vendors visit the:

Carelon website at https://guidelines.carelonmedicalbenefitsmanagement.com; submit requests at https://www.providerportal.com, or call 877-291-0366

Carelon RX Pharmacy 833-396-0309

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
Various	Admissions- direct admit, elective, scheduled. requires prior authorization	YES		
	ALL medical & surgical inpatient admissions - except Hospice require authorization			
Various	Transplant Services- Contact Transplant Unit 888-574-7215	YES		
Various	Maternity Admissions- Vaginal and Cesarean deliveries if more than 2 days or 4 days respectively			
Various	Behavioral Health Services- Inpatient and Outpatient- Contact Behavioral Health at the number on the member's ID Card	YES		
00170	Anesthesia, Intraoral Proc, W/Bx; Nos	YES		
00530	Anesthesia, Permanent Transvenous Pacemaker Insertion		YES	
00580	Anesthesia, Heart Transplant/Heart & Lung Transplant	YES		
00796	Anesthesia, Intraperitoneal Proc, Upper Abdomen, W/Laparoscopy; Liver Transplant, Recipient	YES		
00868	Anesthesia, Extraperitoneal Proc, Lower Abdomen, W/Urinary Tract; Renal Transplant, Recipient	YES		
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord;		YES	
	cervical or thoracic			
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord;		YES	
	lumbar or sacral			
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord;		YES	
	cervical or thoracic		1,7=0	
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord;		YES	
01941	lumbar or sacral Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty,		YES	
01941	vertebroplasty) on the spine or spinal cord; cervical or thoracic		TES	
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty,		YES	
010-12	vertebroplasty) on the spine or spinal cord; lumbar or sacral		120	
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different		YES	
	physician or other qualified health care professional			
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different		YES	
	physician or other qualified health care professional			
11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/<	YES		
11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq Cm	YES		
11950	Subq Injection, Filling Matl; 1 Cc/<	YES		
11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc	YES		
11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc	YES		
11954	Subq Injection, Filling Matl; > 10.0 Cc	YES		
14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet;10.1-30.0sqcm	YES		
14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<	YES		
14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm	YES		
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	YES		
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	YES		
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	YES		
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	YES		
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	YES		
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	YES		
15756	Free Muscle/Myocutaneous Flap W/Microvascular Anastomosis	YES		
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	YES		
15773	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; 25 cc or less injectate	YES		
15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts	YES		
15776	Punch Graft, Hair Transplant; > 15 Punch Grafts	YES		
15780	Dermabrasion; Total Face	YES		
15781	Dermabrasion; Segmental, Face	YES		
15782	Dermabrasion; Regional, Other Than Face	YES		
15783	Dermabrasion; Superficial, Any Site	YES		
15786	Abrasion; Single Lesion	YES		
15788	Chemical Peel, Facial; Epidermal	YES		
15789	Chemical Peel, Facial; Dermal	YES		
15792	Chemical Peel, Nonfacial; Epidermal	YES		
15793	Chemical Peel, Nonfacial; Dermal	YES		
15824	Rhytidectomy; Forehead	YES		
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	YES		
15826	Rhytidectomy; Glabellar Frown Lines	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
15828	Rhytidectomy; Cheek, Chin, & Neck	YES		
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	YES		
15830	Excision, excessive skin and subcutaneous tissue (incluedes lipectomy, abdomen, infraumbilical panniculectomy	YES		
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	YES		
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	YES		
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	YES		
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	YES		
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	YES		
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	YES		
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	YES		
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	YES		
15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	YES		
15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	YES		
15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	YES		
15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	YES		
15876	Suction Assisted Lipectomy; Head & Neck	YES		
15877	Suction Assisted Lipectomy; Trunk	YES		
15878	Suction Assisted Lipectomy; Upper Extremity	YES		
15879	Suction Assisted Lipectomy; Lower Extremity	YES		
17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm	YES		
17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm	YES		
17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm	YES		
17380	Electrolysis epilation, each 30 minutes	YES		
17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue	YES		
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	YES		
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad		YES	
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for		YES	
	interstitial radioelement application following (at the tim			
19316	Mastopexy	YES		
19318	Breast reduction	YES		
19325	Breast augmentation with implant	YES		

CODE	Prior Authorization Procedure Code Listing for Florida Individua Code Description	Responsible Party	Responsible Party	Responsible Party
CODE	Code Description	Wellpoint	Carelon MBM	CarelonRX
19328	Removal of intact breast implant	YES	Carcton i ibi i	Gurctomix
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	YES		
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	YES		
19340		YES		
	Insertion or replacement of breast implant on separate day from mastectomy	_		
19350	Nipple/Areola Reconstruction	YES		
19355	Correction, Inverted Nipples	YES		
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	YES		
19361	Breast reconstruction; with latissimus dorsi flap	YES		
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	YES		
19367	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap	YES		
19368	Breast reconstruction; with single-pedicled transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis (supercharging)	YES		
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	YES		
19380	Revision of reconstructed breast (eg, significant removal of tissue, re-advancement and/or re-inset of flaps in autologous	YES		
19396	reconstruction or significant capsular revision comb	YES		
	Preparation, Moulage, Custom Breast Implant	YES		
19499	Unlisted Proc, Breast	YES	\/F0	
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a		YES	
20560	Needle insertion(s) without injection(s); 1 or 2 muscle(s)		YES	
20561	Needle insertion(s) without injection(s); 3 or more muscles		YES	
20605	Arthrocentesis, Aspiration &/Or Injection; Intermediate Joint/Bursa	YES		
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular,	YES		
	wrist, elbow or ankle, olecranon bursa); with ultrasound gu			
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code		YES	
	for primary procedure)			
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)		YES	
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including		YES	
	articular surface and contiguous bone (List separately in a			
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial		YES	
	(ie, hemicylindrical) (List separately in addition			
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie,		YES	
	cylindrical) (List separately in addition to code for prim			
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)		YES	
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat		YES	
20939	Bone marrow aspiration for bone grafting, spine surgery only, through separate skin or fascial incision (List separately in addition to code for primary procedure)		YES	
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)		YES	
20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive	YES	YES	
20982	Ablation, Bone Tumor(s) Radiofrequency, Percutaneous, Including Computed Tomographic Guidance	YES		
20983	Ablation therapy for reduction or eradication of 1 or more bone tumors (eg, metastasis) including adjacent soft tissue when involved by tumor extension, percutaneous, includin	YES		
20999	Unlisted Proc, Musculoskeletal System, General	YES		
21010	Arthrotomy, Temporomandibular Joint	YES		
21050	Condylectomy, Temporomandibular Joint (Sep Proc)	YES		
21060	Meniscectomy, Partial/Complete, Temporomandibular Joint (Sep Proc)	YES		
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitor	YES		
21083	Impression & Custom Preparation; Palatal Lift Prosthesis	YES		
21086	Impression & Custom Preparation; Auricular Prosthesis	YES		
21087	Impression & Custom Preparation; Nasal Prosthesis	YES		
21110	Application, Interdental Fixation Device, Non-Fx/Dislocation, W/Removal	YES		
21116	Injection Proc, Temporomandibular Joint Arthrography	YES		
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)	YES		
21121	Genioplasty; Sliding Osteotomy, Single Piece	YES		
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin	YES		
21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft	YES		
21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl	YES		
21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft	YES		
21137	Reduction Forehead; Contouring Only	YES		
21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft	YES		
21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall	YES		
21141	Reconstruction Midface, Lefort I; 1 Piece, W/O Bone Graft	YES		
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	YES		
21145	Reconstruction Midface, Lefort I; 1 Piece, W/Bone Grafts	YES		
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining	YES		
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o	YES		
21150	Reconstruction Midface, Lefort Ii; Anterior Intrusion	YES		
21151	Reconstruction Midface, Lefort Ii; W/Bone Grafts	YES		
21154	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/O Lefort I	YES		
21155	Reconstruction Midface, Lefort Iii, W/Bone Grafts; W/Lefort I	YES		
21159	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I	YES		
21160	Reconstruction Midface, Lefort Iii, (Extra/Intracranial), W/Bone Grafts, W/Lefort I	YES		
21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead	YES		
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead	YES		
21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)	YES		
21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft	YES		
21182	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft < 40 Sq Cm	YES		
21183	Reconstruction, Orbit/Forehead/Nasoethmiod, Following Excision, Benign Tumor, Graft 40-80 Sq Cm	YES		
21184	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft > 80 Sq Cm	YES		
21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts	YES		
21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft	YES		
21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft	YES		
21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation	YES		
21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation	YES		
21198	Osteotomy, Mandible, Segmental	YES		
21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement	YES		
21206	Osteotomy, Maxilla, Segmental	YES		
21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)	YES		
21209	Osteoplasty, Facial Bones; Reduction	YES		
21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)	YES		
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	YES		
21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)	YES		
21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
21240	Arthroplasty, Temporomandibular Joint, W/Wo Autograft (Includes Obtaining Graft)	YES		
21242	Arthroplasty, Temporomandibular Joint, W/Allograft	YES		
21243	Arthroplasty, Temporomandibular Joint, W/Prosthetic Joint Replacement	YES		
21244	Reconstruction, Mandible, Extraoral, W/Transosteal Bone Plate	YES		
21245	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Partial	YES		
21246	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Complete	YES		
21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts	YES		
21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	YES		
21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)	YES		
21270	Malar Augmentation, Prosthetic Matl	YES		
21275	Secondary Revision, Orbitocraniofacial Reconstruction	YES		
21685	Hyoid Myotomy and Suspension	YES		
21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open	YES		
21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy	YES		
21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy	YES		
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	YES		
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	YES		
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	YES		
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES	
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES	
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo		YES	
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical		YES	
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic		YES	
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar		YES	
22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment		YES	
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical		YES	
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic		YES	
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral		YES	
	segment (List separately in addition to code for primary proce			
22505	Manipulation, Spine, Requiring Anesthesia, Any Region		YES	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,		YES	
	inclusive of all imaging guidance; cervicothoracic			
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,		YES	
	inclusive of all imaging guidance; lumbosacral			
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection,		YES	
	inclusive of all imaging guidance; each additional cerv			
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when		YES	
	performed) using mechanical device (eg, kyphoplasty), 1 verteb			
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when		YES	
	performed) using mechanical device (eg, kyphoplasty), 1 verteb			
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when		YES	
	performed) using mechanical device (eg, kyphoplasty), 1 verteb			
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	YES	YES	
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor		YES	
22532	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for		YES	
	decompression); thoracic			
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for		YES	
	decompression); lumbar			
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for		YES	
	decompression); thoracic or lumbar, each additional vertebral			
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid		YES	
	process			
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of		YES	
	spinal cord and/or nerve roots; cervical below C2			
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of		YES	
	spinal cord and/or nerve roots; cervical below C2, each add		1/50	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for		YES	
20550	decompression); cervical below C2		V50	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for		YES	
20550	decompression); thoracic		VEC	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for		YES	
	[decompression]; lumbar			

	Prior Authorization Procedure Code Listing for Florida Individua			
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for		YES	
	decompression); each additional interspace (List separately in ad			
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior	YES	YES	
	instrumentation, with image guidance, includes bone graft when perfor			
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)		YES	
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)		YES	
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment		YES	
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when		YES	
	performed)			
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when		YES	
	performed)			
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in		YES	
	addition to code for primary procedure)			
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than		YES	
	for decompression), single interspace; lumbar			
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than		YES	
	for decompression), single interspace; each additional in		1,7=0	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy		YES	
00004	and/or discectomy sufficient to prepare interspace (other		VE0	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy		YES	
22800	and/or discectomy sufficient to prepare interspace (other Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments		YES	
22802	Arthrodesis, posterior, for spinal deformity, with or without cast, up to 0 vertebral segments		YES	
	- i i i i i i i i i i i i i i i i i i i		YES	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments			
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments		YES	
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments		YES	
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments		YES	
22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs		YES	
22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More		YES	
22830	Exploration of Spinal Fusion		YES	
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	YES		
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including	YES		
	thoracoscopy, when performed			
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace,		YES	
	atlantoax			
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)		YES	
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v		YES	
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12		YES	
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo		YES	
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)		YES	
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)		YES	
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)		YES	
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate		YES	
22849	Reinsertion, Spinal Fixation Device		YES	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for		YES	
	device anchoring (e.g. screws, flanges), when performed, t			
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for		YES	
	device anchoring (e.g. screws, flanges), when performed, t			
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes		YES	
	osteophytectomy for nerve root or spinal cord decompres			
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for		YES	
22858	decompression); single interspace, lumbar Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes		YES	
22000	osteophytectomy for nerve root or spinal cord decompres		ILS	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methlmethacrylate) to intervertebral disc		YES	
	space or verebral body defect without interbody arthro			
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for		YES	
	decompression); second interspace, lumbar (List separa			
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba		YES	
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical		YES	
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar		YES	
22867	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sin	YES	YES	
22868	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sec		YES	
22869	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	YES	YES	
22870	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second		YES	
22899	Unlisted Proc, Spine	YES		
22999	Unlisted Proc, Abdomen, Musculoskeletal System	YES		
23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx		YES	
23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal		YES	
23120	Claviculectomy; Partial		YES	
23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release		YES	
23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute		YES	
23412	Repair, Ruptured Musculotendinous Cuff; Chronic		YES	
23415	Coracoacromial Ligament Release, W/Wo Acromioplasty		YES	
23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)		YES	
23430	Tenodesis, Long Tendon, Biceps		YES	
23440	Resection/Transplantation, Long Tendon, Biceps		YES	
23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation		YES	
23455	Capsulorrhaphy, Anterior; W/Labral Repair		YES	
23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block		YES	
23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer		YES	
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block		YES	
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability		YES	
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty		YES	
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder		YES	
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component		YES	
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
23700	Manipulation W/Anesthesia, Shoulder Joint, W/Application Of Fixation Apparatus (Excl Dislocation)		YES	
24300	Manipulation, Elbow, Under Anesthesia		YES	
24999	Unlisted Proc, Humerus/Elbow	YES		
25259	Manipulation, Wrist, Under Anesthesia		YES	
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint		YES	
26989	Unlisted Proc, Hands/Fingers	YES		
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed		YES	
27120	Acetabuloplasty;		YES	
27122	Acetabuloplasty; Resection, Femoral Head		YES	
27125	Hemiarthroplasty, Hip, Partial		YES	
27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft		YES	
27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft		YES	
27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft		YES	
27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft		YES	
27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft		YES	
27275	Manipulation, Hip Joint, Requiring General Anesthesia		YES	
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of		YES	
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed		YES	
27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb		YES	
27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral		YES	
27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral		YES	
27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior		YES	
27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area		YES	
27345	Excision, Synovial Cyst, Popliteal Space		YES	
27403	Arthrotomy W/Meniscus Repair, Knee		YES	
27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral		YES	
27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate		YES	
27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments		YES	
27412	Autologous Chondrocyte Implantation, Knee		YES	
27415	Rep Ligaments Knee+pes Anserin Tran		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)		YES	
27425	Lateral Retinacular Release Open		YES	
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular		YES	
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)		YES	
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular		YES	
27437	Arthroplasty, Patella; W/O Prosthesis		YES	
27438	Arthroplasty, Patella; W/Prosthesis		YES	
27440	Arthroplasty, Knee, Tibial Plateau		YES	
27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy		YES	
27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee		YES	
27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy		YES	
27445	Arthroplasty, Knee, Hinge Prosthesis		YES	
27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment		YES	
27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing		YES	
27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component		YES	
27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component		YES	
27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion		YES	
27570	Manipulation, Knee Joint Under General Anesthesia		YES	
27599	Unlisted Proc, Femur/Knee	YES		
27702	Arthroplasty, Ankle; W/Implant (Total Ankle)		YES	
27703	Arthroplasty, Ankle; Revision, Total Ankle		YES	
27704	Removal, Ankle Implant		YES	
27860	Manipulation, Ankle Under General Anesthesia		YES	
27870	Arthrodesis, Ankle, Open		YES	
28110	Ostectomy, Partial Excision, 5th Metatarsal Head (Bunionette) (Sep Proc)		YES	
28285	Correction, Hammertoe		YES	
28286	Correction, Cock-Up Fifth Toe, W/Plastic Skin Closure		YES	
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint;		YES	
	without implant			
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with		YES	
	implant		\/F0	
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx		YES	
	base, when performed, any method			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method		YES	
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method		YES	
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method		YES	
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method		YES	
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method		YES	
28306	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal		YES	
28307	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal W/Autograft		YES	
28308	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; Not 1st Metatarsal, Each		YES	
28310	Osteotomy, Shortening, Angular/Rotational Correction; Proximal Phalanx, 1st Toe (Sep Proc)		YES	
28312	Osteotomy, Shortening, Angular/Rotational Correction; Other Phalanges, Any Toe		YES	
28315	Sesamoidectomy, 1st Toe (Sep Proc)		YES	
28446	Open osteochondral autograft, talus (includes obtaining grafts)		YES	
28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint		YES	
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring	YES		
	anesthesia other than local, including ultrasound guida			
28899	Unlisted Proc, Foot/Toes	YES		
29800	Arthroscopy, Temporomandibular Joint, Dx W/Wo Synovial Bx (Sep Proc)	YES		
29804	Arthroscopy, Temporomandibular Joint, Surgical	YES		
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)		YES	
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy		YES	
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion		YES	
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body		YES	
29820	Arthroscopy, shoulder, surgical; synovectomy, partial		YES	
29821	Arthroscopy, shoulder, surgical; synovectomy, complete		YES	
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, bi		YES	
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage		YES	
29824	Arthroscopy, shoulder, surgical; distal claviculectomy including distal articular surface (Mumford procedure)		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation		YES	
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial		YES	
	ligament (ie, arch) release, when performed (List separatel			
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair		YES	
29828	Arthroscopy, shoulder, surgical; biceps tenodesis		YES	
29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)		YES	
29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body		YES	
29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum		YES	
29863	Arthroscopy, Hip, Surgical; W/Synovectomy		YES	
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])		YES	
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)		YES	
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral		YES	
29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)		YES	
29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage		YES	
29873	Arthroscopy, Knee, Surgical; W/Lateral Release		YES	
29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb		YES	
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)		YES	
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)		YES	
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)		YES	
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx		YES	
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same		YES	
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o		YES	
29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral		YES	
29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral		YES	
29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)		YES	
29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation		YES	
29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion		YES	
29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecting Lesion W/Int Fixation		YES	
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES	
29888 29889	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx		YES	
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)		YES	
29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)		YES	
29916	Arthroscopy, hip, surgical; with labral repair		YES	
29999	Unlisted Proc, Arthroscopy	YES		
30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma	YES		
30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	YES		
30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	YES		
30420	Rhinoplasty, Primary; W/Major Septal Repair	YES		
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	YES		
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	YES		
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	YES		
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	YES		
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal	YES		
30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	YES		
30620	Septal/Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	YES		
30999	Unlisted Proc, Nose	YES		
31237	Nasal/Sinus Endoscopy, Surgical; W/Bx, Polypectomy/Debridement (Sep Proc)	YES		
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	YES		
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	YES		
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when perfor	YES		
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	YES		
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	YES		
31256	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy;	YES		
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	YES		
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	YES		
31267	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy; W/Maxillary Tissue Removal	YES		
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	YES		
31287	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy;	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
31288	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy; W/Tissue Removal, Sphenoid Sinus	YES		
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine	YES		
	fossa			
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	YES		
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	YES		
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	YES		
31299	Unlisted Proc, Accessory Sinuses	YES		
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	YES		
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr		YES	
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	YES		
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	YES		
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire		YES	
20252	course of treatment	\/F0		
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	YES		
32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	YES		
32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	YES		
32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	YES		
32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	YES		
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	YES		
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	YES		
32994	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when involved by tumor extension, percutaneous, including imaging	YES		
32998	Ablation therapy for reduction or eradication of 1 or more pulmonary tumor(s) including pleura or chest wall when	YES		
	involved by tumor extension, percutaneous, including imaging			
32999	Unlisted Proc, Lungs & Pleura	YES		
33140	Transmyocardial Laser Revascularization, By Thoracotomy	YES		
33202	Insertion of epicardial electrodes(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)		YES	
33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)		YES	
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial		YES	
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular		YES	
33212	Insertion of pacemaker pulse generator only; with existing single lead		YES	
33213	Insertion of pacemaker pulse generator only; with existing dual leads		YES	
33214	Repositioning, Previously Implanted Transvenous Electrode/Pacing Cardiovert-Defib Electrode		YES	
33215	Repositioning of Previously Implanted Transvenous Pacemaker or Pacing Cardioverter-Defibrillator Electrode		YES	
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator		YES	
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator		YES	
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator		YES	
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator		YES	
33222	Relocation of skin pocket for pacemaker		YES	
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse ge		YES	
33225	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, at time of insertion of pacing cardioverter-defibrillator or pacemaker pulse generator (eg,		YES	
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator)		YES	
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System		YES	
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System		YES	
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System		YES	
33230	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Dual Leads		YES	
33231	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads		YES	
33233	Removal of permanent pacemaker pulse generator only		YES	
33234	Removal, Transvenous Pacemaker Electrode(S); Single Lead System, Atrial/Ventricular		YES	
33235	Removal, Transvenous Pacemaker Electrode(S); Dual Lead System		YES	
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead		YES	
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber		YES	
33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
		wemponin		Caletolina
33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator		YES	
	Pulse Generator; Multiple Lead System	\/F0		
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	YES		
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	YES		
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode,		YES	
	including defibrillation threshold evaluation, induction of a			
33271	Insertion of subcutaneous implantable defibrillator electrode		YES	
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe		YES	
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography)		YES	
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana	YES		
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and	YES		
00270	programming, when performed; system, including pulse generat			
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and	YES		
002.0	programming, when performed; transvenous stimulation or sens			
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and	YES		
	programming, when performed; pulse generator only			
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	YES		
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	YES	YES	
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	YES		
00207	interrogation and programming, when performed; pulse generator			
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and	YES		
	interrogation and programming, when performed; transvenous sti			
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring,	YES	YES	
	including deployment and calibration of the sensor, right heart c			
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy,	YES		
	transseptal puncture, catheter placement(s), left atrial angio			
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	YES		
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	YES		
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	YES		
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	YES		
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	YES		
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	YES		
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	YES		
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR,	YES		
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardiectomy	YES		
33928	Removal and replacement of total replacement heart system (artificial heart)	YES		
33930	Donor Cardiectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft	YES		
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	YES		
33935	Heart-Lung Transplant W/Recipient Cardiectomy-Pneumonectomy	YES		
33940	Donor Cardiectomy, W/Preparation & Maintenance, Allograft	YES		
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	YES		
33945	Heart Transplant, W/Wo Recipient Cardiectomy	YES		
33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	YES		
33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	YES		
33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	YES		
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	YES		
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	YES		
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary byp	YES		
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	YES		
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both	YES		
	arterial and venous access, with transseptal punc			
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	YES		
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
33999	Unlisted Proc, Cardiac Surgery	YES		
36260	Insertion, Implantable Intra-Arterial Infusion Pump	YES		
36261	Revision, Implanted Intra-Arterial Infusion Pump	YES		
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the	YES		
36466	injectate, inclusive of all imaging guidance and monitoring; singl Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; multi	YES		
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	YES		
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	YES		
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	YES		
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	YES		
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	YES		
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	YES		
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	YES		
36511	Therapeutic Apheresis; White Blood Cells	YES		
36512	Therapeutic Apheresis; Red Blood Cells	YES		
36513	Therapeutic Apheresis; Platelets	YES		
36514	Therapeutic Apheresis; Plasma Pheresis	YES		
36516	Therapeutic apheresis; with extracorporeal immunoadsorption, selective adsorption or selective filtration and plasma reinfusion	YES		
36563	Insertion of Tunneled Centrally Inserted Central Venous Access Device with Subcutaneous Pump	YES		
36583	Replacement, Complete, of a Tunneled Centrally Inserted Central Venous Access Device, w Sq Pump, Via Same Access	YES		
36901	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
36902	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
36903	Introduction of needle(s) and/or catheter(s), dialysis circuit, with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpr	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis, dialysis circuit, any method, including all imaging and radiological supervision and interpr	YES		
37216	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; Wo Distal Embolic Protection	YES		
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same ves	YES		
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES		
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES		
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES		
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the i	YES		
37246	Transluminal balloon angioplasty (exept lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, inclu	YES		
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and intepretation necessary to perform ang	YES		
37799	Unlisted Proc, Vascular Surgery	YES		
38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition	YES	1	
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic	YES		
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	YES		
38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage	YES		
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	YES		
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	YES		
38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete	YES	1	
38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete	YES		
38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal	YES		
38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion	YES		
38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	YES		
38215	Transplant Prep, Hematoiepotic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat	YES		
38230	Bone marrow harvesting for transplantation; allogeneic	YES		
38232	Bone Marrow Harvesting For Transplantation; Autologous	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	YES		
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	YES		
38242	Allogeneic lymphocyte infusions	YES		
38243	Hematopoietic progenitor cell (HPC); HPC boost	YES		
38999	Unlisted Proc, Hemic/Lymphatic System	YES		
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn		YES	
41512	Tongue base suspension, permanent suture technique	YES		
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	YES		
42145	Palatopharyngoplasty	YES		
42299	Unlisted Proc, Palate, Uvula	YES		
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	YES	YES	
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	YES	YES	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	YES	YES	
43229	Esophagoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performed)		YES	
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)		YES	
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)		YES	
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	YES	YES	
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple		YES	
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter		YES	
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices		YES	
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices		YES	
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)		YES	
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube		YES	
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body		YES	
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire		YES	
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy		YES	
	forceps or bipolar cautery			
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		YES	
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection		YES	
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method		YES	
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal	YES	YES	
43237	sphincter and/or gastric cardia, for treatment of gastroesop			
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation		YES	
	and guide wire passage, when performed)			
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre-		YES	
	and post-dilation and guide wire passage, when performe			
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty	YES	YES	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of	YES	YES	
	me			
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of	YES	YES	
	mesh			
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device	YES	YES	
	(i.e., magnetic band), including cruroplasty when performed.			
43285	Removal of esophageal sphincter augmentation device	YES	YES	
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation	YES		
40000	of mesh or other prosthesis	VEO		
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of	YES		
43334	mesh or other prosthesis Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation	YES		
43334	of mesh or other prosthesis			
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of	YES		
40000	mesh or other prosthesis			
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal;	YES		
	without implantation of mesh or other prosthesis			
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with	YES		
	implantation of mesh or other prosthesis			
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	YES	YES	
43499	Unlisted Proc, Esophagus	YES		
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	YES		
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
43659	Unlisted Proc, Laparoscopy, Stomach	YES		
43881	Implantation or replacement of gastric neurostimulator electrodes, antrum, open	YES		
43882	Revision or removal of gastric neurostimulator electrodes, antrum, open	YES		
43999	Unlisted Proc, Stomach	YES		
44132	Donor Enterectomy, Open, W/Prep & Maintenance, Allograft; Cadaver Donor	YES		
44133	Donor Enterectomy, Open With Prep & Maintenance, Allograft; Partial, Living Donor	YES		
44135	Intestinal Allotransplantation; From Cadaver Donor	YES		
44136	Intestinal Allotransplantation; From Living Donor	YES		
44715	Backbench Standard Preparation Of Cadaver Or Living Donor Intestine Allograft	YES		
44720	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Venous Anastomosis, Each	YES		
44721	Backbench Reconstruction Of Cadaver Or Living Donor Intestine Allograft; Arterial Anastomosis, Each	YES		
46601	Anoscopy; diagnostic, with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, including collection of specimen(s) by br	YES	YES	
46607	Anoscopy; with high-resolution magnification (HRA) (eg, colposcope, operating microscope) and chemical agent enhancement, with biopsy, single or multiple	YES	YES	
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])	YES		
46948	Hemorrhoidectomy, internal, by transanal hemorrhoidal dearterialization, 2 or more hemorrhoid columns/groups, including ultrasound guidance, with mucopexy, when performed	YES	YES	
46999	Unlisted Proc, Anus	YES		
47133	Donor Hepatectomy, W/Preparation & Maintenance, Allograft; Cadaver Donor	YES	YES	
47135	Liver Allotransplantation; Orthotopic, Partial/Whole, Cadaver/Living Donor, Any Age	YES		
47140	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Left Lateral Segment Only	YES		
47141	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Left Lobectomy	YES		
47142	Donor Hepatectomy, with Preparation and Maintenance of Allograft, Living Donor; Total Right Lobectomy	YES		
47143	Backbench Standard Preparation Of Cadaver Donor Whole Liver Graft; Without Trisegment Or Lobe Split	YES		
47144	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectom	YES		
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including	YES		
47146	Cholecystectom Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Venous Anastomosis, Each	YES		
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	YES		
47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Radiofrequency	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical	YES		
47380	Ablation, Open, 1+ Liver Tumor(S); Radiofrequency	YES		
47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	YES		
47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneous, Radiofrequency	YES		
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	YES		
47399	Unlisted Proc, Liver	YES		
48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	YES		
48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment	YES		
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	YES		
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	YES		
48554	Transplantation, Pancreatic Allograft	YES		
48556	Removal, Transplanted Pancreatic Allograft	YES		
48999	Unlisted Proc, Pancreas	YES		
49906	Free Omental Flap W/Microvascular Anastomosis	YES		
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and	YES		
50000	monitoring, if performed	V50		
50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	YES		
50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	YES		
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	YES		
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	YES		
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	YES		
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	YES		
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis,	YES		
50340	Recipient Nephrectomy (Sep Proc)	YES		
50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	YES		
50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	YES		
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	YES		
50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	YES		
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	YES		

CODE	Prior Authorization Procedure Code Listing for Florida Individua			Doononoihla Dartu
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
50500	Ablatics and burses(a) unilated an acceptance of the control of th	•	Careton Pibri	Caretolina
50593	Ablation, renal tumor(s), unilateral, presutaneous cryotherapy	YES		
51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck	YES		
53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff	YES		
53446	Removal, Inflatable Urethral/Bladder Neck Sphincter W/Pump/Reservoir/Cuff	YES		
53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session	YES		
53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	YES		
53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff	YES		
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	YES		
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	YES		
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	YES		
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	YES		
53850	Transurethral Destruction, Prostate Tissue; Microwave Thermotherapy	YES		
53852	Transurethral Destruction, Prostate Tissue; Radiofrequency Thermotherapy	YES		
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	YES		
53899	Unlisted Proc, Urinary System	YES		
54125	Amputation, Penis; Complete	YES		
54360	Plastic Operation, Penis To Correct Angulation	YES		
54440	Plastic Operation, Penis, Injury	YES		
54520	Orchiectomy, Simple, W/Wo Prosthesis, Scrotal/Inguinal Approach	YES		
54660	Insertion, Testicular Prosthesis (Sep Proc)	YES		
54690	Laparoscopy, Surgical; Orchiectomy	YES		
55180	Scrotoplasty; Complicated	YES		
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	YES		
55860	Exposure, Prostate, Any Approach, Radiation Insertion		YES	
55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)		YES	
55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy		YES	
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	YES		
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	ıal Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without		YES	
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	YES		
55899	Unlisted Proc, Male Genital System	YES		
55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi		YES	
56625	Vulvectomy Simple; Complete	YES		
56800	Plastic Repair, Introitus	YES		
56805	Clitoroplasty, Intersex State	YES		
56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)	YES		
57110	Vaginectomy, Complete Removal, Vaginal Wall	YES		
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy		YES	
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy		YES	
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocele repair	YES		
57270	Repair, Enterocele, Abdominal Approach (Sep Proc)	YES		
57280	Colpopexy, Abdominal Approach	YES		
57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy)	YES		
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	YES		
57285	Paravaginal defect repair (including repair of cystocele, if performed) ;vaginal approach	YES		
57291	Construction, Artificial Vagina; W/O Graft	YES		
57292	Construction, Artificial Vagina; W/Graft	YES		
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	YES		
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	YES		
57335	Vaginoplasty, Intersex State	YES		
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	YES		
58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	YES		
58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy	YES		
58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)	YES		
58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries	YES		
58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy	YES		
58240	Pelvic Exenteration, Gynecologic Malignancy	YES		
58260	Vaginal hysterectomy, for uterus 250 g or less;	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	YES				
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	YES				
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra typ	YES				
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	YES				
58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy	YES				
58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele	YES				
58285	Vaginal Hysterectomy; Radical	YES				
58290	Vaginal Hysterectomy, Uterus >250 Gms;	YES				
58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)	YES				
58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele	YES				
58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele	YES				
58346	Insertion, Heyman Capsules, Clinical Brachytherapy		YES			
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	YES				
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	YES				
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	YES				
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s	YES				
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node	YES				
58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<	YES				
58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<; W/Removal, Tube(S) &/Or Ovary(S)	YES				
58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms	YES				
58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms; W/Remove Tube(S) &/Or Ovary(S)	YES				
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	YES				
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less; with removal of tube(s) and/or ovary (s)	YES				
58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g	YES				
58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)	YES				
58578	Unlisted Proc, Laparoscopy, Uterus	YES				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business						
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party			
		Wellpoint	Carelon MBM	CarelonRX			
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	YES					
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency.	YES					
58953	Bilat Salpingo-Oophorect W/Omentect, Total Abdom Hyster & Radical Dissect Debulk	YES					
58954	Bilat Salping-Oophorec W/Omentec, Tl Abd Hyst & Radcl Dissec, Debul; W/Pelv & Ltd Paraaortic Lymp	YES					
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hysterectomy For Malignancy	YES					
58999	Unlisted Proc, Female Genital System (Nonobstetrical)	YES					
59076	Fetal Shunt Placement, Including Ultrasound Guidance	YES					
60699	Unlisted Proc, Endocrine System	YES					
61215	Insertion, Subq Reservoir/Pump/Infusion System, Ventricular Catheter	YES					
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	YES					
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	YES					
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	YES					
61736	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging	YES					
	guidance, when performed; single trajectory for 1 si						
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for	YES					
61790	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Gasserian Ganglion		YES				
61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract		YES				
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion		YES				
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion		YES				
61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	YES					
61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	YES					
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	YES					
61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	YES					
61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrod Array	YES	YES				
61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	YES					
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy,	YES					
	when performed, with direct or inductive coupling, with co						
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth	YES					
	and/or cortical strip electrode array(s)						

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>	YES	YES			
62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day	YES	YES			
62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic	YES	YES			
62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal	YES	YES			
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based	YES	YES			
	technique to remove disc material under fluoroscopic imagi					
62290	Injection, Diskography, Each Level; Lumbar		YES			
62291	Injection, Diskography, Each Level; Cervical/Thoracic	YES	YES			
62320	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution),		YES			
	not including neurolytic substances, including needle					
62321	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution),		YES			
	not including neurolytic substances, including needle					
62322	Injection(s) of diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)		YES			
	not including neurolytic substances, including needle		1/50			
62323	Injection(s) of diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution)		YES			
62350	not including neurolytic substances, including needle Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservor/Infusion Pump; W/O Laminct	YES				
62351	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservor/Infusion Pump; W/Laminect	YES				
62360	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Subq Reservoir	YES				
62361	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Non-Programmable Pump	YES				
62362		YES				
	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump		\/F0			
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1	YES	YES			
63001	Laminectomy with exploration and/or decompression of spinal cord and/or cauda equina, without facetectomy,		YES			
00001	foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral s		120			
63003	Laminectomy, W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Thoracic		YES			
63005	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, 1/2 Segments; Lumbar		YES			
63012	Laminectomy W/Removal, Abnormal Facets, Lumbar		YES			
63015	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Cervical		YES			
63016	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Thoracic		YES			
63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar		YES			
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		YES			
	and/or excision of herniated intervertebral disc; 1 interspace,					
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		YES			
	and/or excision of herniated intervertebral disc; 1 interspace,					

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy		YES			
	and/or excision of herniated intervertebral disc; each additiona					
63040	Laminotomy W/Partl Facetectmy/Foramnotmy/Herniated Diskect, Re-Exploratn, Sngle Interspc; Cervical		YES			
63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar		YES			
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex		YES			
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex		YES			
63045	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES			
63046	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES			
63047	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES			
63048	Laminectomy, facetectomy and foraminotomy (unilateral or bilateral with decompression of spinal cord, cauda equina and/or nerve root[s], [eg, spinal or lateral recess stenosis		YES			
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;		YES			
63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony		YES			
00001	Elements					
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]		YES			
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]		YES			
63055	Transpedicular Approach, 1 Segment; Thoracic		YES			
63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)		YES			
63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar		YES			
63075	Diskectomy, Anterior; Cervical, 1 Interspace		YES			
63076	Diskectomy, Anterior; Cervical, Add'l Interspace		YES			
63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment		YES			
63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment		YES			
63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment		YES			
63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment		YES			
63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment		YES			
63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar, Add'l Segment		YES			
63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment		YES			

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment		YES	
63101	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl		YES	
	Segment			
63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl		YES	
62102	Segment Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea		YES	
63103	addl Seg		ITES	
63185	Laminectomy with rhizotomy; 1 or 2 segments	YES	YES	
63190	Laminectomy with rhizotomy; more than 2 segments	YES	YES	
63191	Laminectomy W/Section, Spinal Accessory Nerve		YES	
63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar		YES	
63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical		YES	
63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar		YES	
63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical		YES	
63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar		YES	
63270	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical		YES	
63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar		YES	
63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical		YES	
63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar		YES	
63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical		YES	
63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar		YES	
63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical		YES	
63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar		YES	
63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level		YES	
63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical		YES	
63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach		YES	
63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach		YES	
63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach		YES	
63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical		YES	
63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach		YES	
63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach		YES	
63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach		YES	
63308	Vertebral Corpectomy, Add'l Segment		YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion		YES			
63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural		YES			
63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	YES	YES			
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including		YES			
63664	flu Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotom		YES			
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receive		YES			
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array		YES			
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	YES				
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	YES	YES			
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	YES	YES			
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	YES	YES			
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	YES	YES			
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	YES	YES			
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level		YES			
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separat		YES			
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level		YES			
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		YES			
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES			
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES			
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES			
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES			

CODE	Prior Authorization Procedure Code Listing for Florida Individua Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	YES		
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	YES	YES	
64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	YES	YES	
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	YES	YES	
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	YES	YES	
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	YES		
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	YES		
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	YES	YES	
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	YES	YES	
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	YES	YES	
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	YES		
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	YES		
64585	Revision or removal of peripheral neurostimulator electrode array	YES		
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pu	YES	YES	
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	YES		
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra	YES	YES	
64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar		YES	
64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division		YES	
64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring		YES	
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	YES	YES	
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)		YES	
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	YES	YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code	-	YES	
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint		YES	
64634	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Each Additional Facet Joint (List Separat		YES	
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint		YES	
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		YES	
64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch	YES	YES	
64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)	YES		
64722	Decompression; Unspecified Nerve(S) (Specify)	YES		
64732	Transection/Avulsion; Supraorbital Nerve	YES		
64734	Transection/Avulsion; Infraorbital Nerve	YES		
64736	Transection/Avulsion; Mental Nerve	YES		
64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy	YES		
64740	Transection/Avulsion; Lingual Nerve	YES		
64742	Transection/Avulsion; Facial Nerve, Differential/Complete	YES		
64744	Transection/Avulsion; Greater Occipital Nerve	YES		
64771	Transection/Avulsion, Other Cranial Nerve, Extradural	YES		
64772	Transection/Avulsion, Other Spinal Nerve, Extradural	YES		
64864	Suture, Facial Nerve; Extracranial	YES		
64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting	YES		
64866	Anastomosis; Facial-Spinal Accessory	YES		
64868	Anastomosis; Facial-Hypoglossal	YES		
64999	Unlisted Proc, Nervous System	YES		
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	YES		
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	YES		
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	YES		
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	YES		
67027	Implant, Intravitreal Drug Delivery System W/Removal, Vitreous	YES		

Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
Code Description	Responsible Party	Responsible Party	Responsible Party		
	Wellpoint	Carelon MBM	CarelonRX		
Intravitreal Injection, A Pharmacologic Agent (Sep Proc)	YES				
Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of		YES			
Ear Piercing	YES				
Otoplasty, Protruding Ear, W/Wo Size Reduction	YES				
Unlisted Proc, Ext Ear	YES				
Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	YES				
Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	YES				
Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone	YES				
Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	YES				
Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than	YES				
Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to	YES				
Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous	YES				
Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor,	YES				
Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous	YES				
	VES				
· ·					
	1123	VES			
		-			
		.			
		.			
· · · · · · · · · · · · · · · · · · ·					
· ·					
	Intravitreal Injection, A Pharmacologic Agent (Sep Proc) Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of Ear Piercing Otoplasty, Protruding Ear, W/Wo Size Reduction Unlisted Proc, Ext Ear Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater	Intravitreal Injection, A Pharmacologic Agent (Sep Proc) Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of Ear Piercing YES Otoplasty, Protruding Ear, W/Wo Size Reduction VES Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral YES Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral YES Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone YES Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor YES Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and implant, skull; within the mastoid and resulting in removal of greater Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, osseointegrated impl	Intravitreal Injection, A Pharmacologic Agent (Sep Proc) Destruction of localized lesion of retina (eg., macular edema, tumors), 1 or more sessions; radiation by implantation of YES Ear Piercing YES Cloplasty, Protruding Ear, WWO Size Reduction Unlisted Proc, Ext Ear Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral YES Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone YES Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor YES Implantation, osseointegrated implant, skull; with precutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an Implant should implant, skull implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an Implant attachment to external speech processor, within the mastoid an Implant attachment to external speech processor, within the mastoid an Implant skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an Implant attachment to external speech processor, within the mastoid an Implant skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an Implant skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid a Unlisted Proc, Middle Ear Cochlear Device Implantation, W/Wo Mastoidectomy VES Cochlear Device Implantation, W/Wo Mastoidectomy VES C		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl		YES	
70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)		YES	
70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections		YES	
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing		YES	
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing		YES	
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)		YES	
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)		YES	
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma		YES	
70544	Mra, Head; W/O Contrast Matl(S)		YES	
70545	Mra, Head; W/Contrast Matl(S)		YES	
70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES	
70547	Mra, Neck; W/O Contrast Matl(S)		YES	
70548	Mra, Neck; W/Contrast Matl(S)		YES	
70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES	
70551	Mri, Brain; W/O Contrast		YES	
70552	Mri, Brain; W/Contrast		YES	
70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences		YES	
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m		YES	
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun		YES	
71250	Computed tomography, thorax, diagnostic; without contrast material		YES	
71260	Computed tomography, thorax, diagnostic; with contrast material(s)		YES	
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections		YES	
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)		YES	
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if perfo		YES	
71550	Mri, Chest; W/O Contrast Matl(S)		YES	
71551	Mri, Chest; W/Contrast Matl(S)		YES	
71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)		YES	
72125	Ct Scan, Cervical Spine; W/O Contrast		YES	
72126	Ct Scan, Cervical Spine; W/Contrast		YES	
72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/Contrast & Further Sections		YES	
72128	Computed tomography, thoracic spine; without contrast material		YES	
72129	Cat,Thoracic Spine;w/Contrst Materl,18-2		YES	
72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/Contrast & Further Sections		YES	
72131	Ct Scan, Lumbar Spine; W/O Contrast		YES	
72132	Ct Scan, Lumbar Spine; W/Contrast		YES	
72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/Contrast & Further Sections		YES	
72141	Mri, Cervical Spine; W/O Contrast		YES	
72142	Mri, Cervical Spine; W/Contrast		YES	
72146	Mri, Thoracic Spine; W/O Contrast		YES	
72147	Mri, Thoracic Spine; W/Contrast		YES	
72148	Mri, Lumbar Spine; W/O Contrast		YES	
72149	Mri, Lumbar Spine; W/Contrast		YES	
72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical		YES	
72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic		YES	
72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar		YES	
72159	Mra, Spine W/Wo Contrast		YES	
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and ima		YES	
72192	Ct Scan, Pelvis; W/O Contrast		YES	
72193	Ct Scan, Pelvis; W/Contrast		YES	
72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections		YES	
72195	Mri, Pelvis; W/O Contrast Matl(S)		YES	
72196	Mri, Pelvis; W/Contrast Matl(S)		YES	
72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences		YES	
72198	Mra, Pelvis, W/Wo Contrast		YES	
72285	Discography, cervical or thoracic, radiological supervision and interpretation	YES	YES	
72295	Discography, lumbar, radiological supervision and interpretation		YES	
73200	Ct Scan, Upper Extremity; W/O Contrast		YES	
73201	Ct Scan, Upper Extremity; W/Contrast		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections		YES	
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if		YES	
	performed			
73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)		YES	
73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)		YES	
73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc		YES	
73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)		YES	
73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)		YES	
73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ		YES	
73225	Mra, Upper Extremity, W/Wo Contrast		YES	
73700	Ct Scan, Lower Extremity; W/O Contrast		YES	
73701	Ct Scan, Lower Extremity; W/Contrast		YES	
73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections		YES	
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if		YES	
	performed			
73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)		YES	
73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)		YES	
73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq		YES	
73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl		YES	
73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)		YES	
73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq		YES	
73725	Mra, Lower Extremity, W/Wo Contrast		YES	
74150	Ct Scan, Abdomen; W/O Contrast		YES	
74160	Computed tomography, abdomen; with contrast material(s)		YES	
74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections		YES	
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If		YES	
	Performed, And Image Postprocessing			
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed,		YES	
	and im			
74176	Computed tomography, abdomen and pelvis; without contrast material		YES	
74177	Computed tomography, abdomen and pelvis; with contrast material(s)		YES	
74178	Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast		YES	
	material(s) and further sections in one or both body regio			
74181	Mri, Abdomen; W/O Contrast Matl(S)		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
74182	Mri, Abdomen; W/Contrast Matl(S)		YES	
74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences		YES	
74185	Mra, Abdomen, W/Wo Contrast		YES	
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material		YES	
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including		YES	
74263	Computed tomographic (CT) colonography, screening, including image postprocessing		YES	
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation		YES	
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;		YES	
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging		YES	
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi		YES	
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi		YES	
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium		YES	
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima		YES	
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postproce		YES	
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc		YES	
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		YES	
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi		YES	
76120	Cineradiography/Videoradiology, Except Where Specifically Included	YES	YES	
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	YES		
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	YES		
76390	Mr Spectroscopy		YES	
76391	Magnetic resonance (eg, vibration) elastography		YES	
76496	Unlisted Fluoroscopic Procedure	YES		

	Prior Authorization Procedure Code Listing for Florida Individua			
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
76498	Unlisted Mr Procedure	YES		
76499	Unlisted Dx Radiographic Procedure	YES		
76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning		YES	
76965	Us Guided, Interstitial Radioelement Application		YES	
77014	Computed tomography guidance for placement of radiation therapy fields		YES	
77046	Magnetic resonance imaging, breast, without contrast material; unilateral		YES	
77047	Magnetic resonance imaging, breast, without contrast material; bilateral		YES	
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin		YES	
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin		YES	
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)		YES	
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply		YES	
77295	3-dimensional radiotherapy plan, including dose-volume histograms		YES	
77299	Unlisted Proc, Therapeutic Radiology Clinical Treatment Planning	YES		
77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms		YES	
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)		YES	
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(YES	
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)		YES	
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT		YES	
77370	Special Medical Radiation Physics Consultation		YES	
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist		YES	
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist		YES	
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en		YES	
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple		YES	
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed		YES	
77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev		YES	
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl		YES	
77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		YES	
77423	High energy neutron radiation treatment delivery, 1 or more isocenter(s) with coplanar or non-coplanar geometry with blocking and/or wedge, and/or compensator(s)	YES	YES	
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session		YES	
77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session		YES	
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)		YES	
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image		YES	
77469	Intraoperative Radiation Treatment Management		YES	
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitary irradiation)		YES	
77520	Proton Treatment Delivery; Simple W/O Compensation		YES	
77522	Proton Treatment Delivery; Simple W/Compensation		YES	
77523	Proton Treatment Delivery; Intermediate		YES	
77525	Proton Treatment Delivery; Complex		YES	
77761	Intracavitary Radiation Source Application; Simple		YES	
77762	Intracavitary Radiation Source Application; Intermediate		YES	
77763	Intracavitary Radiation Source Application; Complex		YES	
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 1 channel		YES	
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; 2-12 channels		YES	
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitary brachytherapy, includes basic dosimetry, when performed; over 12 channels		YES	
77778	Interstitial Radioelement Application; Complex		YES	
77790	Supervision, Handling, Loading, Radiation Source		YES	
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
78430	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re		YES	
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at		YES	
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w		YES	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w		YES	
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES	
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES	
78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES	
78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo		YES	
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s		YES	
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative		YES	
78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique		YES	
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification		YES	
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress		YES	
78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress		YES	
78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification		YES	
78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant		YES	
78491	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); single study, at re		YES	
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at		YES	
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification		YES	
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation		YES	
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation		YES	
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)		YES	
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh		YES	
78813	Positron emission tomography (PET) imaging; whole body		YES	
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction		YES	
	and an			
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an		YES	
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an		YES	
78999	Unlisted Miscellaneous Proc, Dx Nuclear Medicine	YES		
79101	Radiopharmaceutical Therapy, By Intravenous Administration		YES	
79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intravenous Infusion		YES	
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	YES		
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)		YES	
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)		YES	
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed		YES	
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian		YES	
04400	cancer) gene analysis; full sequence analysis and full duplicatio		VE0	
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES	
81164	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian		YES	
31104	cancer) gene analysis; full duplication/deletion analysis (ie, de		120	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES	
31166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full		YES	
	duplication/deletion analysis (ie, detection of large gene rearrangements)			
31167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full		YES	
	duplication/deletion analysis (ie, detection of large gene rearrangements)			
31170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance),		YES	
24474	gene analysis, variants in the kinase domain		VEC	
31171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES	
31172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis;		YES	
	characterization of alleles (eg, expanded size and methyla		1.20	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence		YES	
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant		YES	
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu		YES	
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta		YES	
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidoluysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES	
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence		YES	
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant		YES	
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES	
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence		YES	
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)		YES	
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis		YES	
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis		YES	
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis		YES	
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)		YES	
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence		YES	
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants		YES	
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants		YES	
81204	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; characterization of alleles (eg, expanded size or me		YES	
81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)		YES	
81206	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative		YES	
81207	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or Ouantitative		YES	
81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative		YES	
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant		YES	
81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant		YES	
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants		YES	
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		YES	
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES	
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant		YES	
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence		YES	
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9		YES	
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)		YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants		YES			
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants		YES			
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence		YES			
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)		YES			
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)		YES			
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,		YES			
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)		YES			
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [YES			
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) vari		YES			
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)		YES			
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)		YES			
81232	DPYD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)		YES			
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)		YES			
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles		YES			
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)		YES			
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence		YES			
81237	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, diffuse large B-cell lymphoma) gene analysis, common variant(s) (eg, codon 646)		YES			
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)		YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
81240	F2 (Prothrombin, Coagulation Factor Ii) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant		YES			
81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant		YES			
81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)		YES			
81243	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; evaluation to detect abnormal (eg, expanded) al		YES			
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size		YES			
81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (Itd) Variants (Ie, Exons 14, 15)		YES			
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)		YES			
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)		YES			
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)		YES			
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence		YES			
81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)		YES			
81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)		YES			
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		YES			
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants		YES			
81254	GJB6 (gap junction protein, beta 6, 30kDa, connexin 30) (eg, nonsyndromic hearing loss) gene analysis, common variants (eg, 309kb [del(GJB6-D13S1830)] and 232kb [del(GJB6-D13S		YES			
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)		YES			
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)		YES			
81257	HBA1/HBA2 (alpha globin 1 and alpha globin 2) (eg, alpha thalassemia, Hb Bart hydrops fetalis syndrome, HbH disease), gene analysis; common deletions or variant (eg, Southeast		YES			
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		YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
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		YES			
81260	Ikbkap (Inhibitor Of Kappa Light Polypeptide Gene Enhancer In B-Cells, Kinase Complex-Associated Protein) (Eg, Familial Dysautonomia) Gene Analysis, Common Variants (Eg, 2507+		YES			
81261	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Amplified Methodology (Eg,		YES			
81262	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Direct Probe Methodology (E		YES			
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis		YES			
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)		YES			
81265	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Patient And Comparative Specimen (Eg, Pre-Transplant Recipient And Donor Germline Testing, Post-Transplant Non-He		YES			
81266	Comparative Analysis Using Short Tandem Repeat (Str) Markers; Each Additional Specimen (Eg, Additional Cord Blood Donor, Additional Fetal Samples From Different Cultures, Or A		YES			
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		YES			
81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant		YES			
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES			
81272	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, gastrointestinal stromal tumor [GIST], acute myeloid leukemia, melanoma), gene analysis, targeted sequ		YES			
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)		YES			
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)		YES			
81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13		YES			
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)		YES			
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities		YES			
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative		YES			
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)		YES			
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant		YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles		YES			
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)		YES			
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence		YES			
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis		YES			
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis		YES			
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)		YES			
81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, Ivs3-2A>G, Del6.4Kb)		YES			
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)		YES			
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES			
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES			
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES			
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES			
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES			
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES			
81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES			
81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES			
81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES			
81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg, Bat25, Bat26), Includes Com		YES			
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis		YES			
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant		YES			
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants		YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant		YES			
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)		YES			
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence		YES			
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant		YES			
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,		YES			
81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants		YES			
81311	NRAS (neuroblastoma RAS viral [v-ras] oncogene homolog) (eg, colorectal carcinoma), gene analysis, variants in exon 2 (eg, codons 12 and 13) and exon 3 (eg, codon 61)		YES			
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES			
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)		YES			
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)		YES			
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (Eg, Intron 3 And Intro		YES			
81316	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (Eg, Intron 3, Intron 6		YES			
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis		YES			
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants		YES			
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants		YES			
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)		YES			
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis		YES			
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant		YES			
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant		YES			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies)		YES	
	gene analysis; duplication/deletion analysis			
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies)		YES	
	gene analysis; full sequence analysis			
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies)		YES	
	gene analysis; known familial variant			
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis		YES	
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis,		YES	
	common variant(s) (eg, *5)			
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg,		YES	
	carrier testing), includes SMN2 (survival of motor neur			
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis,		YES	
	Common Variants (Eg, R496L, L302P, Fsp330)			
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi		YES	
	Syndrome And/Or Angelman Syndrome), Methylation Analysis			
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (Eg, Alpha-1-Antitrypsin		YES	
	Deficiency), Gene Analysis, Common Variants (Eg, *S And			
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H,		YES	
	R124C, R124L, R555W, R555Q)			
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated		YES	
	myeloid malignancy), gene analysis, targeted sequence analy			
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)		YES	
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence		YES	
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence		YES	
	variant(s)			
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants		YES	
	(eg, W515A, W515K, W515L, W515R)			
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis,		YES	
	exon 10			
81340	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal		YES	
	Clonal Population(S); Using Amplification Methodology (Eg, Pol			
81341	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal		YES	
	Clonal Population(S); Using Direct Probe Methodology (Eg, Sout			
81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To		YES	
	Detect Abnormal Clonal Population(S)			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles		YES	
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)		YES	
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)		YES	
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)		YES	
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)		YES	
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass		YES	
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common varian		YES	
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence		YES	
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)		YES	
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant		YES	
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)		YES	
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)		YES	
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs,		YES	
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)		YES	
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)		YES	
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)		YES	
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence		YES	
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)		YES	
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each		YES	

Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	
31381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each		YES		
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1		YES		
31401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		YES		
31402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		YES		
31403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		YES		
31404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		YES		
31405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6		YES		
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7		YES		
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8		YES		
81408	Molecular pathology procedure, Level 9 (eg, analysis of >50 exons in a single gene by DNA sequence analysis) ABCA4 (ATP-binding cassette, sub-family A [ABC1], member 4) (eg, S		YES		
31410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must		YES		
31411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, m		YES		
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease)		YES		
81413	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel,		YES		
31414	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analys		YES		
31415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES		
31416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code		YES		
31417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn		YES		
31418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an		YES		
31419	Epilepsy genomic sequence analysis panel, must include analyses for ALDH7A1, CACNA1A, CDKL5, CHD2, GABRG2, GRIN2A, KCNQ2, MECP2, PCDH19, POLG, PRRT2, SCN1A, SCN1B, SCN2A, SCN8		YES		
31425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES		
31426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator		YES		
31427	genome (eg, parents, siblings) (List separately in addition to co Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome	:	YES		
	sequence (eg, updated knowledge or unrelated condition/s				

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
81430	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); genomic sequence analysis panel, must include sequencing of at least 60 genes, including CDH23,		YES	
81431	Hearing loss (eg, nonsyndromic hearing loss, Usher syndrome, Pendred syndrome); duplication/deletion analysis panel, must include copy number analyses for STRC and DFNB1 delet		YES	
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary pr		YES	
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 1		YES	
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 o		YES	
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analy		YES	
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must inc		YES	
81440	Nuclear encoded mitochondrial genes (eg, neurologic or myopathic phenotypes), genomic sequence panel, must include analysis of at least 100 genes, including BCS1L, C10orf2, CO		YES	
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, co		YES	
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, m		YES	
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucoli		YES	
81445	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; DNA analysis o		YES	
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-		YES	
81449	Solid organ neoplasm, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants and copy number variants or rearrangements, if performed; RNA analysis		YES	
81450	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform e		YES	
81451	Hematolymphoid neoplasm or disorder, genomic sequence analysis panel, 5-50 genes, interrogation for sequence variants, and copy number variants or rearrangements, or isoform e		YES	
81455	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearr		YES	
81456	Solid organ or hematolymphoid neoplasm or disorder, 51 or greater genes, genomic sequence analysis panel, interrogation for sequence variants and copy number variants or rearr		YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis,		YES			
	microsatellite instability					
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy		YES			
	number variants and microsatellite instability					
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or		YES			
	combined DNA and RNA analysis, copy number variants, microsatellite					
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like		YES			
	episodes [MELAS], myoclonic epilepsy with ragged-red fibers [
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence		YES			
	variants; DNA analysis or combined DNA and RNA analysis,					
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence		YES			
	variants; DNA analysis, copy number variants, and micros					
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence		YES			
	variants; DNA analysis or combined DNA and RNA analysis,		<u> </u>			
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external		YES			
	ophthalmoplegia), including heteroplasmy detection, if perfor		1/			
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must		YES			
04.474	include sequencing of at least 60 genes, including ARX, A		VE0			
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must		YES			
04.470	include analysis of at least 60 genes, including ARX,		VEC			
81479	Unlisted molecular pathology procedure		YES			
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic	YES				
	algorithm reported as a disease activity score		1,7=0			
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral		YES			
0.1.50.1	blood, algorithm reported as a risk score		1/50			
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-		YES			
01500	embedded tissue, algorithm reported as tissue similarity s		YES			
81506	Endocrinology, Biochemical Assays Of Seven Analytes Utilizing Serum Or Plasma, Algorithm Reporting A Risk Score		TES			
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue	YES				
	inhibitor of metalloproteinase 1 [TIMP-1]), using immuno					
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping),		YES			
	utilizing formalin-fixed paraffin-embedded tissue, algorithm					
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin		YES			
	embedded tissue, algorithm reported as recurrence score					
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping),		YES			
	utilizing formalin-fixed paraffin-embedded tissue, algorithm r					

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
81521	Oncology (breast), mRNA, microarray gene expression profiling of 70 content genes and 465 housekeeping genes, utilizing fresh frozen or formalin-fixed paraffin-embedded tissue		YES	
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		YES	
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,		YES	
81525	Oncology (colon), mRNA, gene, expression profiling by real-time RT-PCR of 12 genes (7 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm		YES	
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 tiss		YES	
81535	Oncology (gynecologic), live tumor cell culture and chemotherapeutic response by DAPI stain and morphology, predictive algorithm reported as a drug response score; first singl	YES		
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	YES		
81540	Oncology (tumor of unknown origin), mRNA, gene expression profiling by real-time RT-PCR of 92 genes (87 content and 5 housekeeping) to classify tumor into main cancer type and		YES	
81541	Oncology (prostate), mRNA gene expression profiling by real-time RT-PCR of 46 genes (31 content and 15 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algori		YES	
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffinembedded tissue, algorithm reported as metastasis risk s		YES	
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)		YES	
81551	Oncology (prostate), promoter methylation profiling by real-time PCR of 3 genes (GSTP1, APC, RASSF1), utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as		YES	
81552	Oncology (uveal melanoma), mRNA, gene expression profiling by real-time RT-PCR of 15 genes (12 content and 3 housekeeping), utilizing fine needle aspirate or formalin-fixed pa		YES	
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categ		YES	
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole p	YES		
81595	Cardiology (heart transplant), mRNA, gene expression profiling by real-time quantitative PCR of 20 genes (11 content and 9 housekeeping), utilizing subfraction of peripheral b	YES	YES	
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utiliz	YES		
81599	Unlisted Multianalyte Assay With Algorithmic Analysis		YES	
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, lgG1, 2, 3, or 4), each	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitativ	YES				
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	YES				
84999	Unlisted Chemistry Proc	YES				
86001	Allergen Specific Igg Quantitative/Semiquantitative, Ea Allergen	YES				
86343	Leukocyte Histamine Release Test (Lhr)	YES				
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	YES				
86357	Natural killer (NK) cells, total count	YES				
86849	Unlisted Immunology Proc	YES				
86999	Unlisted Transfusion Medicine Proc	YES				
87999	Unlisted Microbiology Proc	YES				
88356	Morphometric Analysis; Nerve	YES				
88399	Unlisted Surgical Pathology Proc	YES				
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	YES				
89240	Unlisted Miscellaneous Pathology Test	YES				
89290	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Less Than or Equal To 5 Embryos	YES				
89291	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Greater Than 5 Embryos	YES				
89329	Sperm Evaluation; Hamster Penetration Test	YES				
89330	Sperm Evaluation; Cervical Mucus Penetration Test, W/Wo Spinnbarkeit Test	YES				
89398	Unlisted reproductive medicine laboratory procedure	YES				
90281	Immune Globulin (Ig), Human, Im Use			YES		
90283	Immune Globulin (Igiv), Human, Iv Use			YES		
90284	Immune globulin (SCIg), human, for use in subcutaneous infusions, 100mg, each			YES		
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each			YES		
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use			YES		
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use			YES		
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor	YES				
	threshold determination, delivery and management					
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	YES				
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re- Determination With Delivery And Management	YES				

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the	YES		
	patient), with psychotherapy (eg, insight oriented, behavior m			
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the	YES		
	patient), with psychotherapy (eg, insight oriented, behavior m			
90901	Biofeedback Training, Any Modality	YES	YES	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when	YES	YES	
	performed; initial 15 minutes of one-on-one physician or other qu			
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when		YES	
	performed; each additional 15 minutes of one-on-one physician or			
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and	YES	YES	
	report			
92507	Treatment of speech, language, voice, communication, and/or auditory processing disorder; individual		YES	
92508	Treatment of speech, language, voice, communication, and/or auditory processing disorder; group, 2 or more individuals		YES	
92521	Evaluation of speech fluency (eg, stuttering, cluttering)		YES	
92522	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria)		YES	
92523	Evaluation of speech sound production (eg, articulation, phonological process, apraxia, dysarthria); with evaluation of		YES	
	language comprehension and expression (eg, receptive an			
92524	Behavioral and qualitative analysis of voice and resonance		YES	
92526	Treatment, Swallowing Dysfunction &/Or Oral Function, Feeding		YES	
92605	Evaluation for prescription of non-speech-generating augmentative and alternative communication device, face-to-face		YES	
	with the patient; first hour			
92606	Therapeutic Service(S), Use Non-Speech Generatiing Device, W/Programming & Modification		YES	
92607	Eval, Prescription, Speech-Generating Augmentative & Alternative Communication Device; 1st Hr		YES	
92608	Eval, Prescrip, Speech-Generating Augmentative & Alternative Communication Device; Ea Add'l 30 Min		YES	
92609	Therapeutic Services, Non-Speech Generative Device Use, W/Programming & Modification		YES	
92610	Eval, Oral & Pharyngeal Swallow Function		YES	
92611	Motion Fluoroscopic Eval, Swallow Function, Cine/Video Record		YES	
92618	Evaluation For Prescription Of Non-Speech-Generating Augmentative And Alternative Communication Device, Face-To-		YES	
	Face With The Patient; Each Additional 30 Minutes (List Separat			
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically		YES	
	implanted device(s); first hour			
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically		YES	
	implanted device(s); each additional 15 minutes (List sepa			
92630	Auditory rehabilitation; pre-lingual hearing loss		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
92633	Auditory rehabilitation; post-lingual hearing loss		YES	
92700	Unlisted Otorhinolaryngological Service/Procedure	YES		
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch		YES	
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch		YES	
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch		YES	
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		YES	
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, ather		YES	
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoron		YES	
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)		YES	
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	YES		
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	YES		
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	YES		
93153	Interrogation without programming of implanted phrenic nerve stimulator system	YES		
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	YES	YES	
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	YES	YES	
93264	Remote monitoring of a wireless pulmonary artery pressure sensor for up to 30 days, including at least weekly downloads of pulmonary artery pressure recordings, interpretation	YES	YES	
93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete		YES	
93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study		YES	
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com		YES	
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com		YES	
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol		YES	
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	ıal Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement		YES	
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq		YES	
93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report		YES	
93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only		YES	
93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report		YES	
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur		YES	
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and cardiovascular stress test using treadmill		YES	
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;		YES	
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit		YES	
93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant	YES	YES	
93600	Bundle Of His Recording	YES	YES	
93602	Intra-Atrial Recording	YES	YES	
93603	Right Ventricular Recording	YES	YES	
93609	Intraventricular &/Or Intra-Atrial Mapping, Tachycardia Site(S) W/Catheter Manipulation		YES	
93613	Intracardiac Electrophysiologic 3-Dimensional Mapping		YES	
93619	Electrophys Eval, W/Right Atrial/Ventricular Pace/Recording, Insertion Cath, W/O Arrhyth Induction	YES	YES	
93620	Electrophys Eval, Insert Cath, W/Arrhyth Induction; W/Right Atrial/Ventricular Pace/Record	YES	YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
93621	Electrophys Eval, Insert Cath, W/Arrhyth Induction; W/Lt Atrial Pace/Record		YES	
93622	Electrophys Eval, Insert Cath, W/Arrythmia Induction; W/Lt Vent Pace/Record		YES	
93624	Electrophys, Follow-Up Study W/Pacing & Recording W/Arrhyth Induction	YES	YES	
93640	Electrophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace		YES	
93641	Electrophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace; W/Pulse Generator		YES	
93650	Intracardiac Catheter Ablation, Atrioventricular Node Function/Conduction	YES	YES	
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	YES	YES	
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	YES	YES	
93655	Intracardiac catheter ablation of a discrete mechanism of arrhythmia which is distinct from the primary ablated mechanism, including repeat diagnostic maneuvers, to treat a sp		YES	
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of	YES	YES	
93657	Additional linear or focal intracardiac catheter ablation of the left or right atrium for treatment of atrial fibrillation remaining after completion of pulmonary vein isolati		YES	
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	YES		
93745	Initial set-up and programming by a physician or other qualified health care professional of wearable cardioverter-defibrillator includes initial programming of system, establ	YES	YES	
93799	Unlisted Cardiovascular Service/Proc	YES		
93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study		YES	
93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study		YES	
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		YES	
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		YES	
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing (ie, bidirectional Doppler waveform or volume plethysmography recor		YES	
93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study		YES	
93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study		YES	
93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study		YES	
93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study		YES	
93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study		YES	
93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	t Carelon MBM	CarelonRX
93998	Unlisted Noninvasive Vascular Diagnostic Study	YES		
94667	Chest Wall Manipulation, Facilitate Lung Function; Initial Demo &/Or Eval		YES	
94668	Chest Wall Manipulation, Facilitate Lung Function; Subsequent		YES	
95199	Unlisted Allergy/Clinical Immunologic Service/Proc	YES		
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		YES	
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		YES	
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time		YES	
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)		YES	
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor	YES		
95805	Multiple Sleep Latency Test, Multiple Trails		YES	
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory		YES	
95807	Sleep Study, Attended		YES	
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist		YES	
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist		YES	
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 v		YES	
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, eac	YES		
95965	Magnetoencephalography (Meg), Record & Analysis; For Spontaneous Brain Magnetic Activity		YES	
95966	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Single Modality		YES	
95967	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Ea Add'l Modality		YES	
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	YES		
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst	YES		
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES		
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	oint Carelon MBM	CarelonRX
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configu	YES		
95999	Unlisted Neurological/Neuromuscular Dx Proc	YES		
96001	Comprehensive computer-based motion analysis by video-taping and 3D kinematics; with dynamic plantar pressure measuremen		YES	
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	YES		
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	YES		
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history o	YES		
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	YES		
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	YES		
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	YES		
96999	Unlisted Special Dermatological Service/Proc	YES		
97010	Application of a modality to 1 or more areas; hot or cold packs		YES	
97012	Application of a modality to 1 or more areas; traction, mechanical		YES	
97014	Application of a modality to 1 or more areas; electrical stimulation (unattended)		YES	
97016	Application of a modality to 1 or more areas; vasopneumatic devices		YES	
97018	Application of a modality to 1 or more areas; paraffin bath		YES	
97022	Application of a modality to 1 or more areas; whirlpool		YES	
97024	Application of a modality to 1 or more areas; diathermy (eg, microwave)		YES	
97026	Application of a modality to 1 or more areas; infrared		YES	
97028	Application of a modality to 1 or more areas; ultraviolet		YES	
97032	Application, Modality 1+ Areas; Electrical Stimulation (Manual), Each 15 Min		YES	
97033	Application of a modality to 1 or more areas; iontophoresis, each 15 minutes		YES	
97034	Application, Modality To 1+ Areas; Contrast Baths, Each 15 Min		YES	
97035	Application, Modality To 1+ Areas; Ultrasound, Each 15 Min		YES	
97036	Application, Modality To 1+ Areas; Hubbard Tank, Each 15 Min		YES	
97039	Unlisted Modality (Specify Type & Time If Constant Attendance)	YES		
97110	Therapeutic Proc, 1+ Areas, Each 15 Min; Therapeutic Exercises		YES	
97112	Therapeutic Proc, 1+ Areas, Each 15 Min; Neuromuscular Reeducation		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
97113	Therapeutic Proc, 1+ Areas, Each 15 Min; Aquatic Therapy W/Exercises		YES	
97116	Therapeutic Proc, 1+ Areas, Each 15 Min; Gait Training (W/Stair Climbing)		YES	
97124	Therapeutic Proc, 1+ Areas, Each 15 Min; Massage		YES	
97129	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato		YES	
97130	Therapeutic interventions that focus on cognitive function (eg, attention, memory, reasoning, executive function, problem solving, and/or pragmatic functioning) and compensato		YES	
97139	Unlisted Therapeutic Procedure (Specify)	YES		
97140	Manual Therapy Techniques, 1+ Regions, Each 15 Min		YES	
97150	Therapeutic Proc(S), Group, (2+ Individuals)		YES	
97151	Behavior identification assessment, administered by a physician or other qualified health care professional, each 15 minutes of the physician's or other qualified health care	YES		
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	YES		
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 patie	YES		
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	YES		
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	YES		
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 gua	YES		
97157	Multiple-family group adaptive behavior treatment guidance, administered by physician or other qualified health care professional (without the patient present), face-to-face w	YES		
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each	YES		
97161	Physical therapy evaluation; low complexity, requiring components		YES	
97162	Physical therapy evaluation; moderate complexity requiring components		YES	
97163	Physical therapy evaluation; high complexity requiring components		YES	
97164	Reevaluation of physical therapy established plan of care requiring components		YES	
97165	Occupational therapy evaluation; low complexity requiring components		YES	
97166	Occupational therapy evaluation; now complexity requiring components		YES	
97167	Occupational therapy evaluation; high complexity requiring components		YES	
97168	Reevaluation of occupational therapy care/established plan of care requiring components		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional		YES	
	performance), each 15 minutes			
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental		YES	
	demands, direct (one-on-one) patient contact, each 15 minutes			
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation,		YES	
	safety procedures, and instructions in use of assistive t			
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or		YES	
	work environment/modification analysis, work task analysis			
97542	Wheelchair management (eg, assessment, fitting, training), each 15 minutes		YES	
97545	Work Hardening/Conditioning; Initial 2 Hours		YES	
97546	Work Hardening/Conditioning; Add'l Hr		YES	
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound	YES		
	assessment, and instruction(s) for ongoing care, per day			
97750	Physical Performance Test, W/Written Report, Each 15 Min		YES	
97755	Assistive technology assessment (eg, to restore, augment or compensate for existing function, optimize functional tasks		YES	
	and/or maximize environmental accessibility), direct on			
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper		YES	
	extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s			
97761	Prosthetic(s) training, upper and/or lower extremity(ies), initial prosthetic(s) encounter, each 15 minutes		YES	
97763	Orthotic(s)/prosthetic(s) management and/or training, upper extremity(ies), lower extremity(ies), and/or trunk,		YES	
	subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes			
97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	YES		
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the	YES		
	diagnostic or therapeutic service that the sedation suppor			
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the	YES		
	diagnostic or therapeutic service that the sedation suppor			
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician	YES		
	or other qualified health care professional performing			
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician	YES		
	or other qualified health care professional performing			
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per	YES		
	session			
99199	Unlisted Proc, Special Service/Report	YES		
0001U	Red blood cell antigen typing, DNA, human erythrocyte antigen gene analysis of 35 antigens from 11 blood groups,		YES	
	utilizing whole blood, common RBC alleles reported			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi	YES		
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi	YES		
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score		YES	
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk clas		YES	
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor d		YES	
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in		YES	
0011M	Oncology, prostate cancer, mRNA expression assay of 12 genes (10 content and 2 housekeeping), RT-PCR test utilizing blood plasma and urine, algorithms to predict high-grade pr		YES	
0012M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and XCR2), utilizing urine, algorithm rep		YES	
0013M	Oncology (urothelial), mRNA, gene expression profiling by real-time quantitative PCR of five genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm re		YES	
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin- embedded tissue, algorithm reported as molecular subtype (lumina		YES	
0016U	Oncology (hematolymphoid neoplasia), RNA, BCR/ABL1 major and minor breakpoint fusion transcripts, quantitative PCR amplification, blood or bone marrow, report of fusion not de		YES	
0017M	Oncology (diffuse large B-cell lymphoma [DLBCL]), mRNA, gene expression profiling by fluorescent probe hybridization of 20 genes, formalin-fixed paraffin-embedded tissue, algo		YES	
0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation, DNA, PCR amplification of exons 12-14 and sequence analysis, blood or bone marrow, report of JAK2 mutation not detected or		YES	
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm	YES		
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		YES	
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential ta		YES	
)022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as pr		YES	
0023U	Oncology (acute myelogenous leukemia), DNA, genotyping of internal tandem duplication, p.D835, p.I836, using mononuclear cells, reported as detection or non-detection of FLT3		YES	

	Prior Authorization Procedure Code Listing for Florida Individua			
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
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 ('Posi		YES	
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15		YES	
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs1277		YES	
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)		YES	
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)		YES	
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant		YES	
0033U	HTR2A (5-hydroxytryptamine receptor 2A), HTR2C (5-hydroxytryptamine receptor 2C) (eg, citalopram metabolism) gene analysis, common variants (ie, HTR2A rs7997012 [c.614-2211T>C		YES	
0034U	TPMT (thiopurine S-methyltransferase), NUDT15 (nudix hydroxylase 15)(eg, thiopurine metabolism), gene analysis, common variants (ie, TPMT *2, *3A, *3B, *3C, *4, *5, *6, *8, *1		YES	
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses		YES	
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements,		YES	
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative		YES	
0042T	Cerebral Perfusion Anaysis, Ct W/Contrst, Postprocess, Determ Cerebral Blood Flow/Vol & Mean		YES	
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-e		YES	
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative		YES	
0047U	Oncology (prostate), mRNA, gene expression profiling by real-time RT-PCR of 17 genes (12 content and 5 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algori		YES	
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatel		YES	
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative		YES	
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements		YES	
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma		YES	

CODE	Prior Authorization Procedure Code Listing for Florida Individu	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported	YES		
	with a risk score			
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue,		YES	
	algorithm reported as an expression score			
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and		YES	
	select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *			
0071T	Ultrasound Ablation of Uterine Leioomyomata inc MR Guidance	YES		
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene		YES	
	sequence (List separately in addition to code for primary procedu			
0072T	Ultrasound Ablation of Uterine Leioomyomata inc MR Guidance; Vol>=200 CC	YES		
0072U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted		YES	
	sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in			
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted		YES	
	sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in			
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted		YES	
	sequence analysis (ie, non-duplicated gene when duplication/multip			
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted		YES	
	sequence analysis (ie, 5 gene duplication/multiplication) (List se			
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted		YES	
	sequence analysis (ie, 3 gene duplication/ multiplication) (List s			
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for		YES	
	specimen identity verification			
U0800	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1	YES		
	protein M130, with five clinical risk factors (age, smok			
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue,		YES	
	allograft rejection and injury algorithm reported as a pro			
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using		YES	
	adhesive patch(es)			
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9		YES	
	housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,			
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm	YES		
	reported as risk score for likelihood of malignancy			
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis		YES	
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List		YES	
	separately in addition to code for primary procedure)			

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for p		YES	
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	YES		
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	YES		
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel utilizing a		YES	
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	YES		
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing		YES	
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and arr		YES	
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis facto receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kid	YES		
0106T	QST TST-EXT; TOUCH PRESS LG DIAM SENSATION	YES		
0107T	QST TST-EXT; VIBRATION LG DIAM FIBER SENSATION	YES		
0108T	QST-EXT; COOL SM NRV FIBR SENSATION&HYPERALGESIA	YES		
0109T	QST-EXT;HEAT-PAIN SM NRV FIBR SENSATN&HYPRALGSIA	YES		
0110T	QST TST-EXT; OTHER STIMULI ASSESS SENSATION	YES		
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		YES	
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	YES	YES	
0113U	Oncology (prostate), measurement of PCA3 and TMPRSS2-ERG in urine and PSA in serum following prostatic massage, by RNA amplification and fluorescence-based detection, algorith		YES	
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxy	YES		
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as percentage of donor-derived cell-fre		YES	
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixe		YES	
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/dup		YES	
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC,		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary		YES	
	endometrial cancer), targeted mRNA sequence analysis panel (13			
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary		YES	
	endometrial cancer), targeted mRNA sequence analysis panel (17			
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal		YES	
	cancer), targeted mRNA sequence analysis panel (18 genes)			
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary		YES	
	colorectal cancer), targeted mRNA sequence analysis panel			
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to		YES	
	code for primary procedure)			
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian		YES	
	cancer) mRNA sequence analysis (List separately in addition to co			
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection,	YES		
	DNA (20 gram-positive bacterial targets, 4 resistance gen			
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection,	YES		
	DNA (21 gram-negative bacterial targets, 6 resistance ge			
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-	YES	YES	
	generation sequencing, report for significant positive patho			
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed		YES	
	paraffin-embedded tissue, algorithm reported as a tripl			
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene		YES	
	analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p			
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg,		YES	
	breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545			
)156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis		YES	
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separ		YES	
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing	YES		
	plasma, algorithm for elevated or not elevated qualitative			
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa		YES	
)166U	Liver disease, 10 biochemical assays (+2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST,	YES		
	triglycerides, cholesterol, fasting glucose) and biometric a			
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		YES	
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results		YES	
	reported as predictive probability of ASD diagnosis			

CODE	Prior Authorization Procedure Code Listing for Florida Individua Code Description	Responsible Party	Responsible Party	Responsible Party
CODE	Code Description	Wellpoint	Carelon MBM	CarelonRX
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative		YES	
	neoplasms, DNA analysis, 23 genes, interrogation for sequenc			
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated),		YES	
	BRCA2 (BRCA2, DNA repair associated) and analysis of homol			
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene		YES	
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and	YES		
	predictive algorithm reported as likely, unlikely, or un			
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes		YES	
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	YES		
0177U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase catalytic subunit alpha) gene		YES	
	analysis of 11 gene variants utilizing plasma, reported as			
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide		YES	
	variations, insertions and deletions, fusions without prior kno			
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical		YES	
	device, when used, 1 or more needles			
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical		YES	
	device, when used, 2 or more needles			
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foramin	YES		
0203U	Autoimmune (inflammatory bowel disease), mRNA, gene expression profiling by quantitative RT-PCR, 17 genes (15		YES	
	target and 2 reference genes), whole blood, reported as a continu			
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR		YES	
	and MALDI-TOF, buccal swab, reported as positive or negativ			
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe)	YES		
	concentration in response to amylospheroid treatment by ELISA, c			
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	YES		
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin		YES	
	treatment by in situ immunofluorescence, using cultured skin fibr			
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural		YES	
	changes and areas of homozygosity for chromosomal abnormalities			
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue,		YES	
	interpretative report for single nucleotide variants, copy			
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including		YES	
	small sequence changes, deletions, duplications, short tand			
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including		YES	
	small sequence changes, deletions, duplications, short tand			
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including		YES	
	small sequence changes, deletions, duplications, short tande			
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including		YES	
	small sequence changes, deletions, duplications, short tande			
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes,		YES	
	deletions, duplications, short tandem repeat gene expansions,			
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes,		YES	
	deletions, duplications, short tandem repeat gene expansions, and va			
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions,		YES	
	duplications, and variants in non-uniquely mappable regions, blood or			
0219T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; cervical	YES		
0220T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	YES		
	or synthetic device(s), single level; thoracic	1		
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)	YES	YES	
	or synthetic device(s), single level; lumbar			
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s)		YES	
	or synthetic device(s), single level; each additional			
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on	YES		
	nanosponge array slides with machine learning, utilizing first morni			
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer)		YES	
	promoter methylation analysis			
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full		YES	
	sequence analysis, including small sequence changes in exonic			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar ataxia), full gene analysis, including small sequence changes in exonic and intronic regions, del		YES	
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	YES		
0232U	CSTB (cystatin B) (eg, progressive myoclonic epilepsy type 1A, Unverricht-Lundborg disease), full gene analysis, including small sequence changes in exonic and intronic region		YES	
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expa		YES	
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		YES	
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		YES	
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 chan		YES	
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel		YES	
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, dupl		YES	
0239U	Targeted genomic sequence analysis panel, solid organ neoplasm, cell-free DNA, analysis of 311 or more genes, interrogation for sequence variants, including substitutions, ins		YES	
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 amplif		YES	
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score	YES		
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rear		YES	
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 a		YES	
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal	YES		
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug	YES		
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and	YES		
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysi		YES	
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene exp	YES		
0254U	Reproductive medicine (preimplantation genetic assessment), analysis o		YES	
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence	YES		
	microscopy, fresh or frozen specimen, reported as percentage of c			
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface		YES	
	collection using adhesive patch, algorithm reported as likeli			
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions,		YES	
	translocations, and other structural variants by optical			
0262U	Oncology (solid tumor), gene expression profiling by real-time RT-PCR of 7 gene pathways (ER, AR, PI3K, MAPK, HH, TGFB, Notch), formalin-fixed paraffin-embedded (FFPE), algori		YES	
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg,	YES		
02001	including ultrasound guidance, if performed; complete pro			
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg,	YES		
	including ultrasound guidance, if performed; complete pro			
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions,		YES	
	translocations, and other structural variants by optical			
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg,	YES		
	including ultrasound guidance, if performed; unilateral o			
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood,		YES	
	frozen and formalin-fixed paraffin-embedded (FFPE) tissue, sali			
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement,	YES		
	unilateral or bilateral lead placement, intra-operative			
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-		YES	
	transcriptome and next-generation sequencing, blood, formalin-fi			
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative	YES		
	interrogation, programming, and repositioning, when			
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions,		YES	
	translocations, and other structural variants by optical g			
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative	YES		
	interrogation, programming, and repositioning, when p			
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab,		YES	
	or amniotic fluid			
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral	YES		
	or bilateral lead placement, intra-operative interrog			
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood,		YES	
	buccal swab, or amniotic fluid			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Party Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative	YES		
	interrogation, programming, and repositioning, when performe			
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or		YES	
	amniotic fluid			
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative	YES		
	interrogation, programming, and repositioning, when performed			
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		YES	
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative	YES		
	communication with the implantable device to monitor de			
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive		YES	
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative	YES		
	communication with the implantable device to monitor de			
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA,		YES	
	FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal			
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without	YES	YES	
	ligamentous resection, discectomy, facetectomy and/or forami			
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid		YES	
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without	YES	YES	
	ligamentous resection, discectomy, facetectomy and/or forami			
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic		YES	
	fluid			
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid		YES	
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes	YES		
	Placement Of Electrodes)			
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid		YES	
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a		YES	
	radiation toxicity score			
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg,		YES	
	drug metabolism) gene analysis, common variants			
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-		YES	
	fixed paraffin-embedded (FFPE) tissue, algorithmic predict			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11,		YES	
	LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1),			
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm		YES	
	reported as predictive risk score			
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as		YES	
	predictive risk score			
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm		YES	
	reported as predictive risk score			
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm		YES	
	reported as predictive risk score			
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm		YES	
	reported as predictive risk score			
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm		YES	
	reported as predictive risk score			
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular		YES	
	features (eg, human and/or microbial mRNA), saliva, algorithm re			
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-		YES	
	fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comp			
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or		YES	
	formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marro			
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh		YES	
	frozen tissue, blood, or bone marrow, comparative structural vari			
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA		YES	
	specimens, fresh tissue, blood, or bone marrow, comparative sequenc			
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial		YES	
	(baseline) assessment to determine a patient specific panel for			
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel,		YES	
	cell-free DNA, subsequent assessment with comparison to pr			
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	YES		
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 lgG autoantibodies and 2 cell-bound	YES		
	complement activation products using enzyme-linked immunosorben			
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5)		YES	
	gene expression, pancreatic cyst fluid, algorithm reported as a			
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3		YES	
	housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,			
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content		YES	
<u> </u>	and 6 housekeeping), utilizing formalin-fixed paraffin-embedded			

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes,		YES	
0319U	blood Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute reje		YES	
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular		YES	
0321U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 20 bacterial and fungal organisms and identification of 16 associated antib	YES		
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next- generation sequencing, cerebrospinal fluid (CSF), identification of	YES	YES	
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		YES	
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite insta		YES	
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	YES		
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	YES	YES	
0331U	Oncology (hematolymphoid neoplasia), optical genome mapping for copy number alterations and gene rearrangements utilizing DNA from blood or bone marrow, report of clinically s		YES	
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	YES	YES	
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		YES	
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement		YES	
0334U	Oncology (solid organ), targeted genomic sequence analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis, 84 or more genes, interrogation for sequence va		YES	
0335T	Insertion of sinus tarsi implant	YES	YES	
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele		YES	
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele		YES	
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells ba	YES		
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and	YES		
	enumeration based on differential EpCAM, cytokeratins 8			
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter	YES		
	placement(s) renal artery(ies), fluoroscopy, contrast inject			
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction		YES	
	(RT-PCR), first-void urine following digital rectal examinati			
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each		YES	
	patient based on prior next-generation sequencing of the patien			
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	YES		
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin,	YES		
	IGFBP3, CA125 and multiplex electrochemiluminescent immun			
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse		YES	
	transcription polymerase chain reaction (RT-qPCR), urine, reported as			
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid	YES		
	chromatography with tandem mass spectrometry (LC-MS/MS), serum			
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	YES		
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant		YES	
	analysis of 15 genes, including deletion/duplication ana			
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	YES	YES	
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report,		YES	
	with variant analysis and reported phenotypes			
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when	YES	YES	
	performed)			
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report,		YES	
	with variant analysis and reported phenotypes			
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist,	YES	YES	
	when performed)			
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report,		YES	
	with variant analysis, including reported phenotypes and imp			
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and	YES	YES	
	ankle, when performed)			
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report,		YES	
	with variant analysis and reported phenotypes			
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	YES		

2005	Prior Authorization Procedure Code Listing for Florida Individua			la
CODE	Code Description	Responsible Party		Responsible Par
		Wellpoint	Carelon MBM	CarelonRX
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and	YES		
	report, real time or referred			
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	YES		
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	YES		
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)		YES	
0356U	Oncology (oropharyngeal or anal), evaluation of 17 DNA biomarkers using droplet digital PCR (ddPCR), cell-free DNA,		YES	
	algorithm reported as a prognostic risk score for cancer re			
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme	YES		
	immunoassay, cerebral spinal fluid, reported as positive, likely positive,			
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and	YES		
	immunoassay, plasma, algorithm reports risk of cancer			
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5,	YES		
	SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categoric			
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	YES		
0362T	Behavior identification supporting assessment, each 15 minutes of technicians' time face-to-face with a patient,	YES		
	requiring the following components: administration by the phys			
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of		YES	
	82 content genes and 10 housekeeping genes, formalin-fi			
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2		YES	
	[CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incor			
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation		YES	
	sequencing with algorithm, quantification of dominant clonal sequence(s			
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53,		YES	
	and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4,			
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique,	YES		
	urine, reported as an antimicrobial stewardship risk s			
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a	YES		
	patient, requiring the following components: administration by			
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm	YES		
	determining the risk of distant metastases, and prost			
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance	YES		
	(NMR) spectrometry with report of a lipoprotein profile (
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data	YES		
	transmitted to a remote surveillance center for up to		<u> </u>	
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood,		YES	
	saliva, or buccal swab]		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data	YES		
00701	transmitted to a remote surveillance center for up to			
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-		YES	
00,00	generation sequencing, interrogation for sequence variants, gene cop			
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy		YES	
	number variants, insertions and deletions, and struct			
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed		YES	
	membrane protein 1 (MCEMP1), RNA, using reverse transc			
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4),	YES		
1	by immunoassay, serum, algorithm reported as a risk score			
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE)		YES	
	tissue, 437 genes, interpretive report for single nucleoti			
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant		YES	
	analysis of 16 genes, including deletion/duplication an			
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex		YES	
	ligationdependent probe amplification, DNA, reported as carrie			
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal		YES	
	swab, algorithm reported as a genetic risk score for a			
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative	YES		
	pachymetry, when performed			
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of		YES	
	likelihood of detecting clinically significant prostat			
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as		YES	
	cancer signal detected or not detected			
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of	YES		
	soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n			
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	YES	YES	
	performed, and programming of sensing and therapeutic pa			
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	YES	YES	
	performed, and programming of sensing and therapeutic pa			
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including		YES	
	single nucleotide variants, insertions/deletions, copy number a			
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	YES	YES	
0.440::	performed, and programming of sensing and therapeutic pa		\/	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or		YES	
	plasma, algorithm reported as cancer detected or not detected			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when	YES	YES	
044411	performed, and programming of sensing and therapeutic pa		VEC	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant		YES	
0412T	analysis of 15 genes, including deletion/duplication ana Removal of permanent cardiac contractility modulation system; pulse generator only	YES	YES	
		YES	IEO	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass	YES		
0413T	spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific prot	YES	YES	
04131	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	YES.	I E S	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and		YES	
	balanced/complex structural rearrangements, DNA from blood or bone marr			
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	YES	YES	
0414U	Oncology (lung), augmentative algorithmic analysis of digitized whole slide imaging for 8 genes (ALK, BRAF, EGFR,		YES	
	ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if			
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	YES	YES	
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	YES	YES	
0417T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	YES	YES	
	device and select optimal permanent programmed values			
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection		YES	
	and deletion analysis, nuclear-encoded mitochondrial gene a			
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and		YES	
	disconnection per patient encounter, implantable cardiac contr			
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or		YES	
	buccal swab, report of each gene phenotype			
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and		YES	
	CXCR2 in combination with droplet digital PCR (ddPCR) analysis			
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA,		YES	
	biomarker comparison to a previous baseline pre-treatmen			
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report		YES	
	including metabolizer status and risk of drug toxicit			
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse		YES	
	transcription polymerase chain reaction (RT-qPCR), urine, reported as		1,	
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)		YES	
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing	YES		
	substances, feces, quantitative			
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific		YES	
	antigen, reported as likelihood of cancer			
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with		YES	
	reported phenotypes			
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary	YES		
	tumor cells, categorical drug response reported based on cytotox			
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood,		YES	
	algorithm reported as predictive risk score			
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis		YES	
	of 33 genes, including deletion/duplication analysis of C			
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral	YES		
	spinal fluid, ratio reported as positive or negative for amyloid pa			
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space;	YES		
	initial device			
0472T	Device evaluation, interrogation, and initial programming of intra- ocular retinal electrode array (eg, retinal prosthesis),	YES		
	in person, with iterative adjustment of the implan			
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including	YES		
	reprogramming and visual training, when performed, w			
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance,	YES		
	harvesting and preparation, when performed			
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including	YES		
	transseptal puncture, when performed			
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg,	YES		
	thoracotomy, transapical)			
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation	YES		
	and preparation of harvested cells including incubation			
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both	YES		
	hands			
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system,	YES		
	including decannulation, separation from the perfusion sys			
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified	YES		
	health care professional, including physiological and labo			
0510T	Removal of sinus tarsi implant	YES	YES	
0511T	Removal and reinsertion of sinus tarsi implant	YES	YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial	YES		
	wound			
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	YES	YES	
	imaging supervision and interpretation, when performe			
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	YES	YES	
	imaging supervision and interpretation, when performe			
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and	YES	YES	
	imaging supervision and interpretation, when performe			
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	YES	YES	
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device	YES	YES	
	interrogation and programming; both components (batter			
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device	YES	YES	
	interrogation and programming; battery component only			
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and	YES	YES	
	disconnection per patient encounter, wireless cardiac stimula			
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the	YES	YES	
	device and select optimal permanent programmed values			
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or	YES		
	percutaneous, including all vascular access, catheter manipulation			
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	YES	YES	
	system programming, and imaging supervision and interpr			
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	YES	YES	
	system programming, and imaging supervision and interpr			
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial	YES	YES	
	system programming, and imaging supervision and interpr			
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of	YES	YES	
	programmed values, with analysis, review, and report			
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	YES	YES	
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete	YES	YES	
	system (electrode and implantable monitor)			
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	YES	YES	
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable	YES	YES	
	monitor only			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device,	YES		
	percutaneous approach including transseptal puncture			
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device,	YES		
	percutaneous approach			
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with	YES		
	report			
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other		YES	
	qualified health care professional			
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual	YES		
	gland expression, bilateral			
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting	YES		
	and cellular implant creation			
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of	YES		
	cellular implant into knee joint including ultrasound gu			
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	YES		
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	YES		
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	YES		
	radiological supervision and interpretation, when perf			
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	YES		
	radiological supervision and interpretation, when perf			
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and	YES		
	radiological supervision and interpretation, when perf			
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction	YES		
	including electrode array and receiver or pulse generator,			
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction	YES		
	including electrode array and receiver or pulse generator			
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	YES		
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	YES		
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed,	YES		
	percutaneous			
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance,	YES		
	when performed, open			
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of	YES	YES	
	radiofrequency-derived pulmonary fluid levels, heart rate, respiration	ĺ		

Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
Code Description	Responsible Party	Responsible Party	Responsible Party		
	Wellpoint	Carelon MBM	CarelonRX		
Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of	YES	YES			
radiofrequency-derived pulmonary fluid levels, heart rate, respiration					
Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and	YES				
pupillary dynamics for the assessment of concussion, with inte					
	YES				
injection, with fluoroscopic guidance, lumbar; first le					
	YES				
Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		YES			
Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		YES			
Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by		YES			
contrast material(s)					
Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		YES			
Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		YES			
Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by		YES			
	YES				
		YES			
Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, includin		YES			
Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single		YES			
Esophagogastroduodenoscopy, flexible, transnasal; with insertion of in		YES			
Transperineal focal laser ablation of malignant prostate tissue, inclu	YES				
Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	YES				
Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	YES				
	YES				
Transcatheter intracoronary infusion of supersaturated oxygen in conju	YES				
	YES				
		1			
	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with inte Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first lee Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s) Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Transcatheter tricuspid valve implantation/replacement (TTVI) with pro Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmissio Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, includin Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single Esophagogastroduodenoscopy, flexible	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with interpretation pupillary dynamics for the assessment of concussion, with interpretation injection of allogenetic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le Percutaneous injection of allogenetic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first lee Percutaneous injection of allogenetic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s) Transcatheter tricuspid valve implantation/replacement (TTVI) with pro YES Quantitative magnetic resonance for analysis of tissue composition (eg. fat, iron, water content), including multiparametric data acquisition, data preparation and transmissio Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single Esophagogastroduodenoscop	Responsible Party Wellpoint Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with inter Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level Computed fluorography, breast, including 3D rendering, when performed, unilateral; without contrast material Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s) VES Computed tomography, breast, including 3D rendering, when performed, bilateral; without con		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0669T	Backbench reconstruction of cadaver or living donor uterus allograft p	YES		
0670T	Backbench reconstruction of cadaver or living donor uterus allograft p	YES		
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	YES		
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	YES		
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	YES		
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	YES		
0687T	Treatment of amblyopia using an online digital program; device supply, educational set-up, and initial session	YES		
0688T	Treatment of amblyopia using an online digital program; assessment of patient performance and program data by physician or other qualified health care professional, with repor	YES		
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatom	YES	YES	
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (YES	
0692T	Therapeutic ultrafiltration	YES		
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	YES		
0704T	Remote treatment of amblyopia using an eye tracking device; device supply with initial set-up and patient education on use of equipment	YES		
0705T	Remote treatment of amblyopia using an eye tracking device; surveillance center technical support including data transmission with analysis, with a minimum of 18 training hour	YES		
0706T	Remote treatment of amblyopia using an eye tracking device; interpretation and report by physician or other qualified health care professional, per calendar month	YES		
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), inc		YES	
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, i	YES		
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilate	YES		
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	YES		
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	YES		
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int	YES		
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image da	YES	YES	
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiati	YES	YES	
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	YES	YES	
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	YES		
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noni	YES		
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic servi	YES		
0773T	Virtual reality (VR) procedural dissociation services provided by a physician or other qualified health care professional other than the physician or other qualified health ca	YES		
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	YES		
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	YES		
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	YES		
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	YES		
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	YES		
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES	
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES	
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric		YES	
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES	
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES	
T0080	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance		YES	
	(e.g., fluoroscopy, venous ultrasound, right atrial angiography,			
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance		YES	
	(e.g., fluoroscopy, venous ultrasound, right atrial angiography,			
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance		YES	
	(e.g., fluoroscopy, venous ultrasound, right atrial angiography,			
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device		YES	
	and to select optimal permanent programmed values, wit			
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	YES		
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg,	YES		
	array or leadless), and pulse generator or receiver, in			
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg,	YES		
	array or leadless), and pulse generator or receiver, in			
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming,	YES		
	and imaging, when performed, posterior tibial nerve; subcut			
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming,	YES		
	and imaging, when performed, posterior tibial nerve; subfas			
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg,		YES	
	fluoroscopy, venous ultrasound, right atrial angiography			
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg,		YES	
	fluoroscopy, venous ultrasound, right atrial angiography an			
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including		YES	
	imaging guidance (eg, fluoroscopy, venous ultrasound, right atria			
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and	YES	YES	
2227	transmitter)	lvro.	V/50	
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation	YES	YES	
0863T	and programming; battery component only	YES	YES	
08631	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation	1E2	TES	
0864T	and programming; transmitter component only Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	YES		
		YES		
A0430	Fixed Wing Air Transport			
A0431	Rotary Wing Air Transport	YES		
A0435	Fixed Wing Air Mileage	YES		
A0436	Rotary Wing Air Mileage	YES		
8880A	Noncovered Ambulance Mileage	YES		
A0999	Unlisted Ambulance Service	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
A2001	Innovamatrix ac, per square centimeter/Original description: Miscellaneous with Motor >49.15., without	YES		
	comorbidities,10/2019 description: Miscellaneous M >=66.50., without comor			
A2002	Mirragen advanced wound matrix, per square centimeter/Original description: Miscellaneous with Motor >38.75 & Motor	YES		
	<49.15., without comorbidities, 10/2019 description: Miscella			
A2004	Xcellistem, 1 mg/Original description: Miscellaneous with Motor <27.85, without comorbidities, 10/2019 description:	YES		
40005	Miscellaneous M <46.50 and A >=77.50., witho	YES		
A2005	Microlyte matrix, per square centimeter/Miscellaneous M <46.50 and A <77.50., without comorbidities			
A2006	Novosorb synpath dermal matrix, per square centimeter	YES		
A2007	Restrata, per square centimeter	YES		
A2008	Theragenesis, per square centimeter	YES		
A2009	Symphony, per square centimeter	YES		
A2010	Apis, per square centimeter	YES		
A2011	Supra SDRM, per sq cm	YES		
A2012	SUPRATHEL, per sq cm	YES		
A2013	Innovamatrix FS, per sq cm	YES		
A2014	Omeza collagen matrix, per 100 mg	YES		
A2015	Phoenix Wound Matrix, per sq cm	YES		
A2016	Permeaderm b, per square centimeter	YES		
A2017	PermeaDerm Glove, each	YES		
A2018	Permeaderm c, per square centimeter	YES		
A2019	Kerecis omega3 marigen shield, per square centimeter	YES		
A2020	Ac5 advanced wound system (ac5)	YES		
A2021	Neomatrix, per square centimeter	YES		
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	YES		
A2023	InnovaMatrix PD, 1 mg	YES		
A2024	Resolve matrix or xenopatch, per square centimeter	YES		
A2025	Miro3D, per cu cm	YES		
A2026	Restrata MiniMatrix, 5 mg	YES		
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	YES		
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	YES		
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	YES		
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	YES		
A4468	Exsufflation belt, includes all supplies and accessories	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	YES		
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	YES		
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	YES		
A4575	Hyperbaric O2 Chamber Disps	YES		
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	YES		
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	YES		
A4604	Tubing with integrated heating element for use with positive airway pressure device		YES	
A4649	Surgical Supplies; miscellaneous	YES		
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use	YES		
A7027	Combination oral/nasal mask, used with continuous positive airway pressure		YES	
A7028	Oral cushion for combination oral/nasal mask, replacement only, each		YES	
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair		YES	
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each		YES	
A7031	Face Mask Interface, Replacement For Full Face Mask, Each		YES	
A7032	Cushion for use on nasal mask interface, replacement only, each		YES	
A7033	Pillow for use on nasal cannula type interface, replacement only, pair		YES	
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press		YES	
A7035	Headgear Used With Positive Airway Pressure Device		YES	
A7036	Chinstrap Used With Positive Airway Pressure Device		YES	
A7037	Tubing Used With Positive Airway Pressure Device		YES	
A7038	Filter, Disposable, Used With Positive Airway Pressure Device		YES	
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device		YES	
A7044	Oral Interface Used With Positive Airway Pressure Device, Each		YES	
A7045	Repl exhalation port for PAP		YES	
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each		YES	
A9268	Programmer for transient, orally ingested capsule	YES		
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	YES		
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics,	YES		
	not otherwise classified			
A9292	Prescription digital visual therapy, software-only, FDA cleared, per course of treatment	YES		
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi		YES	
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries		YES	

	Prior Authorization Procedure Code Listing for Florida Individ	Iual Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries	YES	YES	
A9590	lodine I-131, iobenguane, 1 mCi		YES	
A9606	Radium RA-223 dichloride, therapeutic, per UCI		YES	
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie		YES	
B4164	Parenteral 50% Dextrose Solu	YES		
B4168	Parenteral Sol Amino Acid 3.	YES		
B4172	Parenteral Sol Amino Acid 5.	YES		
B4176	Parenteral Sol Amino Acid 7-	YES		
B4178	Parenteral Sol Amino Acid >	YES		
B4180	Parenteral Sol Carb > 50%	YES		
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	YES		
B4187	Omegaven, 10 g lipids	YES		
B4189	Parenteral Sol Amino Acid &	YES		
B4193	Parenteral Sol 52-73 Gm Prot	YES		
B4197	Parenteral Sol 74-100 Gm Pro	YES		
B4199	Parenteral Sol > 100gm Prote	YES		
B4216	Parenteral Nutrition Additiv	YES		
B4220	Parenteral Supply Kit Premix	YES		
B4222	Parenteral Supply Kit Homemi	YES		
B4224	Parenteral Administration Ki	YES		
B5000	Parenteral Sol Renal-Amirosy	YES		
B5100	Parenteral Sol Hepatic-Fream	YES		
B5200	Parenteral Sol Stres-Brnch C	YES		
B9004	Parenteral Infus Pump Portab	YES		
B9006	Parenteral Infus Pump Statio	YES		
B9999	Parenteral Supp Not Othrws C	YES		
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive,		YES	
	including all necessary components for implantation			
C1721	Cardioverter-defibrillator, dual chamber (implantable)		YES	
C1722	Cardioverter-defibrillator, single chamber (implantable)		YES	
C1726	Catheter, balloon dilatation, nonvascular	YES		
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	YES		
C1764	Event recorder, cardiac (implantable)	YES	YES	

	Prior Authorization Procedure Code Listing for Florida Individual	dual Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
C1767	Generator, neurostimulator (implantable), nonrechargeable	YES	YES	
C1772	Infusion pump, programmable (implantable)	YES		
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)		YES	
C1778	Lead, neurostimulator (implantable)	YES	YES	
C1785	Pacemaker, dual chamber, rate-responsive (implantable)		YES	
C1786	Pacemaker, single chamber, rate-responsive (implantable)		YES	
C1787	Patient programmer, neurostimulator	YES	YES	
C1789	Prosthesis, breast (implantable)	YES		
C1815	Prosthesis, urinary sphincter (implantable)	YES		
C1816	Receiver and/or transmitter, neurostimulator (implantable)	YES		
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	YES		
C1821	Interspinous process distraction device (implantable)	YES	YES	
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	YES		
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	YES		
C1824	Generator, cardiac contractility modulation (implantable)	YES	YES	
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	YES		
C1832	Autograft suspension, including cell processing and application, and all system components	YES		
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	YES	YES	
C1839	Iris prosthesis	YES		
C1840	Lens, intraocular (telescopic)	YES		
C1878	Material for vocal cord medialization, synthetic (implantable)	YES		
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)		YES	
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	YES		
C1891	Infusion pump, nonprogrammable, permanent (implantable)	YES		
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)		YES	
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)		YES	
C2614	Probe, percutaneous lumbar discectomy	YES		
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	YES		
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)		YES	
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)		YES	
C2621	Pacemaker, other than single or dual chamber (implantable)		YES	

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	YES	YES	
C2626	Infusion pump, nonprogrammable, temporary (implantable)	YES		
C5271	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; first 25 sq cm	YES		
	or less wound surface area			
C5273	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq	YES		
	cm; first 100 sq cm wound surface area, or 1% of b			
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet,	YES		
	and/or multiple digits, total wound surface area up t			
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet,	YES		
	and/or multiple digits, total wound surface area grea			
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including	YES		
	all direct puncture(s) and catheter placement(s)			
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including	YES		
	all direct puncture(s) and catheter placement(s)			
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including	YES		
	all direct puncture(s) and catheter placement(s)			
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary			
	angiography, with iliac and/or femoral artery angiography, nonselective, bilateral or ipsilateral to catheter insertion,			
	performed at the same time as cardiac catheterization and/or coronary angiography, includes positioning or placement			
	of the catheter in the distal aorta or ipsilateral femoral or iliac artery, injection of dye, production of permanent images,			
	and radiologic supervision and interpretation		YES	
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including	YES		
	all direct puncture(s) and catheter placement(s)			
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of		YES	
	pacing electrode, cardiac venous system, for left ventricul			
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with		YES	
	insertion of pacing electrode, cardiac venous system, for lef			
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system,		YES	
	with insertion of pacing electrode, cardiac venous system, for			
C7552	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 with intravascular doppler velocity and/or pressure derived coronary flow reserve measurement			
l	(coronary vessel or graft) during coronary angiography including pharmacologically induced stress, initial vessel			
			YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	
C7553	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 with pharmacologic agent administration (e.g., inhaled nitric oxide,				
	intravenous infusion of nitroprusside, dobutamine, milrinone, or other agent) including assessing hemodynamic				
	measurements before, during, after and repeat pharmacologic agent administration, when performed		YES		
C8903	Magnetic resonance imaging with contrast, breast; unilateral		YES		
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral		YES		
C8906	Magnetic resonance imaging with contrast, breast; bilateral		YES		
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral		YES		
C9047	Injection, caplacizumab-yhdp, 1 mg			YES	
C9257	Injection, bevacizumab, 0.25 mg			YES	
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	YES			
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	YES			
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	YES			
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	YES			
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per	YES			
	sq cm				
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	YES			
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS		YES		
	Osteoconductive Scaffold Putty), per 0.5 cc				
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	YES			
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	YES			
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc		YES		
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm	YES			
C9364	Porcine implant, Permacol, per sq cm	YES			
C9399	Unclassified Drugs Or Biologicals	YES			
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when		YES		
	performed; single major coronary artery or branch				
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when		YES		
	performed; each additional branch of a major coronary artery (list	ļ			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Party Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when		YES			
	performed; single major coronary artery or branch					
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when		YES			
	performed; each additional branch of a major coronary art					
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,		YES			
	venous), any combination of drug-eluting intracoronary					
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial,		YES			
	venous), any combination of drug-eluting intracoronary					
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or		YES			
	coronary artery bypass graft, any combination of drug-eluti					
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or		YES			
	coronary artery bypass graft, any combination of drug-eluti					
C9727	Insertion of implants into the soft palate; minimum of 3 implants	YES				
C9734	Focused ultrasound ablation/therapeutic intervention, other than uterine leiomyomata, with magnetic resonance (mr)	YES				
	guidance					
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic	YES				
	guidance, when performed, with computed tomography acquisitio					
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain	YES				
	imaging					
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress	YES				
	imaging					
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with		YES			
	intravascular lithotripsy, includes angioplasty within the sam					
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with		YES			
	intravascular lithotripsy, and transluminal stent placement(s)					
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with		YES			
	intravascular lithotripsy and atherectomy, includes angioplast					
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with		YES			
	intravascular lithotripsy and transluminal stent placement(s),					
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy,		YES			
	includes angioplasty within the same vessel (s), when perfo					
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and		YES			
	transluminal stent placement(s), includes angioplasty					
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and		YES			
	atherectomy, includes angioplasty within the same vessel					
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and		YES			
İ	transluminal stent placement(s), and atherectomy, includ					

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio		YES	
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	YES		
C9797	Vascular embolization or occlusion procedure with use of a pressure-generating catheter (e.g., one-way valve, intermittently occluding), inclusive of all radiological supervis	YES		
D7810	open reduction of dislocation	YES		
D7820	closed reduction of dislocation	YES		
D7830	manipulation under anesthesia	YES		
D7840	condylectomy	YES		
D7850	surgical discectomy, with/without implant	YES		
D7852	disc repair	YES		
D7854	synovectomy	YES		
D7856	myotomy	YES		
D7858	joint reconstruction	YES		
D7860	arthrotomy	YES		
D7865	arthroplasty	YES		
D7870	arthrocentesis	YES		
D7871	non-arthroscopic lysis and lavage	YES		
D7873	arthroscopy: lavage and lysis of adhesions	YES		
D7874	arthroscopy: disc repositioning and stabilization	YES		
D7875	arthroscopy: synovectomy	YES		
D7876	arthroscopy: discectomy	YES		
D7877	arthroscopy: debridement	YES		
D7880	occlusal orthotic device, by report	YES		
D7940	osteoplasty - for orthognathic deformities	YES		
D7941	osteotomy - mandibular rami	YES		
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	YES		
D7944	osteotomy - segmented or subapical	YES		
D7945	osteotomy - body of mandible	YES		
D7946	LeFort I (maxilla - total)	YES		
D7947	LeFort I (maxilla - segmented)	YES		
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
D7949	LeFort II or LeFort III - with bone graft	YES		
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	YES		
D7995	synthetic graft - mandible or facial bones, by report	YES		
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	YES		
D9222	deep sedation/general anesthesia - first 15 minutes	YES		
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	YES		
D9950	occlusion analysis - mounted case	YES		
D9951	occlusal adjustment - limited	YES		
D9952	occlusal adjustment - complete	YES		
E0217	Water Circ Heat Pad W Pump	YES		
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	YES		
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	YES		
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stim	YES		
E0470	Respiratory assist device, bi-level pressure capability, without backup rate		YES	
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate		YES	
E0481	Intrapulmonary percussive ventilation system and related accessories	YES		
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	YES		
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes		YES	
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu		YES	
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	YES	YES	
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	YES	YES	
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	YES	YES	
E0493	Oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, used in conjunction with the power source and control electronics unit, controlled by phon	YES	YES	
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	YES	YES	
E0561	Humidifier, non-heated, used with positive airway pressure device		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
E0562	Humidifier, heated, used with positive airway pressure device		YES	
E0601	Continuous positive airway pressure (cpap) device		YES	
E0616	Cardiac Event Recorder	YES	YES	
E0617	Automatic Ext Defibrillator	YES		
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	YES		
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	YES		
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	YES		
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	YES		
E0650	Pneuma Compresor Non-Segment	YES		
E0651	Pneum Compressor Segmental	YES		
E0652	Pneum Compres W/Cal Pressure	YES		
E0655	Pneumatic Appliance Half Arm	YES		
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	YES		
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	YES		
E0660	Pneumatic Appliance Full Leg	YES		
E0665	Pneumatic Appliance Full Arm	YES		
E0666	Pneumatic Appliance Half Leg	YES		
E0667	Seg Pneumatic Appl Full Leg	YES		
E0668	Seg Pneumatic Appl Full Arm	YES		
E0669	Seg Pneumatic Appli Half Leg	YES		
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	YES		
E0671	Pressure Pneum Appl Full Leg	YES		
E0672	Pressure Pneum Appl Full Arm	YES		
E0673	Pressure Pneum Appl Half Leg	YES		
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	YES		
E0677	Non-pneumatic sequential compression garment, trunk	YES		
E0678	Non-pneumatic sequential compression garment, full leg	YES		
E0679	Non-pneumatic sequential compression garment, half leg	YES		
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	YES		
E0681	Non-pneumatic compression controller without calibrated gradient pressure	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
E0682	Non-pneumatic sequential compression garment, full arm	YES			
E0732	Cranial electrotherapy stimulation (ces) system, any type	YES			
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	YES			
E0735	Non-invasive vagus nerve stimulator	YES			
E0745	Neuromuscular Stim For Shock	YES			
E0746	Electromyograph Biofeedback	YES			
E0748	Elec Osteogen Stim Spinal		YES		
E0760	Osteogen Ultrasound Stimltor	YES			
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	YES			
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	YES			
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer	YES			
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	YES	1		
E0769	Electric wound treatment dev	YES			
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system,	YES			
E0782	Non-Programble Infusion Pump	YES			
E0783	Programmable Infusion Pump	YES			
E0786	Implantable Pump Replacement	YES			
E1002	Wheelchair accessory, power seating system, tilt only	YES			
E1003	Wheelchair accessory, power seating system, recline only, without shear	YES			
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	YES			
E1005	Wheelchair accessory, power seating system, recline only, with power shear	YES			
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	YES			
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	YES			
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	YES			
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	YES			
E1010	Wheelchair accessory, addition to power seating system, power leg elevation	YES			
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete	YES			
	system, any type, each				
E1230	Power Operated Vehicle	YES			
E1239	Ped power wheelchair NOS	YES			
E1399	Durable medical equipment, miscellaneous	YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range	YES				
	of motion adjustment, includes all components and ac					
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes	YES				
E1811	Static progressive stretch/patient actualized serial stretch knee device, extension and/or flexion, with or without range of motion adjustment, includes all components and acc	YES				
E1816	Static progressive stretch/patient actualized serial stretch ankle device, flexion and/or extension, with or without range	YES				
	of motion adjustment, includes all components and ac					
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of	YES				
	motion adjustment, includes all components and acces					
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	YES				
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	YES				
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment,	YES				
	includes all components and accessories					
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	YES				
E2230	Manual wheelchair accessory, manual standing system	YES				
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	YES				
E2301	Wheelchair accessory, power standing system, any type	YES				
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	YES				
E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	YES				
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	YES				
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	YES	1			
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	YES				
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	YES				
E2510	Speech generating device, synthesized speech, permitting multiple methods	YES				
E2511	Speech generating software program, for personal computer or personal digital assistant	YES				
E2512	Accessory for speech generating device, mounting system	YES				
E2599	Accessory for speech generating device, not otherwise classified	YES				
G0176	Opps/Php;Activity Therapy	YES				
G0255	Current Perception Threshold/Sensory Nerve Conduction Test, Per Limb,	YES	1			
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste	-	YES	<u> </u>		
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	YES	1.20			
G0277	Electrical Stimulation, (Unattended), To One Or More Areas, For Chroni	5	YES			

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
G0282	Electrical Stimulation, (Unatteded), To One Or More Areas, For Wound	-	YES	
G0283	Electrical Stimulation (Unattended), To One Or More Areas For Indicati		YES	
G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,		YES	
G0295	Electromagnetic Stimulation, To One Or More Areas		YES	
G0329	Electromagntic tx for ulcers		YES	
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia ca	YES		
G0339	Robot lin-radsurg com, first		YES	
G0340	Robt lin-radsurg fractx 2-5		YES	
G0341	Percutaneous islet celltrans	YES		
G0342	Laparoscopy islet cell trans	YES		
G0343	Laparotomy islet cell transp	YES		
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r		YES	
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,		YES	
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels		YES	
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	YES		
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active	YES		
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 v		YES	
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate		YES	
G0460	Autologous platelet rich plasma or other blood-derived product for non-diabetic chronic wounds/ulcers, including as applicable phlebotomy, centrifugation or mixing, and all ot	YES		
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this indication, (includes as applicab	YES		
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 profes			YES
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 profes			YES
G6001	Ultrasonic guidance for placement of radiation therapy fields		YES	
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy		YES	
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev		YES	

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-		YES	
	10mev			
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-		YES	
	19mev			
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks:		YES	
	20mev or greater			
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple		YES	
	blocks: up to 5mev			
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple		YES	
	blocks: 6-10mev			
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple		YES	
	blocks: 11-19mev			
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple		YES	
00011	blocks: 20 mev or greater		1/50	
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		YES	
00040	beam, compensators, electron beam; up to 5mev		VE0	
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		YES	
G6013	beam, compensators, electron beam; 6-10mev Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		YES	
G6013			IES	
G6014	beam, compensators, electron beam; 11-19mev		YES	
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational		TES	
G6015	beam, compensators, electron beam; 20mev or greater Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated		YES	
00013	beams, binary, dynamic mlc, per treatment session		TLS	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution		YES	
00010	(milled or cast) compensator, convergent beam modulated field			
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg,3d positional		YES	
	tracking, gating, 3d surface tracking), each fracti			
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)		YES	
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb		YES	
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb		YES	
H0004	Behavioral health counseling and therapy, per 15 minutes	YES	 	
H0004	Alcohol and/or drug services; case management	YES	+	
H0015	Alcohol and/or drug services; intensive outpatient (treatment program that operates at least 3 hours/day and at least 3	YES		
H0017	days/week and is based on an individualized treatment p Behavioral health; residential (hospital residential treatment program), without room and board, per diem	YES		
11001/	penavioral nealth, residential (nospital residential treatment program), without room and board, per diem	ILO		

	Prior Authorization Procedure Code Listing for Florida Individu	ıal Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is	YES		
	typically longer than 30 days), without room and board, pe			
H0023	Behavioral health outreach service (planned approach to reach a targeted population)			
H0035	Mental health partial hospitalization, treatment, less than 24 hours	YES		
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes			
H0038	Self-help/peer services, per 15 minutes	YES		
H0039	Assertive community treatment, face-to-face, per 15 minutes	YES		
H0040	Assertive community treatment program, per diem	YES		
H2015	Comprehensive community support services, per 15 minutes			
H2019	Therapeutic behavioral services, per 15 minutes			
H2020	Therapeutic behavioral services, per diem			
H2021	Community-based wrap-around services, per 15 minutes	YES		
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a			YES
	physician, not for use when drug is self-administered)			
J0139	Injection, adalimumab, 1 mg			YES
J0172	Injection, aducanumab-avwa, 2 mg			YES
J0174	Injection, lecanemab-irmb, 1 mg			YES
J0175	Injection, donanemab-azbt, 2 mg			YES
J0177	Injection, aflibercept HD, 1 mg			YES
J0178	Injection, aflibercept, 1 mg			YES
J0179	Injection, brolucizumab-dbll, 1 mg			YES
J0180	Agalsidase beta injection			YES
J0202	Injection, alemtuzumab, 1 mg			YES
J0207	Amifostine	YES		
J0208	Injection, sodium thiosulfate (Pedmark), 100 mg	YES		
J0217	Injection, velmanase alfa-tycv, 1 mg			YES
J0218	Injection, olipudase alfa-rpcp, 1 mg			YES
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg			YES
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg			YES
J0222	Injection, Patisiran, 0.1 mg			YES

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
J0223	Injection, givosiran, 0.5 mg			YES	
J0224	Injection, lumasiran, 0.5 m			YES	
J0225	Injection, vutrisiran, 1 mg			YES	
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg			YES	
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg			YES	
J0456	Azithromycin				
J0485	Injection, belatacept, 1 mg			YES	
J0490	Injection, belimumab, 10 mg			YES	
J0491	Injection, anifrolumab-fnia, 1 mg			YES	
J0517	Injection, benralizumab, 1 mg			YES	
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units				
J0561	Injection, penicillin g benzathine, 100,000 units				
J0565	Injection, bezlotoxumab, 10 mg	YES		YES	
J0567	Injection, cerliponase alfa, 1 mg			YES	
J0584	Injection, burosumab-twza 1 mg			YES	
J0585	Injection, onabotulinumtoxinA, 1 unit			YES	
J0586	Injection, Abobotulinumtoxina, 5 Units			YES	
J0587	Injection, Rimabotulinumtoxinb, 100 Units			YES	
J0588	Injection, incobotulinumtoxinA, 1 unit			YES	
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	YES		YES	
J0593	Injection, lanadelumab-flyo, 1 mg (code may be used for Medicare when drug administered under direct supervision of a physician, not for use when drug is self-administered)			YES	
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units			YES	
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units			YES	
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units			YES	
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units			YES	
J0638	Injection, canakinumab, 1 mg			YES	
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	YES			
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	YES			
J0690	Cefazolin Sodium Injection				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	
J0696	Ceftriaxone Sodium Injection				
J0698	Cefotaxime Sodium Injection				
J0717	Injection, certolizumab pegol, 1 mg (code may be used for medicare when drug administered under the direct supervision of a physician, not for use when drug is self administer			YES	
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg			YES	
J0743	Cilastatin Sodium Injection				
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg			YES	
J0791	Injection, crizanlizumab-tmca, 5 mg			YES	
J0801	Injection, corticotropin (Acthar Gel), up to 40 units			YES	
J0802	Injection, corticotropin (ANI), up to 40 units			YES	
J0870	Injection, imetelstat, 1 mg	YES		YES	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	YES		YES	
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	YES		YES	
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	YES		YES	
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)			YES	
J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)			YES	
J0896	Injection, luspatercept-aamt, 0.25 mg	YES		YES	
J0897	Injection, denosumab, 1 mg	YES		YES	
J1072	Injection, testosterone cypionate (Azmiro), 1 mg			YES	
J1203	Injection, cipaglucosidase alfa-atga, 5 mg			YES	
J1267	Injection, doripenem, 10 mg				
J1290	Injection, ecallantide, 1 mg			YES	
J1299	Injection, eculizumab, 2 mg			YES	
J1301	Injection, edaravone, 1 mg			YES	
J1302	Injection, sutimlimab-jome, 10 mg			YES	
J1303	Injection, ravulizumab-cwvz, 10 mg			YES	
J1304	Injection, tofersen, 1 mg			YES	
J1305	Injection, evinacumab-dgnb, 5 mg			YES	
J1306	Injection, inclisiran, 1 mg			YES	
J1307	Injection, crovalimab-akkz, 10 mg			YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
J1322	Injection, elosulfase alfa, 1mg			YES		
J1323	Injection, elranatamab-bcmm, 1 mg	YES				
J1325	Epoprostenol Injection			YES		
J1335	Injection, ertapenem sodium, 500 mg					
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose					
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes					
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose					
J1426	Injection, casimersen, 10 mg			YES		
J1427	Injection, viltolarsen, 10 mg			YES		
J1428	Injection, eteplirsen, 10 mg			YES		
J1429	Injection, golodirsen, 10 mg			YES		
J1437	Injection, ferric derisomaltose, 10 mg			YES		
J1438	Etanercept Injection			YES		
J1439	Injection, ferric carboxymaltose, 1mg			YES		
J1440	Fecal microbiota, live - jslm, 1 ml			YES		
J1442	5G-CSFexcludes biosimilars, 1 microgram	YES		YES		
J1447	Injection, tbo-filgrastim, 1 microgram	YES		YES		
J1448	Injection, trilaciclib, 1 mg	YES				
J1449	Injection, eflapegrastim-xnst, 0.1 mg	YES		YES		
J1450	Fluconazole					
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	YES				
J1458	INJECTION, GALSULFASE, 1 MG			YES		
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	YES		YES		
J1460	Gamma Globulin 1 Cc Inj	YES		YES		
J1551	Injection, immune globulin (cutaquig), 100 mg	YES		YES		
J1552	Injection, immune globulin (alyglo), 500 mg	YES		YES		
J1554	Injection, immune globulin (asceniv), 500 mg	YES		YES		
J1555	Injection, immune globulin (Cuvitru), 100 mg	YES		YES		
J1556	Injection, immune globulin (bivigam), 500 mg	YES		YES		

	Prior Authorization Procedure Code Listing for Florida Indivi	dual Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	YES		YES
J1558	Injection, immune globulin (xembify), 100 mg	YES		YES
J1559	Injection, immune globulin (hizentra), 100 mg	YES		YES
J1560	Gamma Globulin > 10 Cc Inj	YES		YES
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	YES		YES
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	YES		YES
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g.	YES		YES
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	YES		YES
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	YES		YES
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immuneglobulin	YES		YES
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	YES		YES
J1595	Injection, glatiramer acetate, 20 mg			YES
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	YES		YES
J1602	Injection, golimumab, 1 mg, for intravenous use			YES
J1628	Injection, guselkumab, 1 mg			YES
J1632	Injection, brexanolone, 1 mg			YES
J1675	Injection, histrelin acetate, 10 mcg			YES
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	YES		YES
J1743	Injection, idursulfase, 1 mg			YES
J1744	Injection, icatibant, 1 mg			YES
11745	Injection, infliximab, excludes biosimilar, 10 mg			YES
J1746	Injection, ibalizumab-uiyk, 10 mg			YES
J1747	Injection, spesolimab-sbzo, 1 mg			YES
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg			YES
J1750	Injection, Iron Dextran, 50mg			YES
J1756	Injection, Iron Sucrose, 1 Mg			YES
J1786	Injection, imiglucerase, 10 units			YES
J1823	Injection, inebilizumab-cdon, 1 mg			YES
J1826	Injection, interferon beta-1a, 30 mcg			YES

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
J1830	Interferon Beta-1b / .25 Mg			YES	
J1930	Injection, lanreotide, 1 mg	YES		YES	
J1931	Laronidase injection			YES	
J1932	Injection, lanreotide, (cipla), 1 mg	YES		YES	
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m			YES	
J1954	Injection, leuprolide acetate for depot suspension (cipla), 7.5 mg			YES	
J1956	Levofloxacin Injection				
J1961	Injection, lenacapavir, 1 mg			YES	
J2170	INJECTION, MECASERMIN, 1 MG			YES	
J2182	Injection, mepolizumab, 1 mg			YES	
J2185	Injection, meropenem, 100 mg				
J2267	Injection, mirikizumab-mrkz, 1 mg			YES	
J2277	Injection, motixafortide, 0.25 mg	YES			
J2278	Injection, ziconotide, 1 mcg			YES	
J2280	Injection, moxifloxacin, 100 mg				
J2323	Imjection, natalizumab, 1 mg			YES	
J2326	Injection, nusinersen, 0.1 mg			YES	
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg			YES	
J2329	Injection, ublituximab-xiiy, 1mg			YES	
J2350	Injection, ocrelizumab, 1 mg			YES	
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq			YES	
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	YES		YES	
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	YES		YES	
J2356	Injection, tezepelumab-ekko, 1 mg			YES	
J2357	Omalizumab injection			YES	
J2502	Injection, pasireotide long acting, 1 mg			YES	
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	YES		YES	
J2507	Injection, pegloticase, 1 mg			YES	
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg			YES	

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
J2510	Penicillin G Procaine Inj					
J2540	Penicillin G Potassium Inj					
J2562	Injection, Plerixafor, 1 Mg	YES		YES		
J2777	Injection, faricimab-svoa, 0.1 mg			YES		
J2778	Injection, ranibizumab, 0.1 mg			YES		
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg					
J2781	Injection, pegcetacoplan, intravitreal, 1 mg			YES		
J2782	Injection, avacincaptad pegol, 0.1 mg			YES		
J2786	Injection, reslizumab, 1 mg			YES		
J2787	Riboflavin 5-phosphate, ophthalmic solution, up to 3 ml					
J2793	Injection, Rilonacept, 1 Mg			YES		
J2802	Injection, romiplostim, 1 microgram	YES				
J2820	Sargramostim Injection	YES		YES		
J2840	Injection, sebelipase alfa, 1 mg			YES		
J2860	Injection, siltuximab, 10 mg	YES				
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg			YES		
J2940	Injection, somatrem, 1 mg			YES		
J2941	Injection, somatropin, 1 mg			YES		
J2998	Injection, plasminogen, human-tvmh, 1 mg			YES		
J3032	Injection, eptinezumab-jjmr, 1 mg			YES		
J3055	Injection, talquetamab-tgvs, 0.25 mg	YES				
J3060	Injection, taliglucerace alfa, 10 units			YES		
J3111	Injection, romosozumab-aqqg, 1 mg			YES		
J3241	Injection, teprotumumab-trbw, 10 mg			YES		
J3245	Injection, tildrakizumab, 1 mg			YES		
J3247	Injection, secukinumab, IV, 1 mg			YES		
J3262	Injection, tocilizumab, 1 mg	YES		YES		
J3263	Injection, toripalimab-tpzi, 1 mg	YES				
J3285	Injection, treprostinil, 1 mg			YES		
J3299	Injection, triamcinolone acetonide (xipere), 1 mg			YES		

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg			YES
J3315	Injection, Triptorelin Pamoate, 3.75 Mg			YES
J3316	Injection, triptorelin, extended-release, 3.75 mg			YES
J3357	Ustekinumab, for subcutaneous injection, 1 mg			YES
J3358	Ustekinumab, for intravenous injection, 1 mg			YES
J3380	Injection, vedolizumab, IV, 1 mg			YES
J3385	Injection, velaglucerase alfa, 100 units			YES
J3393	Injection, betibeglogene autotemcel, per treatment			
J3394	Injection, lovotibeglogene autotemcel, per treatment			
J3397	Injection, vestronidase alfa-vjbk, 1 mg			YES
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes			
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes			
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml			YES
J3489	Injection, zoledronic acid, 1 mg			YES
J7170	Injection, emicizumab-kxwh, 0.5 mg			YES
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU			YES
J7175	Injection, factor x, (human), 1 i.u.			YES
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg			YES
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg			YES
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco			YES
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU			YES
J7181	Injection, factor xiii a-subunit, (recombinant), per iu			YES
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu			YES
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCo			YES
J7185	Injection, Factor Viii (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.			YES
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.			YES
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RC0			YES
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.			YES
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg			YES

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
J7190	Factor Viii			YES		
J7191	Factor Viii (Porcine)			YES		
J7192	Factor Viii (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified			YES		
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU			YES		
J7194	Factor Ix Complex			YES		
J7195	Factor IX (antihemophilic factor, recombinant) per IU			YES		
J7198	Anti-Inhibitor			YES		
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu			YES		
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU			YES		
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.			YES		
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU			YES		
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU			YES		
J7205	Injection, factor viii fc fusion (recombinant), per iu			YES		
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.			YES		
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-aucl, (jivi), 1 i.u.			YES		
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.			YES		
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afstyla), 1 IU			YES		
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU			YES		
J7212	Factor viia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram			YES		
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.			YES		
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU			YES		
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg			YES		
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg			YES		
J7313	Injection, fluocinolone acetonide, intravitreal implant (Iluvien), 0.01 mg			YES		
J7314	Injection, fluocinolone acetonide, intravitreal implant (Yutiq), 0.01 mg			YES		
J7330	Cultured Chondrocytes Implnt	YES				
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml			YES		
J7351	Injection, bimatoprost, intracameral implant, 1 microgram			YES		
J7352	Afamelanotide implant, 1 mg			YES		
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm			YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)			YES
J7355	Injection, travoprost, intracameral implant, 1 mcg			YES
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms			
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg			YES
J9015	Injection, aldesleukin, per single use vial	YES		
J9019	Injection, asparaginase (erwinaze), 1,000 iu	YES		
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	YES		
J9022	Injection, atezolizumab, 10 mg	YES		
J9023	Injection, avelumab, 10 mg	YES		
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs		YES	
J9026	Injection, tarlatamab-dlle, 1 mg	YES		
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram	YES		
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	YES		
J9032	Injection, belinostat, 10 mg	YES		
J9033	Injection, bendamustine hydrochloride, 1 mg	YES		
J9034	Injection, bendamustine hcl (bendeka), 1 mg	YES		
J9035	Bevacizumab injection	YES		YES
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	YES		
J9038	Injection, axatilimab-csfr, 0.1 mg			YES
J9039	Injection, blinatumomab, 1 microgram	YES		
J9042	Injection, brentuximab vedotin, 1 mg	YES		
J9043	Injection, cabazitaxel, 1 mg	YES		
J9047	Injection, carfilzomib, 1 mg	YES		
J9055	Cetuximab injection	YES		
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	YES		
J9057	Injection, copanlisib, 1 mg	YES		
J9061	Injection, amivantamab-vmjw, 2 mg	YES		
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	YES		
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	ıal Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
J9118	Injection, calaspargase pegol-mknl, 10 units	YES		
J9119	Injection, cemiplimab-rwlc, 1 mg	YES		
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	YES		
J9145	Injection, daratumumab, 10 mg	YES		
J9161	Injection, denileukin diftitox-cxdl, 1 mcg		YES	
J9173	Injection, durvalumab, 10 mg	YES		
J9176	Injection, elotuzumab, 1 mg	YES		
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	YES		
J9179	Injection, eribulin mesylate, 0.1 mg	YES		
J9202	Goserelin Acetate Implant			YES
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	YES		
J9207	Injection, ixabepilone, 1 mg	YES		
J9210	Injection, emapalumab-lzsg, 1 mg			YES
J9216	Injection, interferon, gamma-1B, 3 million units	YES		
J9217	Leuprolide Acetate Suspnsion			YES
J9223	Injection, lurbinectedin, 0.1 mg	YES		
J9225	Histrelin implant (Vantas), 50 mg			YES
J9226	Histrelin implant (supprelin LA), 50 mg			YES
J9227	Injection, isatuximab-irfc, 10 mg	YES		
J9228	Injection, ipilimumab, 1 mg	YES		
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	YES		
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	YES		
J9264	Injection, paclitaxel protein-bound particles, 1 mg	YES		
J9266	Injection, pegaspargase, per single dose vial	YES		
J9269	Injection, tagraxofusp-erzs, 10 micrograms	YES		
J9271	Injection, pembrolizumab, 1 mg	YES		
J9272	Injection, dostarlimab-gxly, 10 mg	YES		
J9273	Injection, tisotumab vedotin-tftv, 1 mg	YES		
J9274	Injection, tebentafusp-tebn, 1 microgram	YES		

	Prior Authorization Procedure Code Listing for Flo	orida Individual Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
J9281	Mitomycin pyelocalyceal instillation, 1 mg	YES		
J9286	Injection, glofitamab-gxbm, 2.5 mg	YES		
J9292	Injection, pemetrexed (avyxa), not therapeutically equivalent to j9305, 10 mg	YES		
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	YES		
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	YES		
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	YES		
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	YES		
J9299	Injection, nivolumab, 1 mg	YES		
J9301	Injection, obinutuzumab, 10 mg	YES		
J9302	Injection, ofatumumab, 10 mg	YES		
J9303	Injection, panitumumab, 10 mg	YES		
J9304	Injection, pemetrexed (pemfexy), 10 mg	YES		
J9305	Injection, pemetrexed, NOS,10 mg	YES		
J9306	Injection, pertuzumab, 1 mg	YES		
J9308	Injection, ramucirumab, 5 mg	YES		
J9309	Injection, polatuzumab vedotin-piiq, 1 mg	YES		
J9312	Injection, rituximab, 10 mg			YES
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	YES		
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	YES		
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zzxf, per 10 mg	YES		
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	YES		
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	YES		
J9319	Injection, romidepsin, lyophilized, 0.1 mg	YES		
J9321	Injection, epcoritamab-bysp, 0.16 mg	YES		
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	YES		
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	YES		
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	YES		
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	YES		
J9329	Injection, tislelizumab-jsgr, 1mg	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
J9331	Injection, sirolimus protein-bound particles, 1 mg	YES			
J9332	Injection, efgartigimod alfa-fcab, 2mg			YES	
J9333	Injection, rozanolixizumab-noli, 1 mg			YES	
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc			YES	
J9345	Injection, retifanlimab-dlwr, 1 mg	YES			
J9347	Injection, tremelimumab-actl, 1 mg	YES			
J9348	Injection, naxitamab-gqgk, 1 m	YES			
J9349	Injection, tafasitamab-cxix, 2 mg	YES			
J9350	Injection, mosunetuzumab-axgb, 1 mg	YES			
J9353	Injection, margetuximab-cmkb, 5 m	YES			
J9354	Injection, ado-trastuzumab emtansine, 1 mg	YES			
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	YES			
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	YES			
J9361	Injection, efbemalenograstim alfa-vuxw, 0.5 mg	YES		YES	
J9376	Injection, pozelimab-bbfg, 1 mg			YES	
J9380	Injection, teclistamab-cqyv, 0.5 mg	YES			
J9381	Injection, teplizumab-mzwv, 5 mcg			YES	
J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg	YES			
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	YES			
J9395	Injection, fulvestrant, 25 mg	YES			
J9400	Injection, ziv-aflibercept, 1 mg	YES			
K0010	Stnd Wt Frame Power Whlchr				
K0011	Stnd Wt Pwr Whlchr W Control				
K0012	Ltwt Portbl Power Whlchr				
K0013	Custom motorized/power wheelchair base				
K0014	Other Power Whlchr Base				
K0108	W/C Component-Accessory Nos				
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type				
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0800					

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS				
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED				
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300				
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS				
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU				
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS				
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS				
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE				
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY				
	UP TO AND INCLUDING 30				
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO				
	AND INCLUDING 300 POUND				
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT				
	CAPACITY UP TO AND INCLUD				
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY				
	UP TO AND INCLUDING 300				
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT				
	CAPACITY 301 TO 450 POU				
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY				
	301 TO 450 POUNDS				
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT				
	WEIGHT CAPACITY 451 TO 60				
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT				
	WEIGHT CAPACITY 601 POUN				
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT				
	CAPACITY UP TO AND INCL				
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY				
	UP TO AND INCLUDING 3				
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT				
	CAPACITY 301 TO 450 P				
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND				
	INCLUDING 300 POUNDS				
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING				
	300 POUNDS				
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450				
	POUNDS				
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS				
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600		1		
	POUNDS				
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600				
	POUNDS				
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601				
	POUNDS OR MORE				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE					
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD					
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300					
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU					
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS					
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60					
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL					
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P					
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO					
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO					
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS					
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS					
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS					
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS					
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD					
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300					
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU					
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS					

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL					
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND					
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P					
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU					
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC					
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED					
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria					
K0900	Customized durable medical equipment, other than wheelchair					
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories					
K1007	Bilateral hip, knee, ankle, foot device, powered, includes pelvic component, single or double upright(s), knee joints any type, with or without ankle joints any type, includes					
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	YES				
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month					
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material					
L1499	Spinal Orthosis Nos					
L2999	Lower Extremity Orthosis Nos					
L3999	Upper Limb Orthosis Nos					
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector					
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batt					
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH,					
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow					
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement					
L6880	Electric hand, switch or myolelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)					
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL					

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device					
L6925	Wrist Disart Myoelectronic C					
L6935	Below Elbow Myoelectronic Ct					
L6945	Elbow Disart Myoelectronic C					
L6955	Above Elbow Myoelectronic Ct					
L6965	Shldr Disartic Myoelectronic					
L6975	Interscap-Thor Myoelectronic					
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT					
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC					
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT					
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC					
L7180	Electronic Elbow Utah Myoele					
L7181	Electronic elbow simultaneous					
L7190	Elbow Adolescent Myoelectron					
L7191	Elbow Child Myoelectronic Ct					
L7499	Upper Extremity Prosthes Nos					
L7510	Prosthetic Device Repair Rep					
L7520	Repair Prosthesis Per 15 Min					
L8045	Auricular Prosthesis					
L8600	Implant Breast Silicone/Eq					
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies					
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system					
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS					
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement					
L8627	Cochlear Implant, External Speech Processor, Component, Replacement					
L8628	Cochlear Implant, External Controller Component, Replacement					
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	YES				
L8679	Implantable neurostimulator, pulse generator, any type	YES				
L8680	Implantable neurostimulator electrode, each	YES				

	Prior Authorization Procedure Code Listing for Florida Individua	al Commercial	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
1.0001	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement	YES	Careton Pibri	Caretolina
L8681	only	YES		
L8682	Implantable neurostimulator radiofrequency receiver			
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	YES		
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladde	YES		
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	YES		
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	YES		
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension			
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension			
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS			
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each			
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O			
L8693	Auditory osseointegrated device abutment, any length, replacement only			
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each			
L8699	Prosthetic Implant Nos			
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, c			
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessorie			
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)			YES
Q2026	Injection, Radiesse, 0.1ml			
Q2028	Injection, sculptra, 0.5 mg			
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose			
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose			
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	YES		
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	YES		
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	YES		

	Prior Authorization Procedure Code Listing for Florida Individu	al Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis			
	and dose preparation procedures, per therapeutic dose			
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis			
	and dose preparation procedures, per therapeutic dose			
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells,			
Q2056	including leukapheresis and dose preparation procedures, p Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells,			
Q2030	including leukapheresis and dose preparation procedures			
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	YES		
Q3001	Brachytherapy Radioelements	YES		
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use			YES
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use			YES
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose			YES
,	Form, Up			
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	YES		YES
Q4100	Skin substitute, not otherwise specified	YES		
Q4101	Apligraf, per square centimeter	YES		
Q4102	Oasis wound matrix, per square centimeter	YES		
Q4103	Oasis burn matrix, per square centimeter	YES		
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	YES		
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	YES		
Q4106	Dermagraft, per square centimeter	YES		
Q4107	Graftjacket, per square centimeter	YES		
Q4108	Integra matrix, per square centimeter	YES		
Q4110	Primatrix, per square centimeter	YES		
Q4111	Gammagraft, per square centimeter	YES		
Q4112	Cymetra, injectable, 1cc	YES		
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	YES		
Q4114	Integra flowable wound matrix, injectable, 1 cc	YES		
Q4115	Alloskin, per square centimeter	YES		
Q4116	Alloderm, per square centimeter	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
Q4117	Hyalomatrix, per square centimeter	YES				
Q4118	Matristem micromatrix, 1 mg	YES				
Q4121	Theraskin, per square centimeter	YES				
Q4122	Dermacell, per square centimeter	YES				
Q4123	AlloSkin RT, per sq cm	YES				
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	YES				
Q4125	Arthroflex, per sq cm	YES				
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	YES				
Q4127	Talymed, per sq cm	YES				
Q4128	FlexHD, or AllopatchHD, per sq cm	YES				
Q4130	Strattice TM, per sq cm	YES				
Q4132	Grafix Core and GrafixPL Core, per sq cm	YES				
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	YES				
Q4134	Hmatrix, per square centimeter	YES				
Q4135	Mediskin, per square centimeter	YES				
Q4136	Ez-derm, per square centimeter	YES				
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	YES				
Q4138	Biodfence dryflex, per square centimeter	YES				
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	YES				
Q4140	Biodfence, per square centimeter	YES				
Q4141	Alloskin ac, per square centimeter	YES				
Q4142	Xcm biologic tissue matrix, per square centimeter	YES				
Q4143	Repriza, per square centimeter	YES				
Q4145	Epifix, injectable, 1 mg	YES				
Q4146	Tensix, per square centimeter	YES				
Q4147	Architect extracellular matrix, per square centimeter	YES				
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	YES				
Q4149	Excellagen, 0.1 cc	YES				
Q4150	Allowrap ds or dry, per square centimeter	YES				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
Q4151	Amnioband or guardian, per square centimeter	YES				
Q4152	Dermapure, per square centimeter	YES				
Q4153	Dermavest, per square centimeter	YES				
Q4154	Biovance, per square centimeter	YES				
Q4155	Neoxflo or clarixflo, 1 mg	YES				
Q4156	Neox 100 or Clarix 100, per sq cm	YES				
Q4157	Revitalon, per square centimeter	YES				
Q4158	Kerecis Omega3, per sq cm	YES				
Q4159	Affinity, per square centimeter	YES				
Q4160	Nushield, per square centimeter	YES				
Q4161	Bio-connekt wound matrix, per square centimeter	YES				
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	YES				
Q4163	WoundEx, BioSkin, per sq cm	YES				
Q4164	Helicoll, per square centimeter	YES				
Q4165	Keramatrix, per square centimeter	YES				
Q4166	Cytal, per square centimeter	YES				
Q4167	Truskin, per square centimeter	YES				
Q4168	Amnioband, 1 mg	YES				
Q4169	Artacent wound, per square centimeter	YES				
Q4170	Cygnus, per square centimeter	YES				
Q4171	Interfyl, 1 mg	YES				
Q4173	Palingen or palingen xplus, per square centimeter	YES				
Q4174	Palingen or promatrx, 0.36 mg per 0.25 cc	YES				
Q4175	Miroderm, per square centimeter	YES				
Q4176	Neopatch or Therion, per sq cm	YES				
Q4177	FlowerAmnioFlo, 0.1 cc	YES				
Q4178	FlowerAmnioPatch, per sq cm	YES				
Q4179	FlowerDerm, per sq cm	YES				
Q4180	Revita, per sq cm	YES				

	Prior Authorization Procedure Code Listi	ng for Florida Individual Commercia	Business	
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX
Q4181	Amnio Wound, per sq cm	YES		
Q4183	Surgigraft, per sq cm	YES		
Q4184	Cellesta, per sq cm	YES		
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	YES		
Q4186	Epifix, per sq cm	YES		
Q4187	Epicord, per sq cm	YES		
Q4188	AmnioArmor, per sq cm	YES		
Q4189	Artacent AC, 1 mg	YES		
Q4190	Artacent AC, per sq cm	YES		
Q4191	Restorigin, per sq cm	YES		
Q4192	Restorigin, 1 cc	YES		
Q4193	Coll-e-Derm, per sq cm	YES		
Q4194	Novachor, per sq cm	YES		
Q4195	PuraPly, per sq cm	YES		
Q4196	PuraPly AM, per sq cm	YES		
Q4197	PuraPly XT, per sq cm	YES		
Q4198	Genesis Amniotic Membrane, per sq cm	YES		
Q4199	Cygnus matrix, per square centimeter	YES		
Q4200	SkinTE, per sq cm	YES		
Q4201	Matrion, per sq cm	YES		
Q4202	Keroxx (2.5g/cc), 1cc	YES		
Q4203	Derma-Gide, per sq cm	YES		
Q4204	XWRAP, per sq cm	YES		
Q4205	Membrane graft or membrane wrap, per square centimeter	YES		
Q4206	Fluid flow or fluid GF, 1 cc	YES		
Q4208	Novafix, per square cenitmeter	YES		
Q4209	Surgraft, per square centimeter	YES		
Q4211	Amnion bio or Axobiomembrane, per square centimeter	YES		
Q4212	Allogen, per cc	YES		

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX		
Q4213	Ascent, 0.5 mg	YES				
Q4214	Cellesta cord, per square centimeter	YES				
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	YES				
Q4216	Artacent cord, per square centimeter	YES				
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	YES				
Q4218	Surgicord, per square centimeter	YES				
Q4219	Surgigraft-dual, per square centimeter	YES				
Q4220	BellaCell HD or Surederm, per square centimeter	YES				
Q4221	Amniowrap2, per square centimeter	YES				
Q4222	Progenamatrix, per square centimeter	YES				
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	YES				
Q4225	Amniobind or dermabind tl, per square centimeter	YES				
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	YES				
Q4227	AmnioCoreTM, per sq cm	YES				
Q4229	Cogenex Amniotic Membrane, per sq cm	YES				
Q4230	Cogenex Flowable Amnion, per 0.5 cc	YES				
Q4232	Corplex, per sq cm	YES				
Q4233	SurFactor or NuDyn, per 0.5 cc	YES				
Q4234	XCellerate, per sq cm	YES				
Q4235	AMNIOREPAIR or AltiPly, per sq cm	YES				
Q4236	carePATCH, per sq cm	YES				
Q4237	Cryo-Cord, per sq cm	YES				
Q4238	Derm-Maxx, per sq cm	YES				
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	YES				
Q4240	CoreCyte, for topical use only, per 0.5 cc	YES				
Q4241	PolyCyte, for topical use only, per 0.5 cc	YES				
Q4242	AmnioCyte Plus, per 0.5 cc	YES				
Q4245	AmnioText, per cc	YES				
Q4246	CoreText or ProText, per cc	YES				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
Q4247	Amniotext patch, per sq cm	YES				
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	YES				
Q4249	Amniply, for topical use only, per square centimeter	YES				
Q4250	Amnioamp-mp, per square centimeter	YES				
Q4251	Vim, per sq cm	YES				
Q4252	Vendaje, per sq cm	YES				
Q4253	Zenith Amniotic Membrane, per sq cm	YES				
Q4254	Novafix DL, per sq c	YES				
Q4255	Reguard, for topical use only, per square centimeter	YES				
Q4256	MLG-Complete, per sq cm	YES				
Q4257	Relese, per sq cm	YES				
Q4258	Enverse, per sq cm	YES				
Q4259	Celera dual layer or celera dual membrane, per square centimeter	YES				
Q4260	Signature apatch, per square centimeter	YES				
Q4261	Tag, per square centimeter	YES				
Q4262	Dual layer impax membrane, per square centimeter	YES				
Q4263	Surgraft tl, per square centimeter	YES				
Q4264	Cocoon membrane, per square centimeter	YES				
Q4265	Neostim tl, per square centimeter	YES				
Q4266	Neostim membrane, per square centimeter	YES				
Q4267	Neostim dl, per square centimeter	YES				
Q4268	Surgraft ft, per square centimeter	YES				
Q4269	Surgraft xt, per square centimeter	YES				
Q4270	Complete sl, per square centimeter	YES				
Q4271	Complete ft, per square centimeter	YES				
Q4272	Esano a, per square centimeter	YES				
Q4273	Esano aaa, per square centimeter	YES				
Q4274	Esano ac, per square centimeter	YES				
Q4275	Esano aca, per square centimeter	YES				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
Q4276	Orion, per square centimeter	YES				
Q4278	Epieffect, per square centimeter	YES				
Q4279	Vendaje ac, per square centimeter	YES				
Q4280	Xcell amnio matrix, per square centimeter	YES				
Q4281	Barrera sl or barrera dl, per square centimeter	YES				
Q4282	Cygnus dual, per square centimeter	YES				
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	YES				
Q4284	Dermabind sl, per square centimeter	YES				
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	YES				
Q4286	NuDYN SL or NuDYN SLW, per sq cm	YES				
Q4287	Dermabind dl, per square centimeter	YES				
Q4288	Dermabind ch, per square centimeter	YES				
Q4289	Revoshield + amniotic barrier, per square centimeter	YES				
Q4290	Membrane Wrap-Hydro, per sq cm	YES				
Q4291	Lamellas xt, per square centimeter	YES				
Q4292	Lamellas, per square centimeter	YES				
Q4293	Acesso dl, per square centimeter	YES				
Q4294	Amnio quad-core, per square centimeter	YES				
Q4295	Amnio tri-core amniotic, per square centimeter	YES				
Q4296	Rebound matrix, per square centimeter	YES				
Q4297	Emerge matrix, per square centimeter	YES				
Q4298	Amnicore pro, per square centimeter	YES				
Q4299	Amnicore pro+, per square centimeter	YES				
Q4300	Acesso tl, per square centimeter	YES				
Q4301	Activate matrix, per square centimeter	YES				
Q4302	Complete aca, per square centimeter	YES				
Q4303	Complete aa, per square centimeter	YES				
Q4304	Grafix plus, per square centimeter	YES				
Q4305	American Amnion AC Tri-Layer, per sq cm	YES				

	Prior Authorization Procedure Code Listing for Flor	ida Individual Commercial	Business	
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party
		Wellpoint	Carelon MBM	CarelonRX
Q4306	American Amnion AC, per sq cm	YES		
Q4307	American Amnion, per sq cm	YES		
Q4308	Sanopellis, per sq cm	YES		
Q4309	VIA Matrix, per sq cm	YES		
Q4310	Procenta, per 100 mg	YES		
Q5101	Injection, filgrastim-sndz, biosimilar, (zarxio), 1 microgram	YES		YES
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg			YES
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg			YES
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	YES		YES
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	YES		YES
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	YES		YES
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	YES		YES
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg			YES
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	YES		YES
Q5111	Injection, pegfilgrastim-cbqv (udenyca), biosimilar, 0.5 mg	YES		YES
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	YES		
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	YES		
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	YES		
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	YES		YES
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	YES		
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	YES		YES
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	YES		YES
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	YES		YES
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg			YES
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	YES		YES
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m			YES
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg			YES
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	YES		YES

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business					
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party		
		Wellpoint	Carelon MBM	CarelonRX		
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	YES		YES		
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	YES		YES		
Q5128	Injection, ranibizumab-eqrn (Cimerli), biosimilar, 0.1 mg			YES		
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	YES		YES		
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	YES		YES		
Q5133	Injection, tocilizumab-bavi (Tofidence), biosimilar, 1 mg	YES		YES		
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg			YES		
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	YES		YES		
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	YES		YES		
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg			YES		
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg			YES		
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg			YES		
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg			YES		
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg			YES		
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	_		YES		
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg			YES		
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg			YES		
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	YES				
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg			YES		
Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg		YES	YES		
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg			YES		
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg			YES		
Q5151	Injection, eculizumab-aagh (Epysqli), biosimilar, 2 mg			YES		
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg			YES		
Q9996	Injection, ustekinumab-ttwe (Pyzchiva), subcutaneous, 1 mg			YES		
Q9997	Injection, ustekinumab-ttwe (Pyzchiva), intravenous, 1 mg			YES		
Q9998	Injection, ustekinumab-aekn (Selarsdi), biosimilar, 1 mg			YES		
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg			YES		
S0013	Esketamine, nasal spray, 1 mg			YES		
S0189	Testosterone pellet, 75 mg			YES		
S0201	Partial hospitalization services, less than 24 hours, per diem	YES				

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party	
				CarelonRX	
S0353	Treatment planning and care coordination management for cancer initial treatment	YES			
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	YES			
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	YES			
S1091	Stent, non-coronary, temporary, with delivery system (propel)	YES			
S2053	Transplantation Of Small Int	YES			
S2054	Transplantation Of Multivisc	YES			
S2055	Harvesting Of Donor Multivis	YES			
S2060	Lobar Lung Transplantation	YES			
S2061	Donor Lobectomy (Lung)	YES			
S2065	Simultaneous pancreas kidney transplantation	YES			
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including	YES			
S2067	Breast reconstruction of a single breast with "stacked" deep inferior	YES			
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SI	YES			
S2080	Laser-assisted uvulopalatoplasty (LAUP)	YES			
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	YES			
S2102	Islet Cell Tissue Transplant	YES			
S2103	Adrenal Tissue Transplant	YES			
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	YES			
S2117	Arthroereisis, subtalar	YES			
S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components	YES			
S2120	Low Density Lipoprotein(Ldl)	YES			
S2140	Cord Blood Harvesting	YES			
S2142	Cord Blood-Derived Stem-Cell	YES			
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	YES			
S2202	Echosclerotherapy	YES			
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	YES			
S2235	Implantation of auditory brain stem implant	YES			
S2300	Arthroscopy, Shoulder, Surgi	YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party	Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(YES			
S2348	Decompress disc RF lumbar	YES			
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	YES			
S3840	DNA analysis for germline mutations of the ret proto-oncogene	YES			
S3841	Genetic testing for retinoblastoma	YES			
S3842	Genetic testing for von hippel-lindau disease	YES			
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	YES			
S3845	Genetic testing for alpha-thalassemia	YES			
S3846	Genetic testing for hemoglobin e beta-thalassemia	YES			
S3849	Genetic testing for niemann-pick disease	YES			
S3850	Genetic testing for sickle cell anemia	YES			
S3852	DNA analysis for apoe epilson 4 allele for susceptibility to Alzheimer's disease	YES			
S3853	Genetic testing for myotonic muscular dystrophy	YES			
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	YES			
S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected brugada syndrom	YES			
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	YES			
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu	YES			
S3870	Comparative genomic hybridization (cgh) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	YES			
S3900	Surface electromyography (EMG)	YES			
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	YES			
S8035	Magnetic Source Imaging	YES			
S8040	Topographic Brain Mapping	YES			
S8092	Electron Beam Computed Tomog	YES			
S8130	Interferential current stimulator, 2 channel	YES			
S8131	Interferential current stimulator, 4 channel	YES			
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon MBM	Responsible Party CarelonRX	
S8940	EQUESTRIAN/HIPPOTHERAPY PER SESSION	YES			
S8948	Application of a modality (requiring constant provider attendance) to one or	YES			
S8950	Complex Lymphedema Therapy	YES			
S8990	Physical or manipulative therapy performed for maintenance rather than restoration	YES			
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	YES			
S9056	Coma Stimulation Per Diem	YES			
S9090	Vertebral Axial Decompressio	YES			
S9123	Nursing care, in the home; by registered nurse, per hour (use for general nursing care only, not to be used when CPT cod	YES			
S9124	Nursing care, in the home; by licensed practical nurse, per hour	YES			
S9128	Speech Therapy, In The Home	YES			
S9152	Speech therapy, re-evaluation	YES			
S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol	YES			
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day	YES			
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day	YES			
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day	YES			
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day	YES			
S9480	Intensive Outpatient Psychia	YES			
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi	YES			
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours	YES			
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours	YES			
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours	YES			
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours	YES			
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours	YES			
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours	YES			
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	YES			
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	YES			
T2036	Therapeutic camping, overnight, waiver; each session	YES			

	Prior Authorization Procedure Code Listing for Florida Individual Commercial Business				
CODE	Code Description	Responsible Par	y Responsible Party	Responsible Party	
		Wellpoint	Carelon MBM	CarelonRX	
T2037	Therapeutic camping, day, waiver; each session	YES			
V2787	Astigmatism correcting function of intraocular lens	YES			
V2788	Presbyopia correcting function of intraocular lens	YES			
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	YES			
V5298	Hearing Aid, Not Otherwise Classified	YES			
V5362	Speech Screening		YES		
V5363	Language Screening		YES		
V5364	Dysphagia Screening		YES		

Carelon Medical Benefits Management, Inc. is an independent company providing utilization management services on behalf of the health plan. CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of the health plan. Coverage provided by Simply Healthcare Plans, Inc. doing business as Wellpoint Florida, Inc.