



NOTE: This list applies to Texas Individual Local Members

Provider Precertification Number- 833-476-1458

**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/tx/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 TX for certain health plan members. Determine if preapproval is needed for a TX 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](http://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 List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
Various	Admissions- direct admit, elective, scheduled. requires prior authorization ALL medical & surgical inpatient admissions - except Hospice require authorization	YES		
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; cervical or thoracic		YES	
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral		YES	
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic		YES	
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral		YES	
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic		YES	
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral		YES	
01991	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional		YES	
01992	Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional		YES	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<	YES		
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		
15820	Blepharoplasty, Lower Eyelid	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	YES		
15822	Blepharoplasty, Upper Eyelid	YES		
15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid	YES		
15824	Rhytidectomy; Forehead	YES		
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	YES		
15826	Rhytidectomy; Glabellar Frown Lines	YES		
15828	Rhytidectomy; Cheek, Chin, & Neck	YES		
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	YES		
15830	Excision, excessive skin and subcutaneous tissue (includes 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 interstitial radioelement application following (at the tim		YES	
19316	Mastopexy	YES		
19318	Breast reduction	YES		
19325	Breast augmentation with implant	YES		
19328	Removal of intact breast implant	YES		
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		
19342	Insertion or replacement of breast implant on separate day from mastectomy	YES		
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 reconstruction or significant capsular revision comb	YES		
19396	Preparation, Moulage, Custom Breast Implant	YES		
19499	Unlisted Proc, Breast	YES		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound gu	YES		
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)		YES	
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 articular surface and contiguous bone (List separately in a		YES	
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition		YES	
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for prim		YES	
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments		YES	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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/Nasoethmoid, 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary proce		YES	
22505	Manipulation, Spine, Requiring Anesthesia, Any Region		YES	
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic		YES	
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral		YES	
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv		YES	
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES	
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES	
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb		YES	
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 decompression); thoracic		YES	
22533	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		YES	
22534	Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral		YES	
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process		YES	
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2		YES	
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophylectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add		YES	
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2		YES	
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic		YES	
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar		YES	
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in ad		YES	
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when perfor	YES	YES	
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 performed)		YES	
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)		YES	
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)		YES	
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional in		YES	
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other		YES	
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other		YES	
22800	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; 7 to 12 vertebral segments		YES	
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments		YES	
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		
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	YES		
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
22849	Reinsertion, Spinal Fixation Device		YES	
22853	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g. screws, flanges), when performed, t		YES	
22854	Insertion of interbody biomechanical device(s) (eg, synthetic cage, mesh) with integral anterior instrumentation for device anchoring (e.g. screws, flanges), when performed, t		YES	
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres		YES	
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar		YES	
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompres		YES	
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methlmetacrylate) to intervertebral disc space or verebral body defect without interbody arthro		YES	
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa		YES	
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi		YES	
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	Claviclectomy; Partial		YES	
23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release		YES	
23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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; without implant		YES	
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant		YES	
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 anesthesia other than local, including ultrasound guidance	YES		
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 claviclectomy including distal articular surface (Mumford procedure)		YES	
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 ligament (ie, arch) release, when performed (List separately)		YES	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 Dissecans Lesion W/Int Fixation		YES	
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES	
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction		YES	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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 fossa	YES		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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 course of treatment		YES	
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 involved by tumor extension, percutaneous, including imaging	YES		
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System		YES	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of a		YES	
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 programming, when performed; system, including pulse generat	YES		
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sens	YES		
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	YES		
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 interrogation and programming, when performed; pulse generator	YES		
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous sti	YES		
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart c	YES	YES	
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio	YES		
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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 arterial and venous access, with transseptal punc	YES		
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		
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 injectate, inclusive of all imaging guidance and monitoring; singl	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
36466	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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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		
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		
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		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery		YES	
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 sphincter and/or gastric cardia, for treatment of gastroesop	YES	YES	
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)		YES	
43270	Esophagogastroduodenoscopy, flexible, transoral; with ablation of tumor(s), polyp(s), or other lesion(s) (includes pre- and post-dilation and guide wire passage, when performe		YES	
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty	YES	YES	
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of me	YES	YES	
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	YES	YES	
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band), including cruroplasty when performed.	YES	YES	
43285	Removal of esophageal sphincter augmentation device	YES	YES	
43325	Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure)	YES		
43327	Esophagogastric fundoplasty partial or complete; laparotomy	YES		
43328	Esophagogastric fundoplasty partial or complete; thoracotomy	YES		
43330	Esophagomyotomy; Abdominal Approach	YES		
43331	Esophagomyotomy; Thoracic Approach	YES		
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	YES		
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	YES		
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	YES		
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	YES		
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	YES		
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	YES		
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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		
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 cholecystectomy	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
47145	Backbench standard preparation of cadaver donor whole liver graft prior to allotransplantation, including cholecystectomy	YES		
47146	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		
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 monitoring, if performed	YES		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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 Vaginectomy, 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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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 Lymph	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 guidance, when performed; single trajectory for 1 si	YES		
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for	YES		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 Electrode 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, when performed, with direct or inductive coupling, with co	YES		
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	YES		
62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/>	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 technique to remove disc material under fluoroscopic imagi	YES	YES	
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), not including neurolytic substances, including needle		YES	
62321	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle		YES	
62322	Injection(s) of diagnostic or therapeutic substances(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle		YES	
62323	Injection(s) of diagnostic or therapeutic substances(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle		YES	
62350	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservoir/Infusion Pump; W/O Laminct	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
62351	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservoir/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	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump	YES		
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, foraminotomy or discectomy (eg, spinal stenosis), 1 or 2 vertebral s		YES	
63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic		YES	
63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar		YES	
63012	Laminectomy W/Removal, Abnormal Facets, Lumbar		YES	
63015	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Cervical		YES	
63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic		YES	
63017	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Lumbar		YES	
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,		YES	
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,		YES	
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona		YES	
63040	Laminotomy W/Partl Facetectomy/Foramnotmy/Herniated Discect, Re-Exploratn, Sngle Interspc; Cervical		YES	
63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Discect, 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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 Elements		YES	
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	Discectomy, Anterior; Cervical, 1 Interspace		YES	
63076	Discectomy, 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	
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 Segment		YES	
63102	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment		YES	
63103	Vertebral Corpectomy, Lateral Extracavitary Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical		YES	
63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar		YES	
63270	Laminectomy, Excision, Intraspinial Lesion Other Than Neoplasm, Intradural; Cervical		YES	
63272	Laminectomy, Excision, Intraspinial Lesion Other Than Neoplasm, Intradural; Lumbar		YES	
63275	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural, Cervical		YES	
63277	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Extradural, Lumbar		YES	
63280	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Extramedullary, Cervical		YES	
63282	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Extramedullary, Lumbar		YES	
63285	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Intramedullary, Cervical		YES	
63287	Laminectomy, Bx/Excision, Intraspinial Neoplasm; Intradural, Intramedullary, Thoracolumbar		YES	
63290	Laminectomy, Bx/Excision, Intraspinial 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	
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 flu		YES	
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy		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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr		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	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
65778	Placement of amniotic membrane on the ocular surface; without sutures	YES		
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	YES		
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	YES		
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	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		
66999	Unlisted Proc, Anterior Segment, Eye	YES		
67027	Implant, Intravitreal Drug Delivery System W/Removal, Vitreous	YES		
67028	Intravitreal Injection, A Pharmacologic Agent (Sep Proc)	YES		
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of		YES	
67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)	YES		
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	YES		
67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach	YES		
67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach	YES		
67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling	YES		
67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection	YES		
69090	Ear Piercing	YES		
69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	YES		
69399	Unlisted Proc, Ext Ear	YES		
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	YES		
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	YES		
69710	Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone	YES		
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	YES		
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than	YES		
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	YES		
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an	YES		
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater	YES		
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid a	YES		
69799	Unlisted Proc, Middle Ear	YES		
69930	Cochlear Device Implantation, W/Wo Mastoidectomy	YES		
69949	Unlisted Proc, Inner Ear	YES		
69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)	YES		
70336	Mri, Temporomandibular Joints		YES	
70450	Ct Scan, Head/Brain; W/O Contrast Matl		YES	
70460	Ct Scan, Head/Brain; W/Contrast Matl(S)		YES	
70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast		YES	
70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast		YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast		YES	
70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast		YES	
70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl		YES	
70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)		YES	
70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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 performed		YES	
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 performed		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 Performed, And Image Postprocessing		YES	
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im		YES	
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 material(s) and further sections in one or both body regio		YES	
74181	Mri, Abdomen; W/O Contrast Matl(S)		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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(s)		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	
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 g		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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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 and an		YES	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis and full duplicatio		YES	
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 cancer) gene analysis; full duplication/deletion analysis (ie, de		YES	
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis		YES	
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)		YES	
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)		YES	
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain		YES	
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles		YES	
81172	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; characterization of alleles (eg, expanded size and methyla		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	Bckdhd (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 Quantitative		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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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, lvs4+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	FIt3 (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, lvs2+1G>A)		YES	
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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, Mucopolipidosis, 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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis		YES	
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis		YES	
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant		YES	
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, common variant(s) (eg, *5)		YES	
81329	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; dosage/deletion analysis (eg, carrier testing), includes SMN2 (survival of motor neur		YES	
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)		YES	
81331	Snrpn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis		YES	
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (Eg, Alpha-1-Antitrypsin Deficiency), Gene Analysis, Common Variants (Eg, *S And		YES	
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)		YES	
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analy		YES	
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 variant(s)		YES	
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)		YES	
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10		YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
81340	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Amplification Methodology (Eg, Pol		YES	
81341	Trb@ (T Cell Antigen Receptor, Beta) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Using Direct Probe Methodology (Eg, Sout		YES	
81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)		YES	
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 CCH-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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
81381	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	
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2		YES	
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3		YES	
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4		YES	
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5		YES	
81405	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	
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must		YES	
81411	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	
81414	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analys		YES	
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES	
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code		YES	
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn		YES	
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication/deletion an		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
81419	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	
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis		YES	
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to co		YES	
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/s		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability		YES	
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability		YES	
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite		YES	
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [		YES	
81462	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,		YES	
81463	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis, copy number variants, and micros		YES	
81464	Solid organ neoplasm, genomic sequence analysis panel, cell-free nucleic acid (eg, plasma), interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis,		YES	
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor		YES	
81470	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); genomic sequence analysis panel, must include sequencing of at least 60 genes, including ARX, A		YES	
81471	X-linked intellectual disability (XLID) (eg, syndromic and non-syndromic XLID); duplication/deletion gene analysis, must include analysis of at least 60 genes, including ARX,		YES	
81479	Unlisted molecular pathology procedure		YES	
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	YES		
81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score		YES	
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-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		YES	
81517	Liver disease, analysis of 3 biomarkers (hyaluronic acid [HA], procollagen III amino terminal peptide [PIIINP], tissue inhibitor of metalloproteinase 1 [TIMP-1]), using immuno	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
81518	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 11 genes (7 content and 4 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm		YES	
81519	Oncology (breast), mRNA, gene expression profiling by real-time RT-PCR of 21 genes, utilizing formalin-fixed paraffin embedded tissue, algorithm reported as recurrence score		YES	
81520	Oncology (breast), mRNA gene expression profiling by hybrid capture of 58 genes (50 content and 8 housekeeping), utilizing formalin-fixed paraffin-embedded tissue, algorithm r		YES	
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 paraffin-embedded 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, IgG1, 2, 3, or 4), each	YES		
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

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 threshold determination, delivery and management	YES		
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		
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	YES		
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	YES		
90901	Biofeedback Training, Any Modality	YES	YES	
90912	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; initial 15 minutes of one-on-one physician or other qu	YES	YES	
90913	Biofeedback training, perineal muscles, anorectal or urethral sphincter, including EMG and/or manometry, when performed; each additional 15 minutes of one-on-one physician or		YES	
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	YES	YES	
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 language comprehension and expression (eg, receptive an		YES	
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 with the patient; first hour		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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-Face With The Patient; Each Additional 30 Minutes (List Separat		YES	
92626	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); first hour		YES	
92627	Evaluation of auditory function for surgically implanted device(s) candidacy or postoperative status of a surgically implanted device(s); each additional 15 minutes (List sepa		YES	
92630	Auditory rehabilitation; pre-lingual hearing loss		YES	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
93621	Electrophys Eval, Insert Cath, W/Arrhyth Induction; W/Lt Atrial Pace/Record		YES	
93622	Electrophys Eval, Insert Cath, W/Arrhythmia 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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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		
96549	Unlisted Chemotherapy Proc	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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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; moderate 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	
97530	Therapeutic activities, direct (one-on-one) patient contact (use of dynamic activities to improve functional performance), each 15 minutes		YES	
97533	Sensory integrative techniques to enhance sensory processing and promote adaptive responses to environmental demands, direct (one-on-one) patient contact, each 15 minutes		YES	
97535	Self-care/home management training (eg, activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive t		YES	
97537	Community/work reintegration training (eg, shopping, transportation, money management, avocational activities and/or work environment/modification analysis, work task analysis		YES	
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 assessment, and instruction(s) for ongoing care, per day	YES		
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 and/or maximize environmental accessibility), direct on		YES	
97760	Orthotic(s) management and training (including assessment and fitting when not otherwise reported), upper extremity(ies), lower extremity(ies) and/or trunk, initial orthotic(s)		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, subsequent orthotic(s)/prosthetic(s) encounter, each 15 minutes		YES	
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 diagnostic or therapeutic service that the sedation support	YES		
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation support	YES		
99155	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing	YES		
99156	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing	YES		
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	YES		
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, utilizing whole blood, common RBC alleles reported		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
0022U	Targeted genomic sequence analysis panel, non-small cell lung neoplasia, DNA and RNA analysis, 23 genes, interrogation for sequence variants and rearrangements, reported as 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	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	YES		
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score		YES	
0070U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, common and select rare variants (ie, *2, *3, *4, *4N, *5, *6, *7, *8, *9, *		YES	
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 sequence (List separately in addition to code for primary procedu		YES	
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 sequence analysis (ie, CYP2D6-2D7 hybrid gene) (List separately in		YES	
0073U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, CYP2D7-2D6 hybrid gene) (List separately in		YES	
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multip		YES	
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5 gene duplication/multiplication) (List se		YES	
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3 gene duplication/ multiplication) (List s		YES	
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for specimen identity verification		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0080U	Oncology (lung), mass spectrometric analysis of galectin-3-binding protein and scavenger receptor cysteine-rich type 1 protein M130, with five clinical risk factors (age, smok	YES		
0087U	Cardiology (heart transplant), mRNA gene expression profiling by microarray of 1283 genes, transplant biopsy tissue, allograft rejection and injury algorithm reported as a pro		YES	
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)		YES	
0090U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 23 genes (14 content and 9 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,		YES	
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	YES		
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 separately in addition to code for primary procedure)		YES	
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 factor 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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, algorithm		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-free		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-fixed		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 adenomatous polyposis), targeted mRNA sequence analysis panel (APC,		YES	
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13		YES	
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17		YES	
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)		YES	
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel		YES	
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)		YES	
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to co		YES	
0141U	Infectious disease (bacteria and fungi), gram-positive organism identification and drug resistance element detection, DNA (20 gram-positive bacterial targets, 4 resistance gen	YES		
0142U	Infectious disease (bacteria and fungi), gram-negative bacterial identification and drug resistance element detection, DNA (21 gram-negative bacterial targets, 6 resistance ge	YES		
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive patho	YES	YES	
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a tripl		YES	
0154U	Oncology (urothelial cancer), RNA, analysis by real-time RT-PCR of the FGFR3 (fibroblast growth factor receptor 3) gene analysis (ie, p.R248C [c.742C>T], p.S249C [c.746C>G], p		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0155U	Oncology (breast cancer), DNA, PIK3CA (phosphatidylinositol-4,5-bisphosphate 3-kinase, catalytic subunit alpha) (eg, breast cancer) gene analysis (ie, p.C420R, p.E542K, p.E545		YES	
0156U	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 plasma, algorithm for elevated or not elevated qualitative	YES		
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa		YES	
0166U	Liver disease, 10 biochemical assays (+2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric a	YES		
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 reported as predictive probability of ASD diagnosis		YES	
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequenc		YES	
0172U	Oncology (solid tumor as indicated by the label), somatic mutation analysis of BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) and analysis of homol		YES	
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 predictive algorithm reported as likely, unlikely, or un	YES		
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 analysis of 11 gene variants utilizing plasma, reported as		YES	
0179U	Oncology (non-small cell lung cancer), cell-free DNA, targeted sequence analysis of 23 genes (single nucleotide variations, insertions and deletions, fusions without prior kno		YES	
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles		YES	
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles		YES	
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 target and 2 reference genes), whole blood, reported as a continu		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0205U	Ophthalmology (age-related macular degeneration), analysis of 3 gene variants (2 CFH gene, 1 ARMS2 gene), using PCR and MALDI-TOF, buccal swab, reported as positive or negative		YES	
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCε) concentration in response to amylospheroid treatment by ELISA, c	YES		
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 treatment by in situ immunofluorescence, using cultured skin fibr		YES	
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities		YES	
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy		YES	
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand		YES	
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi		YES	
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tand		YES	
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 small sequence changes, deletions, duplications, short tande		YES	
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 small sequence changes, deletions, duplications, short tande		YES	
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, deletions, duplications, short tandem repeat gene expansions,		YES	
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, deletions, duplications, short tandem repeat gene expansions, and va		YES	
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, duplications, and variants in non-uniquely mappable regions, blood or		YES	
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) or synthetic device(s), single level; thoracic	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0221T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; lumbar	YES	YES	
0222T	Placement of a posterior intrafacet implant(s), unilateral or bilateral, including imaging and placement of bone graft(s) or synthetic device(s), single level; each additional		YES	
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanosponge array slides with machine learning, utilizing first morni	YES		
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis		YES	
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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 microscopy, fresh or frozen specimen, reported as percentage of c	YES		
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likeli		YES	
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical		YES	
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, including ultrasound guidance, if performed; complete pro	YES		
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete pro	YES		
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical		YES	
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral o	YES		
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, sali		YES	
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative	YES		
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fi		YES	
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when	YES		
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical g		YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when p	YES		
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid		YES	
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrog	YES		
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid		YES	
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performe	YES		
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid		YES	
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed	YES		
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 communication with the implantable device to monitor de	YES		
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 communication with the implantable device to monitor de	YES		
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1, SERPINF2, PLAU), blood, buccal		YES	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	YES	YES	
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 ligamentous resection, discectomy, facetectomy and/or forami	YES	YES	
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid		YES	
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 Placement Of Electrodes)	YES		
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid		YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0285U	Oncology, response to radiation, cell-free DNA, quantitative branched chain DNA amplification, plasma, reported as a radiation toxicity score		YES	
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants		YES	
0287U	Oncology (thyroid), DNA and mRNA, next-generation sequencing analysis of 112 genes, fine needle aspirate or formalin-fixed paraffin-embedded (FFPE) tissue, algorithmic predict		YES	
0288U	Oncology (lung), mRNA, quantitative PCR analysis of 11 genes (BAG1, BRCA1, CDC6, CDK2AP1, ERBB3, FUT3, IL11, LCK, RND3, SH3BGR, WNT3A) and 3 reference genes (ESD, TBP, YAP1),		YES	
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score		YES	
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score		YES	
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score		YES	
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score		YES	
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score		YES	
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score		YES	
0296U	Oncology (oral and/or oropharyngeal cancer), gene expression profiling by RNA sequencing at least 20 molecular features (eg, human and/or microbial mRNA), saliva, algorithm re		YES	
0297U	Oncology (pan tumor), whole genome sequencing of paired malignant and normal DNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marrow, comp		YES	
0298U	Oncology (pan tumor), whole transcriptome sequencing of paired malignant and normal RNA specimens, fresh or formalin-fixed paraffin-embedded (FFPE) tissue, blood or bone marro		YES	
0299U	Oncology (pan tumor), whole genome optical genome mapping of paired malignant and normal DNA specimens, fresh frozen tissue, blood, or bone marrow, comparative structural vari		YES	
0300U	Oncology (pan tumor), whole genome sequencing and optical genome mapping of paired malignant and normal DNA specimens, fresh tissue, blood, or bone marrow, comparative sequenc		YES	
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for		YES	
0307U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis of a patient-specific panel, cell-free DNA, subsequent assessment with comparison to pr		YES	
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	YES		
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorben	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0313U	Oncology (pancreas), DNA and mRNA next-generation sequencing analysis of 74 genes and analysis of CEA (CEACAM5) gene expression, pancreatic cyst fluid, algorithm reported as a		YES	
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed paraffin-embedded (FFPE) tissue,		YES	
0315U	Oncology (cutaneous squamous cell carcinoma), mRNA gene expression profiling by RT-PCR of 40 genes (34 content and 6 housekeeping), utilizing formalin-fixed paraffin-embedded		YES	
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood		YES	
0319U	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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8	YES		
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	YES		
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examinati		YES	
0340U	Oncology (pan-cancer), analysis of minimal residual disease (MRD) from plasma, with assays personalized to each patient based on prior next-generation sequencing of the patien		YES	
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, IGFBP3, CA125 and multiplex electrochemiluminescent immun	YES		
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as		YES	
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum	YES		
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 analysis of 15 genes, including deletion/duplication ana		YES	
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, with variant analysis and reported phenotypes		YES	
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	YES	YES	
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes		YES	
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	YES	YES	
0349U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis, including reported phenotypes and imp		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	YES	YES	
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes		YES	
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	YES		
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	YES		
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, algorithm reported as a prognostic risk score for cancer re		YES	
0358U	Neurology (mild cognitive impairment), analysis of B-amyloid 1-42 and 1-40, chemiluminescence enzyme immunoassay, cerebral spinal fluid, reported as positive, likely positive,	YES		
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	YES		
0360U	Oncology (lung), enzyme-linked immunosorbent assay (ELISA) of 7 autoantibodies (p53, NY-ESO-1, CAGE, GBU4-5, SOX2, MAGE A4, and HuD), plasma, algorithm reported as a categoric	YES		
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, requiring the following components: administration by the phys	YES		
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fi		YES	
0363U	Oncology (urothelial), mRNA, gene-expression profiling by real-time quantitative PCR of 5 genes (MDK, HOXA13, CDC2 [CDK1], IGFBP5, and CXCR2), utilizing urine, algorithm incor		YES	
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s		YES	
0368U	Oncology (colorectal cancer), evaluation for mutations of APC, BRAF, CTNNB1, KRAS, NRAS, PIK3CA, SMAD4, and TP53, and methylation markers (MYO1G, KCNQ5, C9ORF50, FLI1, CLIP4,		YES	
0369U	Infectious agent detection by nucleic acid (DNA and RNA), gastrointestinal pathogens, 31 bacterial, viral, and parasitic organisms and identification of 21 associated antibiot	YES		
0370U	Infectious agent detection by nucleic acid (DNA and RNA), surgical wound pathogens, 34 microorganisms and identification of 21 associated antibiotic-resistance genes, multiple	YES		
0372U	Infectious disease (genitourinary pathogens), antibiotic-resistance gene detection, multiplex amplified probe technique, urine, reported as an antimicrobial stewardship risk s	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0373T	Adaptive behavior treatment with protocol modification, each 15 minutes of technicians' time face-to-face with a patient, requiring the following components: administration by	YES		
0373U	Infectious agent detection by nucleic acid (DNA and RNA), respiratory tract infection, 17 bacteria, 8 fungus, 13 virus, and 16 antibiotic-resistance genes, multiplex amplified	YES		
0374U	Infectious agent detection by nucleic acid (DNA or RNA), genitourinary pathogens, identification of 21 bacterial and fungal organisms and identification of 21 associated antib	YES		
0376U	Oncology (prostate cancer), image analysis of at least 128 histologic features and clinical factors, prognostic algorithm determining the risk of distant metastases, and prost	YES		
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (	YES		
0378T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	YES		
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab		YES	
0379T	Visual field assessment, with concurrent real time data analysis and accessible data storage with patient initiated data transmitted to a remote surveillance center for up to	YES		
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation for sequence variants, gene cop		YES	
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and struct		YES	
0389U	Pediatric febrile illness (Kawasaki disease [KD]), interferon alpha-inducible protein 27 (IFI27) and mast cell-expressed membrane protein 1 (MCEMP1), RNA, using reverse transc		YES	
0390U	Obstetrics (preeclampsia), kinase insert domain receptor (KDR), Endoglin (ENG), and retinol-binding protein 4 (RBP4), by immunoassay, serum, algorithm reported as a risk score	YES		
0391U	Oncology (solid tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded (FFPE) tissue, 437 genes, interpretive report for single nucleoti		YES	
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication an		YES	
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrie		YES	
0401U	Cardiology (coronary heart disease [CAD]), 9 genes (12 variants), targeted variant genotyping, blood, saliva, or buccal swab, algorithm reported as a genetic risk score for a		YES	
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	YES		
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostat		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected		YES	
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n	YES		
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES	
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES	
0409U	Oncology (solid tumor), DNA (80 genes) and RNA (36 genes), by next-generation sequencing from plasma, including single nucleotide variants, insertions/deletions, copy number a		YES	
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES	
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected		YES	
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	YES	YES	
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana		YES	
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	YES	YES	
0412U	Beta amyloid, AB42/40 ratio, immunoprecipitation with quantitation by liquid chromatography with tandem mass spectrometry (LC-MS/MS) and qualitative ApoE isoform-specific prot	YES		
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	YES	YES	
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marr		YES	
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, ERBB2, MET, NTRK1-3, RET, ROS1), and KRAS G12C and PD-L1, if		YES	
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 device and select optimal permanent programmed values	YES	YES	
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-encoded mitochondrial gene a		YES	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contr	YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype		YES	
0420U	Oncology (urothelial), mRNA expression profiling by real-time quantitative PCR of MDK, HOXA13, CDC2, IGFBP5, and CXCR2 in combination with droplet digital PCR (ddPCR) analysis		YES	
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatment		YES	
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicity		YES	
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as		YES	
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	
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	YES		
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer		YES	
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes		YES	
0435U	Oncology, chemotherapeutic drug cytotoxicity assay of cancer stem cells (CSCs), from cultured CSCs and primary tumor cells, categorical drug response reported based on cytotox	YES		
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score		YES	
0438U	Drug metabolism (adverse drug reactions and drug response), buccal specimen, gene-drug interactions, variant analysis of 33 genes, including deletion/duplication analysis of C		YES	
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pa	YES		
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	YES		
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implan	YES		
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, w	YES		
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	YES		
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	YES		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	YES		
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	YES		
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation	YES		
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	YES		
0494T	Surgical preparation and cannulation of marginal (extended) cadaver donor lung(s) to ex vivo organ perfusion system, including decannulation, separation from the perfusion sys	YES		
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	YES		
0510T	Removal of sinus tarsi implant	YES	YES	
0511T	Removal and reinsertion of sinus tarsi implant	YES	YES	
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	YES		
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	YES	YES	
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	YES	YES	
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	YES	YES	
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 interrogation and programming; both components (batter	YES	YES	
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	YES	YES	
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimula	YES	YES	
0522T	Programming device evaluation (in person) with iterative adjustment of the implantable device to test the function of the device and select optimal permanent programmed values	YES	YES	
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation	YES		
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	YES	YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	YES	YES	
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	YES	YES	
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	YES	YES	
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 system (electrode and implantable monitor)	YES	YES	
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 monitor only	YES	YES	
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	YES		
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	YES		
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	YES		
0552T	Low-level laser therapy, dynamic photonic and dynamic thermokinetic energies, provided by a physician or other qualified health care professional		YES	
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	YES		
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	YES		
0566T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; injection of cellular implant into knee joint including ultrasound gu	YES		
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 radiological supervision and interpretation, when perf	YES		
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	YES		
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator,	YES		
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator	YES		
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, percutaneous	YES		
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	YES		
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	YES	YES	
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	YES	YES	
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with inte	YES		
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le	YES		
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	YES		
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material		YES	
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)		YES	
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)		YES	
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)		YES	
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)		YES	
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)		YES	
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with pro	YES		
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmissio		YES	
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, includin		YES	
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single		YES	
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of in		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0655T	Transperineal focal laser ablation of malignant prostate tissue, inclu	YES		
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	YES		
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	YES		
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automa	YES		
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conju	YES		
0664T	Donor hysterectomy (including cold preservation); open, from cadaver d	YES		
0665T	Donor hysterectomy (including cold preservation); open, from living do	YES		
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robo	YES		
0667T	Donor hysterectomy (including cold preservation); recipient uterus all	YES		
0668T	Backbench standard preparation of cadaver or living donor uterine allo	YES		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul		YES	
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES	
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES	
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,		YES	
0804T	Programming device evaluation (in person) with iterative adjustment of implantable device to test the function of device and to select optimal permanent programmed values, wit		YES	
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	YES	YES	
0816T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in	YES		
0817T	Open insertion or replacement of integrated neurostimulation system for bladder dysfunction including electrode(s) (eg, array or leadless), and pulse generator or receiver, in	YES		
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcut	YES		
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfas	YES		
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography		YES	
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an		YES	
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria		YES	
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	YES	YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	YES	YES	
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	YES	YES	
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	YES		
A0430	Fixed Wing Air Transport	YES		
A0431	Rotary Wing Air Transport	YES		
A0435	Fixed Wing Air Mileage	YES		
A0436	Rotary Wing Air Mileage	YES		
A0888	Noncovered Ambulance Mileage	YES		
A0999	Unlisted Ambulance Service	YES		
A2001	Innovamatrix ac, per square centimeter/Original description: Miscellaneous with Motor >49.15.,without comorbidities,10/2019 description: Miscellaneous M >=66.50.,without comor	YES		
A2002	Mirrugen advanced wound matrix, per square centimeter/Original description: Miscellaneous with Motor >38.75 & Motor <49.15.,without comorbidities,10/2019 description: Miscella	YES		
A2004	Xcellistem, 1 mg/Original description: Miscellaneous with Motor <27.85, without comorbidities,10/2019 description: 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	YES		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, not otherwise classified	YES		
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	
A9582	Iodine I-123 Iobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries	YES	YES	
A9590	Iodine 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		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, including all necessary components for implantation		YES	
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	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	
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 or less wound surface area	YES		
C5273	Application of low cost 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 b	YES		
C5275	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area up to t	YES		
C5277	Application of low cost skin substitute graft to face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits, total wound surface area grea	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
C7513	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
C7514	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
C7515	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
C7530	Dialysis circuit, introduction of needle(s) and/or catheter(s), with diagnostic angiography of the dialysis circuit, including all direct puncture(s) and catheter placement(s)	YES		
C7538	Insertion of new or replacement of permanent pacemaker with ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for left ventricul		YES	
C7539	Insertion of new or replacement of permanent pacemaker with atrial and ventricular transvenous electrode(s), with insertion of pacing electrode, cardiac venous system, for lef		YES	
C7540	Removal of permanent pacemaker pulse generator with replacement of pacemaker pulse generator, dual lead system, with insertion of pacing electrode, cardiac venous system, for		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
C9173	Injection, filgrastim-txid (nypozi), biosimilar, 1 microgram		YES	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 sq cm	YES		
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 Osteoconductive Scaffold Putty), per 0.5 cc		YES	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 performed; single major coronary artery or branch		YES	
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list		YES	
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch		YES	
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary art		YES	
C9604	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary		YES	
C9605	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of drug-eluting intracoronary		YES	
C9607	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti		YES	
C9608	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of drug-eluti		YES	
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) guidance	YES		
C9751	Bronchoscopy, rigid or flexible, transbronchial ablation of lesion(s) by microwave energy, including fluoroscopic guidance, when performed, with computed tomography acquisitio	YES		
C9762	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with strain imaging	YES		
C9763	Cardiac magnetic resonance imaging for morphology and function, quantification of segmental dysfunction; with stress imaging	YES		
C9764	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, includes angioplasty within the sam		YES	
C9765	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy, and transluminal stent placement(s)		YES	
C9766	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and atherectomy, includes angioplast		YES	
C9767	Revascularization, endovascular, open or percutaneous, lower extremity artery(ies), except tibial/peroneal; with intravascular lithotripsy and transluminal stent placement(s),		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
C9772	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies), with intravascular lithotripsy, includes angioplasty within the same vessel (s), when perfo		YES	
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty		YES	
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel		YES	
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includ		YES	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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		
E0769	Electric wound treatment dev	YES		
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	YES		
E0782	Non-Programable Infusion Pump	YES		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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 system, any type, each	YES		
E1230	Power Operated Vehicle	YES		
E1239	Ped power wheelchair NOS	YES		
E1399	Durable medical equipment, miscellaneous	YES		
E1801	Static progressive stretch/patient actualized serial stretch elbow device, extension and/or flexion, with or without range of motion adjustment, includes all components and ac	YES		
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 of motion adjustment, includes all components and ac	YES		
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and acces	YES		
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, includes all components and accessories	YES		
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	YES		
E2230	Manual wheelchair accessory, manual standing system	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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		
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		
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste		YES	
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	YES		
G0281	Electrical Stimulation, (Unattended), To One Or More Areas, For Chroni		YES	
G0282	Electrical Stimulation, (Unattended), 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
G6004	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 6-10mev		YES	
G6005	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 11-19mev		YES	
G6006	Radiation treatment delivery, single treatment area,single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater		YES	
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev		YES	
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev		YES	
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
G6010	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 20 mev or greater		YES	
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev		YES	
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev		YES	
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev		YES	
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater		YES	
G6015	Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session		YES	
G6016	Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated field		YES	
G6017	Intra-fraction localization and tracking of target or patient motion during delivery of radiation therapy (eg, 3d positional tracking, gating, 3d surface tracking), each fraction		YES	
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		
H0006	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 days/week and is based on an individualized treatment plan)	YES		
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	YES		
H0019	Behavioral health; long-term residential (nonmedical, nonacute care in a residential treatment program where stay is typically longer than 30 days), without room and board, per diem	YES		
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	YES		
H0035	Mental health partial hospitalization, treatment, less than 24 hours	YES		
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	YES		
H2015	Comprehensive community support services, per 15 minutes	YES		
H2019	Therapeutic behavioral services, per 15 minutes	YES		
H2020	Therapeutic behavioral services, per diem	YES		
J0129	Injection, abatacept, 10 mg (code may be used for Medicare when drug administered under the direct supervision of a physician, not for use when drug is self-administered)			YES

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
J0139	Injection, adalimumab, 1 mg			YES
J0172	Injection, aducanumab-awwa, 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, brolocizumab-dbl, 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
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	YES		
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	YES		
J0561	Injection, penicillin g benzathine, 100,000 units	YES		
J0565	Injection, bezlotoxumab, 10 mg		YES	YES

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 (khapsory), 0.5 mg		YES	
J0690	Cefazolin Sodium Injection	YES		
J0696	Ceftriaxone Sodium Injection	YES		
J0698	Cefotaxime Sodium Injection	YES		
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	YES		
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	
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)		YES	YES
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)		YES	YES

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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
J1203	Injection, cipaglucoasidase alfa-atga, 5 mg			YES
J1267	Injection, doripenem, 10 mg	YES		
J1290	Injection, ecallantide, 1 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
J1322	Injection, elosulfase alfa, 1mg			YES
J1323	Injection, elranatamab-bcmm, 1 mg		YES	
J1325	Epoprostenol Injection			YES
J1335	Injection, ertapenem sodium, 500 mg	YES		
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	YES		
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	YES		
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	YES		
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

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
J1440	Fecal microbiota, live - jsln, 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	YES		
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 (cutaquis), 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
J1557	Injection, immune globulin, (Gammagard), 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 immunoglobulin		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



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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
J1745	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
J1815	Injection, Insulin, Per 5 Units	YES		
J1817	Insulin For Administration Through Dme (I.E., Insulin Pump) Per 50 U	YES		
J1823	Injection, inebilizumab-cdon, 1 mg			YES
J1826	Injection, interferon beta-1a, 30 mcg			YES
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	YES		
J1961	Injection, lenacapavir, 1 mg			YES
J2170	INJECTION, MECASERMIN, 1 MG			YES
J2182	Injection, mepolizumab, 1 mg			YES
J2185	Injection, meropenem, 100 mg	YES		
J2267	Injection, mirikizumab-mrkz, 1 mg			YES

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
J2277	Injection, motixafortide, 0.25 mg		YES	
J2278	Injection, ziconotide, 1 mcg			YES
J2280	Injection, moxifloxacin, 100 mg	YES		
J2323	Injection, 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
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
J2510	Penicillin G Procaine Inj	YES		
J2540	Penicillin G Potassium Inj	YES		
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	YES		
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	YES		
J2793	Injection, Rilonacept, 1 Mg			YES
J2802	Injection, romiplostim, 1 microgram		YES	
J2820	Sargramostim Injection		YES	YES

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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, taliglucerase alfa, 10 units			YES
J3111	Injection, romosozumab-aqqg, 1 mg			YES
J3241	Injection, teprotumumab-trbw, 10 mg			YES
J3245	Injection, tiltrakizumab, 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, trestipinil, 1 mg			YES
J3299	Injection, triamcinolone acetonide (xipere), 1 mg			YES
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	YES		
J3394	Injection, lovotibeglogene autotemcel, per treatment	YES		
J3397	Injection, vestronidase alfa-vjbk, 1 mg			YES
J3398	Injection, voretigene neparvovec-rzyl, 1 billion vector genomes	YES		
J3399	Injection, onasemnogene abeparvovec-xioi, per treatment, up to 5x10^15 vector genomes	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10 <sup>9</sup> 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:rc0			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:RC0			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
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

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 (Altuviio), 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
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	YES		
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	
J9026	Injection, tarlatamab-dlle, 1 mg		YES	
J9028	Injection, nogapendekin alfa inbakicept-pmln, for intravesical use, 1 microgram		YES	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	
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	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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	YES		
K0011	Stnd Wt Pwr Whlchr W Control	YES		
K0012	Ltwt Portbl Power Whlchr	YES		
K0013	Custom motorized/power wheelchair base	YES		
K0014	Other Power Whlchr Base	YES		
K0108	W/C Component-Accessory Nos	YES		
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	YES		
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	YES		
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	YES		
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES		
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	YES		
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30	YES		
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	YES		
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES		
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES		
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES		
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	YES		
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	YES		
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES		
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES		
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	YES		
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	YES		
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES		
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES		
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES		
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	YES		
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES		
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES		
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	YES		
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	YES		
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	YES		
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	YES		
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	YES		
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	YES		
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	YES		
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	YES		
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	YES		
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	YES		
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	YES		
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	YES		
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	YES		
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	YES		
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	YES		
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	YES		
K0900	Customized durable medical equipment, other than wheelchair	YES		
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	YES		
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	YES		
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	YES	YES	
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	YES		
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material	YES		
L1499	Spinal Orthosis Nos	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
L2999	Lower Extremity Orthosis Nos	YES		
L3999	Upper Limb Orthosis Nos	YES		
L5991	Addition to lower extremity prostheses, osseointegrated external prosthetic connector	YES		
L6026	Transcarpal/metacarpal or partial hand disarticulation prosthesis, external power, self-suspended, inner socket with removable forearm section, electrodes and cables, two batt	YES		
L6611	ADDITION TO UPPER EXTREMITY PROSTHESIS, EXTERNAL POWERED, ADDITIONAL SWITCH,	YES		
L6677	Upper extremity addition, harness, triple control, simultaneous operation of terminal device and elbow	YES		
L6715	Terminal device, multiple articulating digit, includes motor(s), initial issue or replacement	YES		
L6880	Electric hand, switch or myoelectric controlled, independently articulating digits, any grasp pattern or combination of grasp patterns, includes motor(s)	YES		
L6881	AUTOMATIC GRASP FEATURE, ADDITION TO UPPER LIMB ELECTRIC PROSTHETIC TERMINAL	YES		
L6882	Microprocessor control feature, addition to upper limb prosthesis terminal device	YES		
L6925	Wrist Disart Myoelectronic C	YES		
L6935	Below Elbow Myoelectronic Ct	YES		
L6945	Elbow Disart Myoelectronic C	YES		
L6955	Above Elbow Myoelectronic Ct	YES		
L6965	Shldr Disartic Myoelectronic	YES		
L6975	Interscap-Thor Myoelectronic	YES		
L7007	ELECTRIC HAND, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES		
L7008	ELECTRIC HAND, SWITCH OR MYOELECTRIC, CONTROLLED, PEDIATRIC	YES		
L7009	ELECTRIC HOOK, SWITCH OR MYOELECTRIC CONTROLLED, ADULT	YES		
L7045	ELECTRIC HOOK, SWITCH OR MYOELECTRIC ONTROLLED, PEDIATRIC	YES		
L7180	Electronic Elbow Utah Myoele	YES		
L7181	Electronic elbow simultaneous	YES		
L7190	Elbow Adolescent Myoelectron	YES		
L7191	Elbow Child Myoelectronic Ct	YES		
L7499	Upper Extremity Prosthes Nos	YES		
L7510	Prosthetic Device Repair Rep	YES		
L7520	Repair Prosthesis Per 15 Min	YES		
L8045	Auricular Prosthesis	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
L8600	Implant Breast Silicone/Eq	YES		
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	YES		
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	YES		
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	YES		
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	YES		
L8627	Cochlear Implant, External Speech Processor, Component, Replacement	YES		
L8628	Cochlear Implant, External Controller Component, Replacement	YES		
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	YES	YES	
L8679	Implantable neurostimulator, pulse generator, any type	YES	YES	
L8680	Implantable neurostimulator electrode, each	YES	YES	
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	YES	YES	
L8682	Implantable neurostimulator radiofrequency receiver	YES		
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	YES	YES	
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder	YES	YES	
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	YES	YES	
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	YES	YES	
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	YES		
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	YES		
L8690	AUDITORY OSSEOINTEGRATED DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	YES		
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	YES		
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	YES		
L8693	Auditory osseointegrated device abutment, any length, replacement only	YES		
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	YES		
L8699	Prosthetic Implant Nos	YES		
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	YES		
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessories	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esrd Use)			YES
Q2026	Injection, Radiesse, 0.1ml	YES		
Q2028	Injection, sculptra, 0.5 mg	YES		
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES		
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES		
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	
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES		
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	YES		
Q2055	Idecabtagene vicleucel, up to 510 million autologous B-cell maturation antigen (BCMA) directed CAR-positive T cells, including leukapheresis and dose preparation procedures, p	YES		
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures	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 Form, Up			YES
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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		



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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 clariflo, 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
Q4173	Palingen or palingen xplus, per square centimeter	YES		
Q4174	Palingen or promatrix, 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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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 centimeter	YES		
Q4209	Surgraft, per square centimeter	YES		
Q4211	Amnion bio or Axobiomembrane, per square centimeter	YES		
Q4212	Allogen, per cc	YES		
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	AmnioCore™, 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
Q4247	Amniotext patch, per sq cm	YES		
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	YES		
Q4249	Amniplay, 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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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		
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, (nivistym), 1 microgram		YES	YES
Q5111	Injection, pegfilgrastim-cbqv (udenyc), 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

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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-arrr, 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
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 (vegzalma), biosimilar, 10 mg		YES	YES
Q5130	Injection, pegfilgrastim-pbbk (fynetra), 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	
S0013	Esketamine, nasal spray, 1 mg			YES
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

<b>CODE</b>	<b>Code Description</b>	<b>Responsible Party Wellpoint</b>	<b>Responsible Party Carelon</b>	<b>Responsible Party CarelonRX</b>
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	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	YES	
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(	YES		
S2348	Decompress disc RF lumbar	YES	YES	
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)		YES	



Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 epsilon 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		
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		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
S9056	Coma Stimulation Per Diem	YES		
S9090	Vertebral Axial Decompressio	YES	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		
T2037	Therapeutic camping, day, waiver; each session	YES		
V2787	Astigmatism correcting function of intraocular lens	YES		
V2788	Presbyopia correcting function of intraocular lens	YES		
V2790	Amniotic Membrane	YES		
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	YES		
V5298	Hearing Aid, Not Otherwise Classified	YES		

Prior Authorization List

Updated: 4/17/2025

**Prior Authorization Procedure Code Listing for Texas Individual Commercial Business**

CODE	Code Description	Responsible Party Wellpoint	Responsible Party Carelon	Responsible Party CarelonRX
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 Wellpoint Insurance Company.

TXWP-CM-082752-25 April 2025