



## Prior Authorization List updated January 1, 2026

### Washington | Commercial

**Note:** This list applies to Washington individual local members.

Provider precertification number: **833-421-4609**

**Verify benefits and eligibility with Customer Service for all services.** There may be differences in coverage at the member or group level. Services listed in this guide may be governed by Medical Policies or Clinical Guidelines and may impact coverage decisions even when they do not require precertification. To review Medical Policies and Clinical Guidelines, refer to the Provider Manual at <https://www.wellpoint.com/provider>.

**Note:** NOC and unlisted codes may not reflect that 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 WA for certain health plan members. Determine if preapproval is needed for a WA member by selecting 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, visit the Carelon Medical Benefits Management Provider Portal at [www.providerportal.com](http://www.providerportal.com). You may also call Carelon Medical Benefits Management toll-free at 833-421-9686, Monday to Friday, 8 a.m. to 6 p.m.

**PST. 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, 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 Washington, Inc.

Wellpoint Washington, Inc. profoundly acknowledges and respects the inherent sovereignty of the federally recognized Tribes in Washington state. In our efforts to promote high-quality healthcare, we honor the Tribal right of self-governance, holding in deep esteem the government-to-government relationship existing between the state and the Tribes, a bond reiterated by the Centennial Accord and established by RCW 43.376. We heartily commit to enhancing our coordination, collaboration, and recognition of the deeply rooted traditions and values of the Tribal communities.

WA-WP-CM-000072-25-S156 | December 2025

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 **833-421-9686**.

CarelonRx Pharmacy: **833-293-0660**

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Various	Admissions- direct admit, elective, scheduled. requires prior authorization ALL medical & surgical inpatient admissions - except Hospice require authorization	Wellpoint
Various	Transplant Services- Contact Transplant Unit 888-574-7215	Wellpoint
Various	Maternity Admissions- Vaginal and Cesarean deliveries if more than 2 days or 4 days respectively	Wellpoint
Various	Behavioral Health Services- Inpatient and Outpatient- Contact Behavioral Health at the number on the member's ID Card	Wellpoint
00170	Anesthesia, Intraoral Proc, W/Bx; Nos	Carelon MBM or Wellpoint
00530	Anesthesia, Permanent Transvenous Pacemaker Insertion	Carelon MBM
00534	Anesthesia, Transvenous Insertion/Replacement, Pacing Cardioverter/Defibrillator	Carelon MBM
00580	Anesthesia, Heart Transplant/Heart & Lung Transplant	Wellpoint
00796	Anesthesia, Intraperitoneal Proc, Upper Abdomen, W/Laparoscopy; Liver Transplant, Recipient	Wellpoint
00868	Anesthesia, Extraperitoneal Proc, Lower Abdomen, W/Urinary Tract; Renal Transplant, Recipient	Wellpoint
01937	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; cervical or thoracic	Carelon MBM
01938	Anesthesia for percutaneous image-guided injection, drainage or aspiration procedures on the spine or spinal cord; lumbar or sacral	Carelon MBM
01939	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; cervical or thoracic	Carelon MBM
01940	Anesthesia for percutaneous image-guided destruction procedures by neurolytic agent on the spine or spinal cord; lumbar or sacral	Carelon MBM
01941	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; cervical or thoracic	Carelon MBM
01942	Anesthesia for percutaneous image-guided neuromodulation or intravertebral procedures (eg, kyphoplasty, vertebroplasty) on the spine or spinal cord; lumbar or sacral	Carelon MBM
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	Carelon MBM
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	Carelon MBM
11920	Tattooing To Correct Color Defects; 6.0 Sq Cm/	Carelon MBM or Wellpoint
11921	Tattooing To Correct Color Defects; 6.1-20.0 Sq Cm	Carelon MBM or Wellpoint
11922	Tattooing, intradermal introduction of insoluble opaque pigments to correct color defects of skin,	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	including micropigmen	
11950	Subq Injection, Filling Matl; 1 Cc/<	Carelon MBM or Wellpoint
11951	Subq Injection, Filling Matl; 1.1 To 5.0 Cc	Carelon MBM or Wellpoint
11952	Subq Injection, Filling Matl; 5.1 To 10.0 Cc	Carelon MBM or Wellpoint
11954	Subq Injection, Filling Matl; > 10.0 Cc	Carelon MBM or Wellpoint
14040	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet; 10 Sq Cm/<	Carelon MBM or Wellpoint
14041	Adjacent Tissue Transfer, Forehead/Cheeks/Chin/Mouth/Neck/Axillae/Genitalia/Hands/Feet;10.1-30.0sqcm	Carelon MBM or Wellpoint
14060	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10 Sq Cm/<	Carelon MBM or Wellpoint
14061	Adjacent Tissue Transfer/Rearrangement, Eyelids/Nose/Ears/Lips; Defect 10.1-30.0 Sq Cm	Carelon MBM or Wellpoint
15011	Harvest of skin for autograft; first	Carelon MBM or Wellpoint
15013	Preparation of skin autograft, requiring enzymatic processing;; first 25 sq cm or less	Carelon MBM or Wellpoint
15015	Application of skin autograft; first 480 sq cm or less	Carelon MBM or Wellpoint
15017	Application of skin autograft; first 480 sq cm or less	Carelon MBM or Wellpoint
15150	Tissue cultured skin autograft, trunk, arms, legs; first 25 sq cm or less	Carelon MBM or Wellpoint
15151	Tissue cultured skin autograft, trunk, arms, legs; additional 1 sq cm to 75 sq cm (List separately in addition to code for primary procedure)	Carelon MBM
15152	Tissue cultured skin autograft, trunk, arms, legs; each additional 100 sq cm, or each additional 1% of body area of infants and children, or part thereof (List separately in a	Carelon MBM
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	Carelon MBM or Wellpoint
15156	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; additional 1 sq cm to 75 sq cm (List separate	Carelon MBM
15157	Tissue cultured skin autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet, and/or multiple digits; each additional 100 sq cm, or each additional	Carelon MBM
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	Carelon MBM or Wellpoint
15272	Application of skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (List separate	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM or Wellpoint
15274	Application of skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area, or part t	Carelon MBM
15275	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbita, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq	Carelon MBM or Wellpoint
15276	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbita, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Up To 100 Sq	Carelon MBM
15277	Application Of Skin Substitute Graft To Face, Scalp, Eyelids, Mouth, Neck, Ears, Orbita, Genitalia, Hands, Feet, And/Or Multiple Digits, Total Wound Surface Area Greater Than	Carelon MBM or Wellpoint
15278	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	Carelon MBM
15756	Free Muscle/Myocutaneous Flap W/Microvascular Anastomosis	Wellpoint
15771	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; 50 cc or less injectate	Carelon MBM or Wellpoint
15772	Grafting of autologous fat harvested by liposuction technique to trunk, breasts, scalp, arms, and/or legs; each additional 50 cc injectate, or part thereof (List separately in	Carelon MBM
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	Carelon MBM or Wellpoint
15774	Grafting of autologous fat harvested by liposuction technique to face, eyelids, mouth, neck, ears, orbits, genitalia, hands, and/or feet; each additional 25 cc injectate, or p	Carelon MBM
15775	Punch Graft, Hair Transplant; 1-15 Punch Grafts	Carelon MBM or Wellpoint
15776	Punch Graft, Hair Transplant; > 15 Punch Grafts	Carelon MBM or Wellpoint
15777	Implantation of biologic implant (eg, acellular dermal matrix) for soft tissue reinforcement (ie, breast, trunk) (List separately in addition to code for primary procedure)	Carelon MBM
15780	Dermabrasion; Total Face	Carelon MBM or Wellpoint
15781	Dermabrasion; Segmental, Face	Carelon MBM or Wellpoint
15782	Dermabrasion; Regional, Other Than Face	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
15783	Dermabrasion; Superficial, Any Site	Carelon MBM or Wellpoint
15786	Abrasion; Single Lesion	Carelon MBM or Wellpoint
15787	Abrasion; Add'l 4 Lesions/<	Carelon MBM
15788	Chemical Peel, Facial; Epidermal	Carelon MBM or Wellpoint
15789	Chemical Peel, Facial; Dermal	Carelon MBM or Wellpoint
15792	Chemical Peel, Nonfacial; Epidermal	Carelon MBM or Wellpoint
15793	Chemical Peel, Nonfacial; Dermal	Carelon MBM or Wellpoint
15820	Blepharoplasty, Lower Eyelid	Carelon MBM
15821	Blepharoplasty, Lower Eyelid; W/Extensive Herniated Fat Pad	Carelon MBM
15822	Blepharoplasty, Upper Eyelid	Carelon MBM
15823	Blepharoplasty, Upper Eyelid; W/Excessive Skin Weighting Down Lid	Carelon MBM
15824	Rhytidectomy; Forehead	Carelon MBM or Wellpoint
15825	Rhytidectomy; Neck W/Platysmal Tightening (Platysmal Flap, P-Flap)	Wellpoint
15826	Rhytidectomy; Glabellar Frown Lines	Carelon MBM or Wellpoint
15828	Rhytidectomy; Cheek, Chin, & Neck	Wellpoint
15829	Rhytidectomy; Superficial Musculoaponeurotic System (Smas) Flap	Wellpoint
15830	Excision, excessive skin and subcutaneous tissue (includes lipectomy, abdomen, infraumbilical panniculectomy)	Carelon MBM or Wellpoint
15832	Excision, excessive skin and subcutaneous tissue (includes lipectomy); thigh	Wellpoint
15833	Excision, excessive skin and subcutaneous tissue (includes lipectomy); leg	Wellpoint
15834	Excision, excessive skin and subcutaneous tissue (includes lipectomy); hip	Wellpoint
15835	Excision, excessive skin and subcutaneous tissue (includes lipectomy); buttock	Wellpoint
15836	Excision, excessive skin and subcutaneous tissue (includes lipectomy); arm	Wellpoint
15837	Excision, excessive skin and subcutaneous tissue (includes lipectomy); forearm or hand	Wellpoint
15838	Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad	Wellpoint
15839	Excision, excessive skin and subcutaneous tissue (includes lipectomy); other area	Wellpoint
15840	Graft, Facial Nerve Paralysis; Free Fascia Graft (W/Obtaining Fascia)	Wellpoint
15841	Graft, Facial Nerve Paralysis; Free Muscle Graft (W/Obtaining Graft)	Wellpoint
15842	Graft, Facial Nerve Paralysis; Free Muscle Flap, Microsurgical Technique	Wellpoint
15845	Graft, Facial Nerve Paralysis; Regional Muscle Transfer	Wellpoint
15847	Excision, excessive skin and subcutaneous tissue (including lipectomy), abdomen (eg, abdominoplasty) (includes umbilical	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
15876	Suction Assisted Lipectomy; Head & Neck	Wellpoint
15877	Suction Assisted Lipectomy; Trunk	Carelon MBM or Wellpoint
15878	Suction Assisted Lipectomy; Upper Extremity	Wellpoint
15879	Suction Assisted Lipectomy; Lower Extremity	Wellpoint
17106	Destruction, Cutaneous Vascular Proliferative Lesions; < 10 Sq Cm	Carelon MBM or Wellpoint
17107	Destruction, Cutaneous Vascular Proliferative Lesions; 10.0-50.0 Sq Cm	Carelon MBM or Wellpoint
17108	Destruction, Cutaneous Vascular Proliferative Lesions; > 50.0 Sq Cm	Carelon MBM or Wellpoint
17380	Electrolysis epilation, each 30 minutes	Carelon MBM or Wellpoint
17999	Unlisted Proc, Skin, Mucous Membrane & Subq Tissue	Wellpoint
19105	Ablation, cryosurgical, of fibroadenoma, including ultrasound guidance, each fibroadenoma	Carelon MBM or Wellpoint
19296	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad	Carelon MBM
19297	Placement of radiotherapy afterloading expandable catheter (single or multichannel) into the breast for interstitial rad	Carelon MBM
19298	Placement of radiotherapy after loading brachytherapy catheters (multiple tube and button type) into the breast for interstitial radioelement application following (at the tim	Carelon MBM
19300	Mastectomy for gynecomastia	Carelon MBM
19316	Mastopexy	Wellpoint
19318	Breast reduction	Carelon MBM or Wellpoint
19325	Breast augmentation with implant	Wellpoint
19328	Removal of intact breast implant	Wellpoint
19330	Removal of ruptured breast implant, including implant contents (eg, saline, silicone gel)	Wellpoint
19340	Insertion of breast implant on same day of mastectomy (ie, immediate)	Wellpoint
19342	Insertion or replacement of breast implant on separate day from mastectomy	Wellpoint
19350	Nipple/Areola Reconstruction	Wellpoint
19355	Correction, Inverted Nipples	Wellpoint
19357	Tissue expander placement in breast reconstruction, including subsequent expansion(s)	Wellpoint
19361	Breast reconstruction; with latissimus dorsi flap	Wellpoint
19364	Breast reconstruction; with free flap (eg, fTRAM, DIEP, SIEA, GAP flap)	Wellpoint
19367	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap	Wellpoint
19368	Breast reconstruction; with single-pediced transverse rectus abdominis myocutaneous (TRAM) flap, requiring separate microvascular anastomosis	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	(supercharging)	
19369	Breast reconstruction; with bipedicled transverse rectus abdominis myocutaneous (TRAM) flap	Wellpoint
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	Wellpoint
19396	Preparation, Moulage, Custom Breast Implant	Wellpoint
19499	Unlisted Proc, Breast	Wellpoint
20555	Placement of needles or catheters into muscle and/or soft tissue for subsequent interstitial radioelement application (a	Carelon MBM
20605	Arthrocentesis, Aspiration &/Or Injection; Intermediate Joint/Bursa	Carelon MBM or Wellpoint
20606	Arthrocentesis, aspiration and/or injection, intermediate joint or bursa (eg, temporomandibular, acromioclavicular, wrist, elbow or ankle, olecranon bursa); with ultrasound gu	Carelon MBM or Wellpoint
20930	Allograft, morselized, or placement of osteopromotive material, for spine surgery only (List separately in addition to code for primary procedure)	Carelon MBM
20931	Allograft, structural, for spine surgery only (List separately in addition to code for primary procedure)	Carelon MBM
20932	Allograft, includes templating, cutting, placement and internal fixation, when performed; osteoarticular, including articular surface and contiguous bone (List separately in a	Carelon MBM
20933	Allograft, includes templating, cutting, placement and internal fixation, when performed; hemicortical intercalary, partial (ie, hemicylindrical) (List separately in addition	Carelon MBM
20934	Allograft, includes templating, cutting, placement and internal fixation, when performed; intercalary, complete (ie, cylindrical) (List separately in addition to code for prim	Carelon MBM
20936	Autograft for spine surgery only (includes harvesting the graft); local (eg, ribs, spinous process, or laminar fragments	Carelon MBM
20937	Autograft for spine surgery only (includes harvesting the graft); morselized (through separate skin or fascial incision)	Carelon MBM
20938	Autograft for spine surgery only (includes harvesting the graft); structural, bicortical or tricortical (through separat	Carelon MBM
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)	Carelon MBM
20974	Electrical Stimulation To Aid Bone Healing; Noninvasive (Nonoperative)	Carelon MBM
20979	Low Intensity Ultrasound Stimulation To Aid Bone Healing; Noninvasive	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
20982	Ablation, Bone Tumor(s) Radiofrequency, Percutaneous, Including Computed Tomographic Guidance	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
20999	Unlisted Proc, Musculoskeletal System, General	Wellpoint
21010	Arthrotomy, Temporomandibular Joint	Carelon MBM or Wellpoint
21050	Condylectomy, Temporomandibular Joint (Sep Proc)	Carelon MBM or Wellpoint
21060	Meniscectomy, Partial/Complete, Temporomandibular Joint (Sep Proc)	Carelon MBM or Wellpoint
21073	Manipulation of temporomandibular joint(s) (TMJ), therapeutic, requiring an anesthesia service (i.e., general or monitor	Carelon MBM or Wellpoint
21083	Impression & Custom Preparation; Palatal Lift Prosthesis	Wellpoint
21086	Impression & Custom Preparation; Auricular Prosthesis	Wellpoint
21087	Impression & Custom Preparation; Nasal Prosthesis	Wellpoint
21110	Application, Interdental Fixation Device, Non-Fx/Dislocation, W/Removal	Carelon MBM or Wellpoint
21116	Injection Proc, Temporomandibular Joint Arthrography	Carelon MBM or Wellpoint
21120	Genioplasty; Augmentation (Autograft, Allograft, Prosthetic Matl)	Carelon MBM or Wellpoint
21121	Genioplasty; Sliding Osteotomy, Single Piece	Carelon MBM or Wellpoint
21122	Genioplasty; sliding osteotomies, 2 or more osteotomies (eg, wedge excision or bone wedge reversal for asymmetrical chin	Carelon MBM or Wellpoint
21123	Genioplasty; Sliding, Augmentation W/Interpositional Bone Grafts W/Obtaining Autograft	Carelon MBM or Wellpoint
21125	Augmentation, Mandibular Body/Angle; Prosthetic Matl	Carelon MBM or Wellpoint
21127	Augmentation, Mandibular Body/Angle; W/Bone Graft/Onlay/Interpositional W/Obtaining Autograft	Carelon MBM or Wellpoint
21137	Reduction Forehead; Contouring Only	Wellpoint
21138	Reduction Forehead; Contouring/Prosthesis/Bone Graft W/Obtaining Autograft	Wellpoint
21139	Reduction Forehead; Contouring & Setback, Anterior Frontal Sinus Wall	Wellpoint
21141	Reconstruction Midface, LeFort I; 1 Piece, W/O Bone Graft	Carelon MBM or Wellpoint
21142	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, without bone graft	Carelon MBM or Wellpoint
21143	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, without bone graft	Carelon MBM or Wellpoint
21145	Reconstruction Midface, LeFort I; 1 Piece, W/Bone Grafts	Wellpoint
21146	Reconstruction midface, LeFort I; 2 pieces, segment movement in any direction, requiring bone grafts (includes obtaining	Wellpoint
21147	Reconstruction midface, LeFort I; 3 or more pieces, segment movement in any direction, requiring bone grafts (includes o	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
21150	Reconstruction Midface, Lefort II; Anterior Intrusion	Carelon MBM or Wellpoint
21151	Reconstruction Midface, Lefort II; W/Bone Grafts	Wellpoint
21154	Reconstruction Midface, Lefort III, W/Bone Grafts; W/O Lefort I	Wellpoint
21155	Reconstruction Midface, Lefort III, W/Bone Grafts; W/Lefort I	Wellpoint
21159	Reconstruction Midface, Lefort III, (Extra/Intracranial), W/Bone Grafts, W/O Lefort I	Wellpoint
21160	Reconstruction Midface, Lefort III, (Extra/Intracranial), W/Bone Grafts, W/Lefort I	Wellpoint
21172	Reconstruction Superior-Lateral Orbital Rim & Lower Forehead	Wellpoint
21175	Reconstruction, Bifrontal, Superior-Lateral Orbital Rims & Lower Forehead	Wellpoint
21179	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Grafts (Allograft/Prosthetic)	Wellpoint
21180	Reconstruction, Majority, Forehead & Supraorbital Rims; W/Autograft	Wellpoint
21182	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft < 40 Sq Cm	Wellpoint
21183	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft 40-80 Sq Cm	Wellpoint
21184	Reconstruction, Orbit/Forehead/Nasoethmoid, Following Excision, Benign Tumor, Graft > 80 Sq Cm	Wellpoint
21188	Reconstruction, Midface, Osteotomies (Non-Lefort Type), W/Grafts, W/Obtaining Autografts	Wellpoint
21193	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/O Bone Graft	Carelon MBM or Wellpoint
21194	Reconstruction, Mandibular Rami, Horizontal, Vertical, "C"/"L" Osteotomy; W/Bone Graft	Carelon MBM or Wellpoint
21195	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/O Int Rigid Fixation	Carelon MBM or Wellpoint
21196	Reconstruction, Mandibular Rami &/Or Body, Sagittal Split; W/Int Rigid Fixation	Carelon MBM or Wellpoint
21198	Osteotomy, Mandible, Segmental	Carelon MBM or Wellpoint
21199	Osteotomy, Mandible, Segmental; W/Genioglossus Advancement	Carelon MBM or Wellpoint
21206	Osteotomy, Maxilla, Segmental	Carelon MBM or Wellpoint
21208	Osteoplasty, Facial Bones; Augmentation (Autograft, Allograft/Prosthetic Implant)	Carelon MBM or Wellpoint
21209	Osteoplasty, Facial Bones; Reduction	Carelon MBM or Wellpoint
21210	Graft, Bone; Nasal, Maxillary/Malar Areas (Includes Obtaining Graft)	Carelon MBM or Wellpoint
21215	Graft, Bone; Mandible (Includes Obtaining Graft)	Carelon MBM or Wellpoint
21230	Graft; Rib Cartilage, Autogenous, Face/Chin/Nose/Ear (Includes Obtaining Graft)	Wellpoint
21235	Graft; Ear Cartilage, Autogenous, Nose/Ear (Includes Obtaining Graft)	Wellpoint
21240	Arthroplasty, Temporomandibular Joint, W/Wo Autograft (Includes Obtaining Graft)	Carelon MBM or Wellpoint
21242	Arthroplasty, Temporomandibular Joint, W/Allograft	Carelon MBM or Wellpoint
21243	Arthroplasty, Temporomandibular Joint, W/Prosthetic Joint Replacement	Carelon MBM or Wellpoint
21244	Reconstruction, Mandible, Extraoral, W/Transosteal Bone Plate	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
21245	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Partial	Carelon MBM or Wellpoint
21246	Reconstruction, Mandible/Maxilla, Subperiosteal Implant; Complete	Carelon MBM or Wellpoint
21247	Reconstruction, Mandibular Condyle W/Bone & Cartilage Autografts	Wellpoint
21255	Reconstruction, Zygomatic Arch/Glenoid Fossa W/Bone & Cartilage (Includes Obtaining Autografts)	Wellpoint
21256	Reconstruction, Orbit W/Osteotomies & Bone Grafts (Includes Obtaining Autografts)	Wellpoint
21270	Malar Augmentation, Prosthetic Matl	Wellpoint
21275	Secondary Revision, Orbitocraniofacial Reconstruction	Wellpoint
21685	Hyoid Myotomy and Suspension	Carelon MBM or Wellpoint
21740	Reconstructive Repair, Pectus Excavatum/Carinatum; Open	Wellpoint
21742	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/O Thoracoscopy	Wellpoint
21743	Reconstructive Repair, Pectus Excavatum/Carinatum; Minimal Invasive Approach, W/Thoracoscopy	Wellpoint
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs	Carelon MBM or Wellpoint
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs	Carelon MBM or Wellpoint
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs	Carelon MBM or Wellpoint
22206	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo	Carelon MBM
22207	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo	Carelon MBM
22208	Osteotomy of spine, posterior or posterolateral approach, three columns, one vertebral segment (eg, pedicle/vertebral bo	Carelon MBM
22210	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; cervical	Carelon MBM
22212	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; thoracic	Carelon MBM
22214	Osteotomy of spine, posterior or posterolateral approach, 1 vertebral segment; lumbar	Carelon MBM
22216	Osteotomy, Spine, Posterior/Posterolateral Approach, 1 Vertebral Segment; Add'l Segment	Carelon MBM
22220	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; cervical	Carelon MBM
22222	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; thoracic	Carelon MBM
22224	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; lumbar	Carelon MBM
22226	Osteotomy of spine, including discectomy, anterior approach, single vertebral segment; each additional vertebral segment (List separately in addition to code for primary proce	Carelon MBM
22505	Manipulation, Spine, Requiring Anesthesia, Any Region	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
22510	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; cervicothoracic	Carelon MBM
22511	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; lumbosacral	Carelon MBM
22512	Percutaneous vertebroplasty (bone biopsy included when performed), 1 vertebral body, unilateral or bilateral injection, inclusive of all imaging guidance; each additional cerv	Carelon MBM
22513	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	Carelon MBM
22514	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	Carelon MBM
22515	Percutaneous vertebral augmentation, including cavity creation (fracture reduction and bone biopsy included when performed) using mechanical device (eg, kyphoplasty), 1 verteb	Carelon MBM
22526	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral including fluoroscopic guidance; single le	Carelon MBM or Wellpoint
22527	Percutaneous intradiscal electrothermal annuloplasty, unilateral or bilateral, including fluoroscopic guidance; 1 or mor	Carelon MBM
22532	Arthrodesis, lateral extracavitory technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon MBM
22533	Arthrodesis, lateral extracavitory technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon MBM
22534	Arthrodesis, lateral extracavitory technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic or lumbar, each additional vertebral	Carelon MBM
22548	Arthrodesis, anterior transoral or extraoral technique, clivus-C1-C2 (atlas-axis), with or without excision of odontoid process	Carelon MBM
22551	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2	Carelon MBM
22552	Arthrodesis, anterior interbody, including disc space preparation, discectomy, osteophytectomy and decompression of spinal cord and/or nerve roots; cervical below C2, each add	Carelon MBM
22554	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); cervical below C2	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
22556	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); thoracic	Carelon MBM
22558	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar	Carelon MBM
22585	Arthrodesis, anterior interbody technique, including minimal discectomy to prepare interspace (other than for decompression); each additional interspace (List separately in ad)	Carelon MBM
22586	Arthrodesis, pre-sacral interbody technique, including disc space preparation, discectomy, with posterior instrumentation, with image guidance, includes bone graft when perfor	Carelon MBM or Wellpoint
22590	Arthrodesis, posterior technique, craniocervical (occiput-C2)	Carelon MBM
22595	Arthrodesis, posterior technique, atlas-axis (C1-C2)	Carelon MBM
22600	Arthrodesis, posterior or posterolateral technique, single interspace; cervical below C2 segment	Carelon MBM
22610	Arthrodesis, posterior or posterolateral technique, single interspace; thoracic (with lateral transverse technique, when performed)	Carelon MBM
22612	Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed)	Carelon MBM
22614	Arthrodesis, posterior or posterolateral technique, single interspace; each additional interspace (List separately in addition to code for primary procedure)	Carelon MBM
22630	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; lumbar	Carelon MBM
22632	Arthrodesis, posterior interbody technique, including laminectomy and/or discectomy to prepare interspace (other than for decompression), single interspace; each additional in	Carelon MBM
22633	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other	Carelon MBM
22634	Arthrodesis, combined posterior or posterolateral technique with posterior interbody technique including laminectomy and/or discectomy sufficient to prepare interspace (other	Carelon MBM
22800	Arthrodesis, posterior, for spinal deformity, with or without cast; up to 6 vertebral segments	Carelon MBM
22802	Arthrodesis, posterior, for spinal deformity, with or without cast; 7 to 12 vertebral segments	Carelon MBM
22804	Arthrodesis, posterior, for spinal deformity, with or without cast; 13 or more vertebral segments	Carelon MBM
22808	Arthrodesis, anterior, for spinal deformity, with or without cast; 2 to 3 vertebral segments	Carelon MBM
22810	Arthrodesis, anterior, for spinal deformity, with or without cast; 4 to 7 vertebral segments	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
22812	Arthrodesis, anterior, for spinal deformity, with or without cast; 8 or more vertebral segments	Carelon MBM
22818	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 1-2 Segs	Carelon MBM
22819	Kyphectomy, Exposure Of Spine & Resection Vertebral Segments; 3 / More	Carelon MBM
22830	Exploration of Spinal Fusion	Carelon MBM
22836	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; up to 7 vertebral segments	Wellpoint
22837	Anterior thoracic vertebral body tethering, including thoracoscopy, when performed; 8 or more vertebral segments	Wellpoint
22838	Revision (eg, augmentation, division of tether), replacement, or removal of thoracic vertebral body tethering, including thoracoscopy, when performed	Wellpoint
22840	Posterior non-segmental instrumentation (eg, Harrington rod technique, pedicle fixation across one interspace, atlantoax	Carelon MBM
22841	Internal spinal fixation by wiring of spinous processes (List separately in addition to code for primary procedure)	Carelon MBM
22842	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 3 to 6 v	Carelon MBM
22843	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 7 to 12	Carelon MBM
22844	Posterior segmental instrumentation (eg, pedicle fixation, dual rods with multiple hooks and sublaminar wires); 13 or mo	Carelon MBM
22845	Anterior instrumentation; 2 to 3 vertebral segments (List separately in addition to code for primary procedure)	Carelon MBM
22846	Anterior instrumentation; 4 to 7 vertebral segments (List separately in addition to code for primary procedure)	Carelon MBM
22847	Anterior instrumentation; 8 or more vertebral segments (List separately in addition to code for primary procedure)	Carelon MBM
22848	Pelvic fixation (attachment of caudal end of instrumentation to pelvic bony structures) other than sacrum (List separate	Carelon MBM
22849	Reinsertion, Spinal Fixation Device	Carelon MBM
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	Carelon MBM
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	Carelon MBM
22856	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompre	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
22857	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); single interspace, lumbar	Carelon MBM
22858	Total disc arthroplasty (artificial disc), anterior approach, including discectomy with end plate preparation (includes osteophytectomy for nerve root or spinal cord decompre	Carelon MBM
22859	Insertion of intervertebral biomechanical device(s) (eg, synthetic cage, mesh, methlmethacrylate) to intervertebral disc space or verebral body defect without interbody arthro	Carelon MBM
22860	Total disc arthroplasty (artificial disc), anterior approach, including discectomy to prepare interspace (other than for decompression); second interspace, lumbar (List separa	Carelon MBM
22861	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervi	Carelon MBM
22862	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumba	Carelon MBM
22864	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; cervical	Carelon MBM
22865	Removal of total disc arthroplasty (artificial disc), anterior approach, single interspace; lumbar	Carelon MBM
22867	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sin	Carelon MBM or Wellpoint
22868	Insertion of interlaminar/interspinous process stabilization/ distraction device, without fusion, including image guidance when performed, with open decompression, lumbar; sec	Carelon MBM
22869	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; single	Carelon MBM or Wellpoint
22870	Insertion of interlaminar/interspinous process stabilization/ distraction device, without open decompression or fusion, including image guidance when performed, lumbar; second	Carelon MBM
22899	Unlisted Proc, Spine	Wellpoint
22999	Unlisted Proc, Abdomen, Musculoskeletal System	Wellpoint
23105	Arthrotomy; Glenohumeral Joint, W/Synovectomy, W/Wo Bx	Carelon MBM
23107	Arthrotomy, Glenohumeral Joint, W/Exploration, W/Wo Loose/Fb Removal	Carelon MBM
23120	Claviculectomy; Partial	Carelon MBM
23130	Acromioplasty/Acromionectomy, Partial, W/Wo Coracoacromial Ligament Release	Carelon MBM
23410	Repair, Ruptured Musculotendinous Cuff, Open; Acute	Carelon MBM
23412	Repair, Ruptured Musculotendinous Cuff; Chronic	Carelon MBM
23415	Coracoacromial Ligament Release, W/Wo Acromioplasty	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
23420	Reconstruction, Complete Shoulder (Rotator) Cuff Avulsion, Chronic (Includes Acromioplasty)	Carelon MBM
23430	Tenodesis, Long Tendon, Biceps	Carelon MBM
23440	Resection/Transplantation, Long Tendon, Biceps	Carelon MBM
23450	Capsulorrhaphy, Anterior; Putti-Platt Proc/Magnuson Type Operation	Carelon MBM
23455	Capsulorrhaphy, Anterior; W/Labral Repair	Carelon MBM
23460	Capsulorrhaphy, Anterior, Any Type; W/Bone Block	Carelon MBM
23462	Capsulorrhaphy, Anterior, Any Type; W/Coracoid Process Transfer	Carelon MBM
23465	Capsulorrhaphy, Glenohumeral Joint, Posterior, W/Wo Bone Block	Carelon MBM
23466	Capsulorrhaphy, Glenohumeral Joint, Any Type Multi-Directional Instability	Carelon MBM
23470	Arthroplasty, Glenohumeral Joint; Hemiarthroplasty	Carelon MBM
23472	Arthroplasty, Glenohumeral Joint; Total Shoulder	Carelon MBM
23473	Revision of total shoulder arthroplasty, including allograft when performed; humeral or glenoid component	Carelon MBM
23474	Revision of total shoulder arthroplasty, including allograft when performed; humeral and glenoid component	Carelon MBM
23700	Manipulation W/Anesthesia, Shoulder Joint, W/Application Of Fixation Apparatus (Excl Dislocation)	Carelon MBM
24300	Manipulation, Elbow, Under Anesthesia	Carelon MBM
24999	Unlisted Proc, Humerus/Elbow	Wellpoint
25259	Manipulation, Wrist, Under Anesthesia	Carelon MBM
26340	Manipulation, Finger Joint, Under Anesthesia, Each Joint	Carelon MBM
26989	Unlisted Proc, Hands/Fingers	Wellpoint
27096	Injection procedure for sacroiliac joint, anesthetic/steroid, with image guidance (fluoroscopy or CT) including arthrography when performed	Carelon MBM
27120	Acetabuloplasty;	Carelon MBM
27122	Acetabuloplasty; Resection, Femoral Head	Carelon MBM
27125	Hemiarthroplasty, Hip, Partial	Carelon MBM
27130	Arthroplasty, Acetabular/Proximal Femoral Prosthetic Replacement, W/Wo Autograft/Allograft	Carelon MBM
27132	Conversion, Previous Hip Surgery To Total Hip Arthroplasty, W/Wo Autograft/Allograft	Carelon MBM
27134	Revision, Total Hip Arthroplasty; Both Components, W/Wo Autograft/Allograft	Carelon MBM
27137	Revision, Total Hip Arthroplasty; Acetabular Component Only, W/Wo Autograft/Allograft	Carelon MBM
27138	Revision, Total Hip Arthroplasty; Femoral Component Only, W/Wo Allograft	Carelon MBM
27275	Manipulation, Hip Joint, Requiring General Anesthesia	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
27279	Arthrodesis, sacroiliac joint, percutaneous or minimally invasive (indirect visualization), with image guidance, includes obtaining bone graft when performed, and placement of	Carelon MBM
27280	Arthrodesis, sacroiliac joint, open, includes obtaining bone graft, including instrumentation, when performed	Carelon MBM
27331	Arthrotomy, Knee; W/Joint Exploration, Bx/Removal, Loose/Fb	Carelon MBM
27332	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial/Lateral	Carelon MBM
27333	Arthrotomy, W/Excision, Semilunar Cartilage (Meniscectomy) Knee; Medial & Lateral	Carelon MBM
27334	Arthrotomy, W/Synovectomy Knee; Anterior/Posterior	Carelon MBM
27335	Arthrotomy, W/Synovectomy Knee; Anterior & Posterior W/Popliteal Area	Carelon MBM
27345	Excision, Synovial Cyst, Popliteal Space	Carelon MBM
27403	Arthrotomy W/Meniscus Repair, Knee	Carelon MBM
27405	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral	Carelon MBM
27407	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Cruciate	Carelon MBM
27409	Repair, Primary, Torn Ligament &/Or Capsule, Knee; Collateral & Cruciate Ligaments	Carelon MBM
27412	Autologous Chondrocyte Implantation, Knee	Carelon MBM
27415	Rep Ligaments Knee+pes Anserin Tran	Carelon MBM
27416	Osteochondral autograft(s), knee, open (eg, mosaicplasty) (includes harvesting of autograft(s)	Carelon MBM
27425	Lateral Retinacular Release Open	Carelon MBM
27427	Ligamentous Reconstruction (Augmentation), Knee; Extra-Articular	Carelon MBM
27428	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open)	Carelon MBM
27429	Ligamentous Reconstruction (Augmentation), Knee; Intra-Articular, (Open) & Extra-Articular	Carelon MBM
27437	Arthroplasty, Patella; W/O Prosthesis	Carelon MBM
27438	Arthroplasty, Patella; W/Prosthesis	Carelon MBM
27440	Arthroplasty, Knee, Tibial Plateau	Carelon MBM
27441	Arthroplasty, Knee, Tibial Plateau; W/Debridement & Partial Synovectomy	Carelon MBM
27442	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee	Carelon MBM
27443	Arthroplasty, Femoral Condyles/Tibial Plateau(S), Knee; W/Debridement & Partial Synovectomy	Carelon MBM
27445	Arthroplasty, Knee, Hinge Prosthesis	Carelon MBM
27446	Arthroplasty, Knee, Condyle & Plateau; Medial/Lateral Compartment	Carelon MBM
27447	Arthroplasty, Knee, Condyle & Plateau; Medial & Lateral Compartments, W/Wo Patella Resurfacing	Carelon MBM
27486	Revision, Total Knee Arthroplasty, W/Wo Allograft; 1 Component	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
27487	Revision, Total Knee Arthroplasty; Femoral & Entire Tibial Component	Carelon MBM
27488	Removal, Knee Prosthesis, Methylmethacrylate W/Wo Spacer Insertion	Carelon MBM
27570	Manipulation, Knee Joint Under General Anesthesia	Carelon MBM
27599	Unlisted Proc, Femur/Knee	Wellpoint
27702	Arthroplasty, Ankle; W/Implant (Total Ankle)	Carelon MBM
27703	Arthroplasty, Ankle; Revision, Total Ankle	Carelon MBM
27704	Removal, Ankle Implant	Carelon MBM
27860	Manipulation, Ankle Under General Anesthesia	Carelon MBM
27870	Arthrodesis, Ankle, Open	Carelon MBM
28110	Osteotomy, Partial Excision, 5th Metatarsal Head (Bunionette) (Sep Proc)	Carelon MBM
28285	Correction, Hammertoe	Carelon MBM
28286	Correction, Cock-Up Fifth Toe, W/Plastic Skin Closure	Carelon MBM
28289	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint; without implant	Carelon MBM
28291	Hallux rigidus correction with cheilectomy, debridement and capsular release of the first metatarsophalangeal joint with implant	Carelon MBM
28292	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with resection of proximal phalanx base, when performed, any method	Carelon MBM
28295	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal metatarsal osteotomy, any method	Carelon MBM
28296	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with distal metatarsal osteotomy, any method	Carelon MBM
28297	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with first metatarsal and medial cuneiform joint arthrodesis, any method	Carelon MBM
28298	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with proximal phalanx osteotomy, any method	Carelon MBM
28299	Correction, hallux valgus with bunionectomy, with sesamoidectomy when performed; with double osteotomy, any method	Carelon MBM
28306	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal	Carelon MBM
28307	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; 1st Metatarsal W/Autograft	Carelon MBM
28308	Osteotomy, Metatarsal, W/Wo Lengthening/Shortening/Ang Correction; Not 1st Metatarsal, Each	Carelon MBM
28310	Osteotomy, Shortening, Angular/Rotational Correction; Proximal Phalanx, 1st Toe (Sep Proc)	Carelon MBM
28312	Osteotomy, Shortening, Angular/Rotational Correction; Other Phalanges, Any Toe	Carelon MBM
28315	Sesamoidectomy, 1st Toe (Sep Proc)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
28446	Open osteochondral autograft, talus (includes obtaining grafts)	Carelon MBM
28750	Arthrodesis, Great Toe; Metatarsophalangeal Joint	Carelon MBM
28890	Extracorporeal shock wave, high energy, performed by a physician or other qualified health care professional, requiring anesthesia other than local, including ultrasound guidance	Carelon MBM or Wellpoint
28899	Unlisted Proc, Foot/Toes	Wellpoint
29800	Arthroscopy, Temporomandibular Joint, Dx W/Wo Synovial Bx (Sep Proc)	Carelon MBM or Wellpoint
29804	Arthroscopy, Temporomandibular Joint, Surgical	Carelon MBM or Wellpoint
29805	Arthroscopy, shoulder, diagnostic, with or without synovial biopsy (separate procedure)	Carelon MBM
29806	Arthroscopy, shoulder, surgical; capsulorrhaphy	Carelon MBM
29807	Arthroscopy, shoulder, surgical; repair of SLAP lesion	Carelon MBM
29819	Arthroscopy, shoulder, surgical; with removal of loose body or foreign body	Carelon MBM
29820	Arthroscopy, shoulder, surgical; synovectomy, partial	Carelon MBM
29821	Arthroscopy, shoulder, surgical; synovectomy, complete	Carelon MBM
29822	Arthroscopy, shoulder, surgical; debridement, limited, 1 or 2 discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage, bi	Carelon MBM
29823	Arthroscopy, shoulder, surgical; debridement, extensive, 3 or more discrete structures (eg, humeral bone, humeral articular cartilage, glenoid bone, glenoid articular cartilage	Carelon MBM
29824	Arthroscopy, shoulder, surgical; distal clavectomy including distal articular surface (Mumford procedure)	Carelon MBM
29825	Arthroscopy, shoulder, surgical; with lysis and resection of adhesions, with or without manipulation	Carelon MBM
29826	Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately)	Carelon MBM
29827	Arthroscopy, shoulder, surgical; with rotator cuff repair	Carelon MBM
29828	Arthroscopy, shoulder, surgical; biceps tenodesis	Carelon MBM
29860	Arthroscopy, Hip, Dx W/Wo Synovial Bx (Sep Proc)	Carelon MBM
29861	Arthroscopy, Hip, Surgical; W/Removal, Loose/Foreign Body	Carelon MBM
29862	Arthroscopy, Hip, Surgical; W/Chondroplasty/Arthroplasty, &/Or Resection, Labrum	Carelon MBM
29863	Arthroscopy, Hip, Surgical; W/Synovectomy	Carelon MBM
29866	Arthroscopy, knee, surgical; osteochondral autograft(s) (eg, mosaicplasty) (includes harvesting of the autograft[s])	Carelon MBM
29867	Arthroscopy, Knee, Surgical; Osteochondral Allograft (Eg, Mosaicplasty)	Carelon MBM
29868	Arthroscopy, Knee, Surgical; Meniscal Transplantation (Includes Arthrotomy For Meniscal Insertion), Medial Or Lateral	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
29870	Arthroscopy, Knee, Dx, W/Wo Synovial Bx (Sep Proc)	Carelon MBM
29871	Arthroscopy, Knee, Surgical; Infection, Lavage & Drainage	Carelon MBM
29873	Arthroscopy, Knee, Surgical; W/Lateral Release	Carelon MBM
29874	Arthroscopy, Knee, Surgical; Removal, Loose/Fb	Carelon MBM
29875	Arthroscopy, Knee, Surgical; Synovectomy, Limited (Sep Proc)	Carelon MBM
29876	Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)	Carelon MBM
29877	Arthroscopy, Knee, Surgical; Debridement/Shaving, Articular Cartilage (Chondroplasty)	Carelon MBM
29879	Arthroscopy, Knee, Surgical; Abrasion Arthroplasty (W/Chondroplasty)/Multiple Drilling/Microfx	Carelon MBM
29880	Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same	Carelon MBM
29881	Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same o	Carelon MBM
29882	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial/Lateral	Carelon MBM
29883	Arthroscopy, Knee, Surgical; W/Meniscus Repair, Medial & Lateral	Carelon MBM
29884	Arthroscopy, Knee, Surgical; W/Lysis, Adhesions, W/Wo Manipulation (Sep Proc)	Carelon MBM
29885	Arthroscopy, Knee, Surgical; Drill, Osteochondritis Dissecans W/Bone Graft, W/Wo Int/Ext Fixation	Carelon MBM
29886	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion	Carelon MBM
29887	Arthroscopy, Knee, Surgical; Drilling, Intact Osteochondritis Dissecans Lesion W/Int Fixation	Carelon MBM
29888	Arthroscopically Aided Anterior Cruciate Ligament Repair/Augmentation/Reconstruction	Carelon MBM
29889	Arthroscopically Aided Posterior Cruciate Ligament Repair/Augmentation/Reconstruction	Carelon MBM
29892	Arthroscopically Aided Repair, Osteochondritis/Talar Dome Fx/Tibial Plafond Fx	Carelon MBM
29914	Arthroscopy, hip, surgical; with femoroplasty (ie, treatment of cam lesion)	Carelon MBM
29915	Arthroscopy, subtalar joint, surgical; with acetabuloplasty (ie, treatment of pincer lesion)	Carelon MBM
29916	Arthroscopy, hip, surgical; with labral repair	Carelon MBM
29999	Unlisted Proc, Arthroscopy	Wellpoint
30120	Excision/Surgical Planing, Skin, Nose, Rhinophyma	Wellpoint
30400	Rhinoplasty, Primary; Lateral & Alar Cartilages &/Or Elevation, Nasal Tip	Wellpoint
30410	Rhinoplasty, Primary; Complete, Ext Parts W/Bony Pyramid, Lat & Alar Cartilages &/Or Elev Nasal Tip	Wellpoint
30420	Rhinoplasty, Primary; W/Major Septal Repair	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
30430	Rhinoplasty, Secondary; Minor Revision (Small Amount, Nasal Tip Work)	Wellpoint
30435	Rhinoplasty, Secondary; Intermediate Revision (Bony Work W/Osteotomies)	Wellpoint
30450	Rhinoplasty, Secondary; Major Revision (Nasal Tip Work & Osteotomies)	Wellpoint
30468	Repair of nasal valve collapse with subcutaneous/submucosal lateral wall implant(s)	Carelon MBM or Wellpoint
30469	Repair of nasal valve collapse with low energy, temperature-controlled (ie, radiofrequency) subcutaneous/submucosal	Carelon MBM or Wellpoint
30520	Septoplasty/Submucous Resection W/Wo Cartilage Scoring/Contouring/Graft	Carelon MBM or Wellpoint
30620	Septal/Other Intranasal Dermatoplasty (Does Not Include Obtaining Graft)	Carelon MBM or Wellpoint
30999	Unlisted Proc, Nose	Wellpoint
31237	Nasal/Sinus Endoscopy, Surgical; W/Bx, Polypectomy/Debridement (Sep Proc)	Carelon MBM or Wellpoint
31242	Nasal/sinus endoscopy, surgical; with destruction by radiofrequency ablation, posterior nasal nerve	Carelon MBM or Wellpoint
31243	Nasal/sinus endoscopy, surgical; with destruction by cryoablation, posterior nasal nerve	Carelon MBM or Wellpoint
31253	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including frontal sinus exploration, with removal of tissue from frontal sinus, when perfor	Carelon MBM or Wellpoint
31254	Nasal/sinus endoscopy, surgical with ethmoidectomy; partial (anterior)	Carelon MBM or Wellpoint
31255	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior)	Carelon MBM or Wellpoint
31256	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy;	Carelon MBM or Wellpoint
31257	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy	Carelon MBM or Wellpoint
31259	Nasal/sinus endoscopy, surgical with ethmoidectomy; total (anterior and posterior), including sphenoidotomy, with removal of tissue from the sphenoid sinus	Carelon MBM or Wellpoint
31267	Nasal/Sinus Endoscopy, Surgical, W/Maxillary Antrostomy; W/Maxillary Tissue Removal	Carelon MBM or Wellpoint
31276	Nasal/sinus endoscopy, surgical, with frontal sinus exploration, including removal of tissue from frontal sinus, when performed	Carelon MBM or Wellpoint
31287	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy;	Carelon MBM or Wellpoint
31288	Nasal/Sinus Endoscopy, Surgical, W/Sphenoidotomy; W/Tissue Removal, Sphenoid Sinus	Carelon MBM or Wellpoint
31295	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); maxillary sinus ostium, transnasal or via canine fossa	Carelon MBM or Wellpoint
31296	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal sinus ostium	Carelon MBM or Wellpoint
31297	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); sphenoid sinus ostium	Carelon MBM or Wellpoint
31298	Nasal/sinus endoscopy, surgical, with dilation (eg, balloon dilation); frontal and sphenoid sinus ostia	Carelon MBM or Wellpoint
31299	Unlisted Proc, Accessory Sinuses	Wellpoint
31574	Laryngoscopy, flexible; with injection(s) for augmentation (eg, percutaneous, transoral), unilateral	Carelon MBM or Wellpoint
31643	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of catheter(s) for intr	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
31660	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 1 lobe	Carelon MBM or Wellpoint
31661	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with bronchial thermoplasty, 2 or more lobes	Carelon MBM or Wellpoint
32701	Thoracic target(s) delineation for stereotactic body radiation therapy (SRS/SBRT), (photon or particle beam), entire course of treatment	Carelon MBM
32850	Donor pneumonectomy(s) (including cold preservation), from cadaver donor	Wellpoint
32851	Lung Transplant, Single; W/O Cardiopulmonary Bypass	Wellpoint
32852	Lung Transplant, Single; W/Cardiopulmonary Bypass	Wellpoint
32853	Lung Transplant, Double (Bilat Sequential/En Bloc); W/O Cardiopulmonary Bypass	Wellpoint
32854	Lung Transplant, Double (Bilat Sequential/En Bloc); W/Cardiopulmonary Bypass	Wellpoint
32855	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Unilateral	Wellpoint
32856	Backbench Standard Preparation Of Cadaver Donor Lung Allograft; Bilateral	Wellpoint
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	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
32999	Unlisted Proc, Lungs & Pleura	Wellpoint
33140	Transmyocardial Laser Revascularization, By Thoracotomy	Wellpoint
33202	Insertion of epicardial electrode(s); open incision (eg, thoracotomy, median sternotomy, subxiphoid approach)	Carelon MBM
33203	endoscopic approach (eg, thoracoscopy, pericardioscopy)	Carelon MBM
33206	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial	Carelon MBM
33207	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); ventricular	Carelon MBM
33208	Insertion of new or replacement of permanent pacemaker with transvenous electrode(s); atrial and ventricular	Carelon MBM
33212	Insertion of pacemaker pulse generator only; with existing single lead	Carelon MBM
33213	Insertion of pacemaker pulse generator only; with existing dual leads	Carelon MBM
33214	Repositioning, Previously Implanted Transvenous Electrode/Pacing Cardiovert-Defib Electrode	Carelon MBM
33215	Repositioning of Previously Implanted Transvenous Pacemaker or Pacing Cardioverter-Defibrillator Electrode	Carelon MBM
33216	Insertion of a single transvenous electrode, permanent pacemaker or cardioverter-defibrillator	Carelon MBM
33217	Insertion of 2 transvenous electrodes, permanent pacemaker or cardioverter-defibrillator	Carelon MBM
33218	Repair of single transvenous electrode, permanent pacemaker or pacing cardioverter-defibrillator	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
33220	Repair of 2 transvenous electrodes for permanent pacemaker or pacing cardioverter-defibrillator	Carelon MBM
33222	Relocation of skin pocket for pacemaker	Carelon MBM
33224	Insertion of pacing electrode, cardiac venous system, for left ventricular pacing, with attachment to previously placed pacemaker or pacing cardioverter-defibrillator pulse ge	Carelon MBM
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,	Carelon MBM
33226	Repositioning Of Previously Implanted Cardiac Venous System (Left Ventricular) Electrode (Including Removal, Insertion And/Or Replacement Of Existing Generator)	Carelon MBM
33227	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Single Lead System	Carelon MBM
33228	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Dual Lead System	Carelon MBM
33229	Removal Of Permanent Pacemaker Pulse Generator With Replacement Of Pacemaker Pulse Generator; Multiple Lead System	Carelon MBM
33230	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Dual Leads	Carelon MBM
33231	Insertion Of Pacing Cardioverter-Defibrillator Pulse Generator Only; With Existing Multiple Leads	Carelon MBM
33233	Removal of permanent pacemaker pulse generator only	Carelon MBM
33234	Removal, Transvenous Pacemaker Electrode(S); Single Lead System, Atrial/Ventricular	Carelon MBM
33235	Removal, Transvenous Pacemaker Electrode(S); Dual Lead System	Carelon MBM
33240	Insertion of pacing cardioverter-defibrillator pulse generator only; with existing single lead	Carelon MBM
33249	Insertion or replacement of permanent pacing cardioverter-defibrillator system with transvenous lead(s), single or dual chamber	Carelon MBM
33263	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Dual Lead System	Carelon MBM
33264	Removal Of Pacing Cardioverter-Defibrillator Pulse Generator With Replacement Of Pacing Cardioverter-Defibrillator Pulse Generator; Multiple Lead System	Carelon MBM
33267	Exclusion of left atrial appendage, open, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Wellpoint
33269	Exclusion of left atrial appendage, thoracoscopic, any method (eg, excision, isolation via stapling, oversewing, ligation, plication, clip)	Wellpoint
33270	Insertion or replacement of permanent subcutaneous implantable defibrillator system, with subcutaneous electrode, including defibrillation threshold evaluation, induction of a	Carelon MBM
33271	Insertion of subcutaneous implantable defibrillator electrode	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
33274	Transcatheter insertion or replacement of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, fe	Carelon MBM
33275	Transcatheter removal of permanent leadless pacemaker, right ventricular, including imaging guidance (eg, fluoroscopy, venous ultrasound, ventriculography, femoral venography)	Carelon MBM
33276	Insertion of phrenic nerve stimulator system (pulse generator and stimulating lead[s]), including vessel catheterization, all imaging guidance, and pulse generator initial ana	Carelon MBM or Wellpoint
33277	Insertion of phrenic nerve stimulator transvenous sensing lead (List separately in addition to code for primary procedure)	Carelon MBM
33278	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; system, including pulse generat	Carelon MBM or Wellpoint
33279	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous stimulation or sens	Carelon MBM or Wellpoint
33280	Removal of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator only	Carelon MBM or Wellpoint
33281	Repositioning of phrenic nerve stimulator transvenous lead(s)	Carelon MBM or Wellpoint
33285	Insertion, subcutaneous cardiac rhythm monitor, including programming	Carelon MBM or Wellpoint
33287	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; pulse generator	Carelon MBM or Wellpoint
33288	Removal and replacement of phrenic nerve stimulator, including vessel catheterization, all imaging guidance, and interrogation and programming, when performed; transvenous sti	Carelon MBM or Wellpoint
33289	Transcatheter implantation of wireless pulmonary artery pressure sensor for long-term hemodynamic monitoring, including deployment and calibration of the sensor, right heart c	Carelon MBM or Wellpoint
33340	Percutaneous transcatheter closure of the left atrial appendage with endocardial implant, including fluoroscopy, transseptal puncture, catheter placement(s), left atrial angio	Wellpoint
33361	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; percutaneous femoral artery approach	Wellpoint
33362	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open femoral artery approach	Wellpoint
33363	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open axillary artery approach	Wellpoint
33364	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; open iliac artery approach	Wellpoint
33365	Transcatheter aortic valve replacement (TAVR/TAVI) with prosthetic valve; transaortic approach (eg, median sternotomy, mediastinotomy)	Wellpoint
33366	Transcatheter aortic valve replacement (tavr/tavi) with prosthetic valve; transapical exposure (eg, left thoracotomy)	Wellpoint
33418	Transcatheter mitral valve repair, percutaneous approach, including transseptal puncture when performed; initial prosthesis	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
33477	Transcatheter pulmonary valve implantation, percutaneous approach, including pre-stenting of the valve delivery site, when performed	Wellpoint
33548	Surgical ventricular restoration procedure, includes prosthetic patch, when performed (eg, ventricular remodeling, SVR,	Wellpoint
33927	Implantation of a total replacement heart system (artificial heart) with recipient cardectomy	Wellpoint
33928	Removal and replacement of total replacement heart system (artificial heart)	Wellpoint
33930	Donor Cardectomy-Pneumonectomy, W/Preparation & Maintenance, Allograft	Wellpoint
33933	Backbench Standard Preparation Of Cadaver Donor Heart/Lung Allograft	Wellpoint
33935	Heart-Lung Transplant W/Recipient Cardectomy-Pneumonectomy	Wellpoint
33940	Donor Cardectomy, W/Preparation & Maintenance, Allograft	Wellpoint
33944	Backbench Standard Preparation Of Cadaver Donor Heart Allograft	Wellpoint
33945	Heart Transplant, W/Wo Recipient Cardectomy	Wellpoint
33975	Insertion, Ventricular Assist Device; Extracorporeal, Single Ventricle	Wellpoint
33976	Insertion, Ventricular Assist Device; Extracorporeal, Biventricular	Wellpoint
33979	Insertion, Ventricular Assist Device, Implantable Intracorporeal, Single Ventricle	Wellpoint
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump	Wellpoint
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary	Wellpoint
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass	Wellpoint
33990	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, arterial access only	Wellpoint
33991	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; left heart, both arterial and venous access, with transseptal puncture	Wellpoint
33993	Repositioning of percutaneous right or left heart ventricular assist device with imaging guidance at separate and distinct session from insertion	Wellpoint
33995	Insertion of ventricular assist device, percutaneous, including radiological supervision and interpretation; right heart, venous access only	Wellpoint
33999	Unlisted Proc, Cardiac Surgery	Wellpoint
36260	Insertion, Implantable Intra-Arterial Infusion Pump	Carelon MBM or Wellpoint
36261	Revision, Implanted Intra-Arterial Infusion Pump	Carelon MBM or Wellpoint
36465	Injection of non-compounded foam sclerosant with ultrasound compression maneuvers to guide dispersion of the injectate, inclusive of all imaging guidance and monitoring; single	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM or Wellpoint
36468	Injection(s) of sclerosant for spider veins (telangiectasia), limb or trunk	Carelon MBM or Wellpoint
36470	Injection of sclerosant; single incompetent vein (other than telangiectasia)	Carelon MBM or Wellpoint
36471	Injection of sclerosant; multiple incompetent veins (other than telangiectasia), same leg	Carelon MBM or Wellpoint
36473	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; first vein treated	Carelon MBM or Wellpoint
36474	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, mechanochemical; subsequent vein(s) treated in a si	Carelon MBM
36475	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Radiofrequency; First Vein Treated	Carelon MBM or Wellpoint
36476	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, radiofrequency; subsequent vein(s) treated in a sin	Carelon MBM
36478	Endovenous Ablation Therapy Of Incompetent Vein, Extremity, Percutaneous, Laser; First Vein Treated	Carelon MBM or Wellpoint
36479	Endovenous ablation therapy of incompetent vein, extremity, inclusive of all imaging guidance and monitoring, percutaneous, laser; subsequent vein(s) treated in a single extre	Carelon MBM
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	Carelon MBM or Wellpoint
36483	Endovenous ablation therapy of incompetent vein, extremity, by transcatheter delivery of a chemical adhesive (eg, cyanoacrylate) remote from the access site, inclusive of all	Carelon MBM
36511	Therapeutic Apheresis; White Blood Cells	Carelon MBM or Wellpoint
36512	Therapeutic Apheresis; Red Blood Cells	Carelon MBM or Wellpoint
36513	Therapeutic Apheresis; Platelets	Carelon MBM or Wellpoint
36514	Therapeutic Apheresis; Plasma Pheresis	Carelon MBM or Wellpoint
36516	Therapeutic apheresis; with extracorporeal immunoabsorption, selective adsorption or selective filtration and plasma reinfusion	Carelon MBM or Wellpoint
36563	Insertion of Tunneled Centrally Inserted Central Venous Access Device with Subcutaneous Pump	Carelon MBM or Wellpoint
36583	Replacement, Complete, of a Tunneled Centrally Inserted Central Venous Access Device, w Sq Pump, Via Same Access	Carelon MBM or Wellpoint
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)	Carelon MBM or Wellpoint
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)	Carelon MBM or Wellpoint
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)	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
36905	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,dialysis circuit, any method, including all imaging and radiological supervision and interpr	Carelon MBM or Wellpoint
36906	Percutaneous transluminal mechanical thrombectomy and/or infusion for thrombolysis,dialysis circuit, any method, including all imaging and radiological supervision and interpr	Carelon MBM or Wellpoint
36907	Transluminal balloon angioplasty, central dialysis segment, performed through dialysis curcut, including all imaging and radiological supervision and interpretation required t	Carelon MBM
36908	Transcatheter placement of intravascular stent(s), central dialysis segment, performed through dialysis circuit, including all imaging and radiological supervision and interpr	Carelon MBM
37216	Transcatheter Placement Of Intravascular Stent(S), Cervical Carotid Artery, Percutaneous; Wo Distal Embolic Protection	Carelon MBM
37220	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal angioplasty	Carelon MBM
37221	Revascularization, endovascular, open or percutaneous, iliac artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within the same ves	Carelon MBM
37222	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal angioplasty (List separately in addition to co	Carelon MBM
37223	Revascularization, endovascular, open or percutaneous, iliac artery, each additional ipsilateral iliac vessel; with transluminal stent placement(s), includes angioplasty withi	Carelon MBM
37224	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal angioplasty	Carelon MBM
37225	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with atherectomy, includes angioplasty within the same vessel, when performed	Carelon MBM
37226	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s), includes angioplasty within the same ves	Carelon MBM
37227	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(s), unilateral; with transluminal stent placement(s) and atherectomy, includes angioplasty wit	Carelon MBM
37228	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal angioplasty	Carelon MBM
37229	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with atherectomy, includes angioplasty withinthe same vessel, when	Carelon MBM
37230	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s), includes angioplasty within t	Carelon MBM
37231	Revascularization, endovascular, open or percutaneous, tibial, peroneal artery, unilateral, initial vessel; with transluminal stent placement(s) and atherectomy, includes angi	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
37232	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal angioplasty (List separately in addition to)	Carelon MBM
37233	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with atherectomy, includes angioplasty within the same vessel	Carelon MBM
37234	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s), includes angioplasty with	Carelon MBM
37235	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery, unilateral, each additional vessel; with transluminal stent placement(s) and atherectomy, including	Carelon MBM
37238	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel	Carelon MBM or Wellpoint
37239	Transcatheter placement of an intravascular stent(s), open or percutaneous, including radiological supervision and interpretation and including angioplasty within the same vessel	Carelon MBM
37241	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Carelon MBM or Wellpoint
37242	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Carelon MBM or Wellpoint
37243	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Carelon MBM or Wellpoint
37244	Vascular embolization or occlusion, inclusive of all radiological supervision and interpretation, intraprocedural roadmapping, and imaging guidance necessary to complete the intervention	Carelon MBM or Wellpoint
37246	Transluminal balloon angioplasty (except lower extremity artery(ies) for occlusive disease, intracranial, coronary, pulmonary, or dialysis circuit), open or percutaneous, including	Carelon MBM
37248	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform angioplasty	Carelon MBM or Wellpoint
37249	Transluminal balloon angioplasty (except dialysis circuit), open or percutaneous, including all imaging and radiological supervision and interpretation necessary to perform angioplasty	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
37799	Unlisted Proc, Vascular Surgery	Wellpoint
38204	Management, Recipient Hematopoietic Progenitor Cell Donor Search & Cell Acquisition	Wellpoint
38205	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Allogenic	Wellpoint
38206	Blood-Derived Hematopoietic Progenitor Cell Harvesting, Transplantation/Collection; Autologous	Wellpoint
38207	Transplant Preparation, Hematopoietic Progenitor Cells; Cryopreservation & Storage	Wellpoint
38208	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, without washing, per donor	Wellpoint
38209	Transplant preparation of hematopoietic progenitor cells; thawing of previously frozen harvest, with washing, per donor	Wellpoint
38210	Transplant Prep, Hematopoietic Progenitor Cells; Specfc Cell Deplet W/In Harvest, T-Cell Deplete	Wellpoint
38211	Transplant Preparation, Hematopoietic Progenitor Cells; Tumor Cell Deplete	Wellpoint
38212	Transplant Preparation, Hematopoietic Progenitor Cells; Red Blood Cell Removal	Wellpoint
38213	Transplant Preparation, Hematopoietic Progenitor Cells; Platelet Depletion	Wellpoint
38214	Transplant Preparation, Hematopoietic Progenitor Cells; Plasma (Volume) Depletion	Wellpoint
38215	Transplant Prep, Hematoieptic Progenitor Cells; Cell Conc, Plasma/Mononuclear/Buffy Coat	Wellpoint
38230	Bone marrow harvesting for transplantation; allogeneic	Wellpoint
38232	Bone Marrow Harvesting For Transplantation; Autologous	Wellpoint
38240	Hematopoietic progenitor cell (HPC); allogeneic transplantation per donor	Wellpoint
38241	Hematopoietic progenitor cell (HPC); autologous transplantation	Wellpoint
38242	Allogeneic lymphocyte infusions	Wellpoint
38243	Hematopoietic progenitor cell (HPC); HPC boost	Wellpoint
38999	Unlisted Proc, Hemic/Lymphatic System	Wellpoint
41019	Placement of needles, catheters, or other device(s) into the head and/or neck region (percutaneous, transoral, or transn	Carelon MBM
41512	Tongue base suspension, permanent suture technique	Carelon MBM or Wellpoint
41530	Submucosal ablation of the tongue base, radiofrequency, 1 or more sites, per session	Carelon MBM or Wellpoint
42145	Palatopharyngoplasty	Carelon MBM or Wellpoint
42299	Unlisted Proc, Palate, Uvula	Wellpoint
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance	Carelon MBM or Wellpoint
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Carelon MBM or Wellpoint
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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)	Carelon MBM
43233	Esophagogastroduodenoscopy, flexible, transoral; with dilation of esophagus with balloon (30 mm diameter or larger) (includes fluoroscopic guidance, when performed)	Carelon MBM
43235	Esophagogastroduodenoscopy, flexible, transoral; diagnostic, including collection of specimen(s) by brushing or washing, when performed (separate procedure)	Carelon MBM
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance	Carelon MBM or Wellpoint
43238	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s), esophagus (includes endoscop	Carelon MBM
43239	Esophagogastroduodenoscopy, flexible, transoral; with biopsy, single or multiple	Carelon MBM
43241	Esophagogastroduodenoscopy, flexible, transoral; with insertion of intraluminal tube or catheter	Carelon MBM
43242	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided intramural or transmural fine needle aspiration/biopsy(s) (includes endoscopic ultrasou	Carelon MBM
43243	Esophagogastroduodenoscopy, flexible, transoral; with injection sclerosis of esophageal/gastric varices	Carelon MBM
43244	Esophagogastroduodenoscopy, flexible, transoral; with band ligation of esophageal/gastric varices	Carelon MBM
43245	Esophagogastroduodenoscopy, flexible, transoral; with dilation of gastric/duodenal stricture(s) (eg, balloon, bougie)	Carelon MBM
43246	Esophagogastroduodenoscopy, flexible, transoral; with directed placement of percutaneous gastrostomy tube	Carelon MBM
43247	Esophagogastroduodenoscopy, flexible, transoral; with removal of foreign body	Carelon MBM
43248	Esophagogastroduodenoscopy, flexible, transoral; with insertion of guide wire followed by passage of dilator(s) through esophagus over guide wire	Carelon MBM
43249	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic balloon dilation of esophagus (less than 30 mm diameter)	Carelon MBM
43250	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery	Carelon MBM
43251	Esophagogastroduodenoscopy, flexible, transoral; with removal of tumor(s), polyp(s), or other lesion(s) by snare technique	Carelon MBM
43253	Esophagogastroduodenoscopy, flexible, transoral; with transendoscopic ultrasound-guided transmural injection of diagnostic or therapeutic substance(s) (eg, anesthetic, neuroly	Carelon MBM
43254	Esophagogastroduodenoscopy, flexible, transoral; with endoscopic mucosal resection	Carelon MBM
43255	Esophagogastroduodenoscopy, flexible, transoral; with control of bleeding, any method	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesop	Carelon MBM or Wellpoint
43266	Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)	Carelon MBM
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 performed)	Carelon MBM
43280	Laparoscopy, Surgical, Esophagogastric Fundoplasty	Carelon MBM
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh	Carelon MBM or Wellpoint
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh	Carelon MBM or Wellpoint
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (i.e., magnetic band), including cruroplasty when performed.	Carelon MBM or Wellpoint
43285	Removal of esophageal sphincter augmentation device	Carelon MBM or Wellpoint
43332	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis	Wellpoint
43333	Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; with implantation of mesh or other prosthesis	Wellpoint
43334	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis	Wellpoint
43335	Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; with implantation of mesh or other prosthesis	Wellpoint
43336	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis	Wellpoint
43337	Repair, paraesophageal hiatal hernia, (including fundoplication), via thoracoabdominal incision, except neonatal; with implantation of mesh or other prosthesis	Wellpoint
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])	Carelon MBM or Wellpoint
43499	Unlisted Proc, Esophagus	Wellpoint
43647	Laparoscopy, surgical; implantation or replacement of gastric neurostimulator electrodes, antrum	Wellpoint
43648	Laparoscopy, surgical; revision or removal of gastric neurostimulator electrodes, antrum	Wellpoint

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

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
47147	Backbench Reconstruction Of Cadaver Or Living Donor Liver Graft Prior To Allotransplantation; Arterial Anastomosis, Each	Wellpoint
47370	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Radiofrequency	Wellpoint
47371	Laparoscopy, Surgical, Ablation 1+ Liver Tumor(S); Cryosurgical	Wellpoint
47380	Ablation, Open, 1+ Liver Tumor(S); Radiofrequency	Wellpoint
47381	Ablation, Open, 1+ Liver Tumor(S); Cryosurgical	Wellpoint
47382	Ablation, Open, 1+ Liver Tumor(S), Percutaneous, Radiofrequency	Wellpoint
47383	Ablation, 1 or more liver tumor(s), percutaneous, cryoablation	Wellpoint
47399	Unlisted Proc, Liver	Wellpoint
48160	Pancreatectomy, Total/Subtotal W/Autologous Transplantation Pancreas/Pancreatic Islets	Wellpoint
48550	Donor Pancreatectomy, W/Prep & Maintenance, Cadaver Donor, W/Wo Duodenal Segment	Wellpoint
48551	Backbench Standard Preparation Of Cadaver Donor Pancreas Allograft	Wellpoint
48552	Backbench Reconstruction Of Cadaver Donor Pancreas Allograft Prior To Transplantation, Venous Anastomosis, Each	Wellpoint
48554	Transplantation, Pancreatic Allograft	Wellpoint
48556	Removal, Transplanted Pancreatic Allograft	Wellpoint
48999	Unlisted Proc, Pancreas	Wellpoint
49906	Free Omental Flap W/Microvascular Anastomosis	Wellpoint
50250	Ablation, open, 1 or more renal mass lesion(s), cryosurgical, including intraoperative ultrasound guidance and monitoring, if performed	Wellpoint
50300	Donor Nephrectomy; Cadaver Donor, Unilat/Bilat W/Prep & Maintenance, Allograft	Wellpoint
50320	Donor Nephrectomy, Open, Living Donor W/O Allograft Preparation & Maintenance	Wellpoint
50323	Backbench Standard Preparation Of Cadaver Donor Renal Allograft	Wellpoint
50325	Backbench Standard Preparation Of Living Donor Renal Allograft (Open Or Laparoscopic)	Wellpoint
50327	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Venous Anastomosis, Each	Wellpoint
50328	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Arterial Anastomosis, Each	Wellpoint
50329	Backbench Reconstruction Of Cadaver Or Living Donor Renal Allograft Prior To Transplantation; Ureteral Anastomosis, Each	Wellpoint
50340	Recipient Nephrectomy (Sep Proc)	Wellpoint
50360	Renal Allotransplantation, Implantation, Graft; W/O Donor & Recipient Nephrectomy	Wellpoint
50365	Renal Allotransplantation, Implantation, Graft; W/Recipient Nephrectomy	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
50542	Laparoscopy, surgical; ablation of renal mass lesion(s), including intraoperative ultrasound guidance and monitoring, when performed	Carelon MBM or Wellpoint
50547	Laparoscopy, Surgical; Donor Nephrectomy, Living Donor W/O Allograft Prep & Maintenance	Wellpoint
50592	Ablation, 1 or more renal tumor(s), percutaneous, unilateral, radiofrequency	Carelon MBM or Wellpoint
50593	Ablation, renal tumor(s), unilateral, presutaneous cryotherapy	Carelon MBM or Wellpoint
51715	Endoscopic Injection, Implant Matl Into Submucosal Tissues, Urethra &/Or Bladder Neck	Carelon MBM or Wellpoint
51721	Transurethral ablation transducer insertion for delivery of thermal ultrasound for prostate	Carelon MBM
53445	Insertion, Inflatable Urethra/Bladder Neck Sphincter, W/Placement Pump &/Or Reservoir & Cuff	Carelon MBM or Wellpoint
53446	Removal, Inflatable Urethral/Bladder Neck Sphincter W/Pump/Reservoir/Cuff	Carelon MBM or Wellpoint
53447	Removal & Replacement, Inflatable Sphincter W/Pump, Reservoir, Cuff, Same Session	Carelon MBM or Wellpoint
53448	Remov & Replace Inflatable Sphincter W/Pump/Reservoir/Cuff, Infected, W/Irrig & Debride	Wellpoint
53449	Repair, Inflatable Urethral/Bladder Neck Sphincter Device, Incl Pump/Reservoir/Cuff	Carelon MBM or Wellpoint
53451	Periurethral transperineal adjustable balloon continence device; bilateral insertion, including cystourethroscopy and imaging guidance	Carelon MBM or Wellpoint
53452	Periurethral transperineal adjustable balloon continence device; unilateral insertion, including cystourethroscopy and imaging guidance	Carelon MBM or Wellpoint
53453	Periurethral transperineal adjustable balloon continence device; removal, each balloon	Carelon MBM or Wellpoint
53454	Periurethral transperineal adjustable balloon continence device; percutaneous adjustment of balloon(s) fluid volume	Carelon MBM or Wellpoint
53850	Transurethral Destruction, Prostate Tissue; Microwave Thermotherapy	Carelon MBM or Wellpoint
53852	Transurethral Destruction, Prostate Tissue; Radiofrequency Thermotherapy	Carelon MBM or Wellpoint
53854	Transurethral destruction of prostate tissue; by radiofrequency generated water vapor thermotherapy	Carelon MBM
53860	Transurethral radiofrequency micro-remodeling of the female bladder neck and proximal urethra for stress urinary incontinence	Carelon MBM or Wellpoint
53899	Unlisted Proc, Urinary System	Wellpoint
54125	Amputation, Penis; Complete	Wellpoint
54360	Plastic Operation, Penis To Correct Angulation	Wellpoint
54400	Insertion, Penile Prosthesis; Non-Inflatable (Semi-Rigid)	Carelon MBM
54401	Insertion, Penile Prosthesis; Inflatable (Self-Contained)	Carelon MBM
54405	Insertion, (Multi-Component) Inflatable Penile Prosthesis	Carelon MBM
54410	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Same Session	Carelon MBM
54411	Removal & Replacement, Multi-Component Inflatable Penile Prosthesis, Infected, W/ Irrig & Debride	Carelon MBM
54416	Removal & Replacement, Non-Inflatable (Semi-Rigid)/Inflatable (Self-Contained) Penile Prosthesis	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
54417	Removal & Replace, Non-Inflatable/Inflatable Penile Prosthesis Infect, W/Irrig & Debride	Carelon MBM
54440	Plastic Operation, Penis, Injury	Wellpoint
54520	Orchiectomy, Simple, W/Wo Prosthesis, Scrotal/Inguinal Approach	Wellpoint
54660	Insertion, Testicular Prosthesis (Sep Proc)	Wellpoint
54690	Laparoscopy, Surgical; Orchiectomy	Wellpoint
55180	Scrotoplasty; Complicated	Wellpoint
55706	Biopsies, prostate, needle, transperineal, stereotactic template guided saturation sampling, including imaging guidance	Carelon MBM or Wellpoint
55860	Exposure, Prostate, Any Approach, Radiation Insertion	Carelon MBM
55862	Exposure, Prostate, Any Approach, Radiation Insertion; W/Lymph Node Bx (Limited Pelvic Lymphadenect)	Carelon MBM
55865	Exposure, Prostate, Any Approach, Radiation Insertion; W/Bilat Pelvic Lymphadenectomy	Carelon MBM
55873	Cryosurgical ablation of the prostate (includes ultrasonic guidance and monitoring)	Carelon MBM or Wellpoint
55874	Transperineal placement of biodegradable material, peri-prostatic, single or multiple injection(s), including image guidance, when performed	Carelon MBM
55875	Transperineal placement of needles or catheters into prostate for interstitial radioelement application, with or without	Carelon MBM
55880	Ablation of malignant prostate tissue, transrectal, with high intensity-focused ultrasound (HIFU), including ultrasound guidance	Carelon MBM or Wellpoint
55881	Transurethral ablation of prostate tissue, using thermal ultrasound	Carelon MBM
55882	Transurethral ablation of prostate tissue, using thermal ultrasound; with insertion of ultrasound transducer	Carelon MBM
55899	Unlisted Proc, Male Genital System	Wellpoint
55920	Placement of needles or catheters into pelvic organs and/or genitalia (expect prostate) for subsequent interstitial radi	Carelon MBM
56625	Vulvectomy Simple; Complete	Wellpoint
56800	Plastic Repair, Introitus	Wellpoint
56805	Clitoroplasty, Intersex State	Wellpoint
56810	Perineoplasty, Repair, Perineum, Nonobstetrical (Sep Proc)	Wellpoint
57110	Vaginectomy, Complete Removal, Vaginal Wall	Wellpoint
57155	Insertion of uterine tandem and/or vaginal ovoids for clinical brachytherapy	Carelon MBM
57156	Insertion of a vaginal radiation afterloading apparatus for clinical brachytherapy	Carelon MBM
57265	Combined anteroposterior colporrhaphy, including cystourethroscopy, when performed; with enterocoele repair	Wellpoint
57270	Repair, Enterocoele, Abdominal Approach (Sep Proc)	Wellpoint
57280	Colpopexy, Abdominal Approach	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
57283	Colpopexy, Vaginal; Intra-Peritoneal Approach (Uterosacral, Levator Myorrhaphy)	Wellpoint
57284	Paravaginal defect repair (including repair of cystocele, if performed); open abdominal approach	Wellpoint
57285	Paravaginal defect repair (including repair of cystocele, if performed); vaginal approach	Wellpoint
57291	Construction, Artificial Vagina; W/O Graft	Wellpoint
57292	Construction, Artificial Vagina; W/Graft	Wellpoint
57295	Revision (including removal) of prosthetic vaginal graft, vaginal approach	Wellpoint
57296	Revision (including removal) of prosthetic vaginal graft; open abdominal approach	Wellpoint
57335	Vaginoplasty, Intersex State	Wellpoint
57423	Paravaginal defect repair (including repair of cystocele, if performed), laparoscopic approach	Wellpoint
58145	Myomectomy, excision of fibroid tumor(s) of uterus, 1 to 4 intramural myoma(s) with total weight of 250 g or less and/or	Carelon MBM
58150	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S)	Wellpoint
58152	Total Abdominal Hysterectomy W/Wo Removal Tube(S)/Ovary(S); W/Colpo-Urethrocystopexy	Wellpoint
58180	Supracervical Abdominal Hysterectomy, W/Wo Removal Tube(S)/Ovary(S)	Wellpoint
58200	Total Abdominal Hysterectomy, W/Partial Vaginect, W/Pelvic Node Sample, W/Wo Rem Tubes/Ovaries	Wellpoint
58210	Radical Abdominal Hysterectomy W/Bilat Pelvic Lymphadenectomy	Wellpoint
58240	Pelvic Exenteration, Gynecologic Malignancy	Wellpoint
58260	Vaginal hysterectomy, for uterus 250 g or less;	Carelon MBM or Wellpoint
58262	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s)	Carelon MBM or Wellpoint
58263	Vaginal hysterectomy, for uterus 250 g or less; with removal of tube(s), and/or ovary(s), with repair of enterocele	Carelon MBM or Wellpoint
58267	Vaginal hysterectomy, for uterus 250 g or less; with colpo-urethrocystopexy (Marshall-Marchetti-Krantz type, Pereyra typ	Wellpoint
58270	Vaginal hysterectomy, for uterus 250 g or less; with repair of enterocele	Carelon MBM or Wellpoint
58275	Vaginal Hysterectomy, W/Total/Partial Vaginectomy	Wellpoint
58280	Vaginal Hysterectomy; W/Total/Partial Vaginectomy; W/Repair, Enterocele	Wellpoint
58285	Vaginal Hysterectomy; Radical	Wellpoint
58290	Vaginal Hysterectomy, Uterus >250 Gms;	Carelon MBM or Wellpoint
58291	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S)	Carelon MBM or Wellpoint
58292	Vaginal Hysterectomy, Uterus >250 Gms; W/Removal, Tube(S) &/Or Ovary(S) W/Repair Of Enterocele	Carelon MBM or Wellpoint
58294	Vaginal Hysterectomy, Uterus >250 Gms; W/Repair Of Enterocele	Carelon MBM or Wellpoint
58346	Insertion, Heyman Capsules, Clinical Brachytherapy	Carelon MBM
58541	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less;	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
58542	Laparoscopy, surgical, supracervical hysterectomy, for uterus 250 g or less; with removal of tube(s) and/or ovary(s)	Carelon MBM or Wellpoint
58543	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g;	Carelon MBM or Wellpoint
58544	Laparoscopy, surgical, supracervical hysterectomy, for uterus greater than 250 g; with removal of tube(s) and/or ovary(s)	Carelon MBM or Wellpoint
58545	Laparoscopy, Surg, Myomectomy; 1-4 Intramural Myomas, Total Wt 250 Gms, &/Or Remove Surface Myomas	Carelon MBM
58546	Laparoscopy, Surg, Myomectomy; 5/> Intramural Myomas &/Or Total Wt >250 Gms	Carelon MBM
58548	Laparoscopy, surgical, with radical hysterectomy, with bilateral total pelvic lymphadenectomy and para-aortic lymph node	Wellpoint
58550	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/<	Carelon MBM or Wellpoint
58552	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus 250gms/;< W/Removal, Tube(S) &/Or Ovary(S)	Wellpoint
58553	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms	Carelon MBM or Wellpoint
58554	Laparoscopy, Surg, W/Vaginal Hysterectomy, Uterus >250gms; W/Remove Tube(S) &/Or Ovary(S)	Wellpoint
58570	Laparoscopy, surgical, with total hysterectomy, for uterus 250 g or less	Wellpoint
58571	Laparoscopy, surgical, with total hysterectomy, for uterus 250g or less;with removal of tube(s) and/or ovary (s)	Wellpoint
58572	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g	Wellpoint
58573	Laparoscopy; surgical, with total hysterectomy, for uterus greater than 250 g, with removal of tube(s) and/or ovary (s)	Wellpoint
58578	Unlisted Proc, Laparoscopy, Uterus	Wellpoint
58580	Transcervical ablation of uterine fibroid(s), including intraoperative ultrasound guidance and monitoring, radiofrequency	Carelon MBM or Wellpoint
58674	Laparoscopy, surgical, ablation of uterine fibroid(s) including intraoperative ultrasound guidance and monitoring, radiofrequency.	Carelon MBM or Wellpoint
58953	Bilat Salpingo-Oophorect W/Omentect, Total Abdom Hyster & Radical Dissect Debulk	Wellpoint
58954	Bilat Salping-Oophorec W/Omentec, Tl Abd Hyst & Radcl Dissec, Debul; W/Pelv & Ltd Paraaortic Lymp	Wellpoint
58956	Bilateral Salpingo-Oophorectomy With Total Omentectomy, Total Abdominal Hysterectomy For Malignancy	Wellpoint
58999	Unlisted Proc, Female Genital System (Nonobstetrical)	Wellpoint
59076	Fetal Shunt Placement, Including Ultrasound Guidance	Wellpoint
60660	Percutaneous ablation of 1 or more thyroid nodule(s)	Carelon MBM
60699	Unlisted Proc, Endocrine System	Wellpoint
61215	Insertion, Subq Reservoir/Pump/Infusion System, Ventricular Catheter	Carelon MBM or Wellpoint
61630	Balloon angioplasty, intracranial (eg, atherosclerotic stenosis), percutaneous	Wellpoint
61635	Transcatheter placement of intravascular stent(s), intracranial (eg, atherosclerotic stenosis), including balloon angiop	Wellpoint
61640	Balloon dilatation of intracranial vasospasm, percutaneous; initial vessel	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
61641	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in same vascular territory (List separately in addition to code for primary procedure)	Carelon MBM
61642	Balloon dilatation of intracranial vasospasm, percutaneous; each additional vessel in different vascular territory (List separately in addition to code for primary procedure)	Carelon MBM
61715	MRI guided focused ultrasound high intensity stereotactic intracranial ablation	Carelon MBM or Wellpoint
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	Wellpoint
61737	Laser interstitial thermal therapy (LITT) of lesion, intracranial, including burr hole(s), with magnetic resonance imaging guidance, when performed; multiple trajectories for	Wellpoint
61790	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Gasserian Ganglion	Carelon MBM
61791	Creation, Lesion, Stereotactic, Percutaneous, Neurolytic Agent; Trigeminal Medullary Tract	Carelon MBM
61796	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 simple cranial lesion	Carelon MBM
61797	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, simple (List separately in addition to code for primary procedure)	Carelon MBM
61798	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 complex cranial lesion	Carelon MBM
61799	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional cranial lesion, complex (List separately in addition to code for primary procedure)	Carelon MBM
61800	Application of stereotactic headframe for stereotactic radiosurgery (List separately in addition to code for primary procedure)	Carelon MBM
61850	Twist Drill/Burr Hole(S), Implantation, Neurostimulator Electrodes, Cortical	Wellpoint
61860	Craniectomy/Craniotomy, Implantation, Neurostimulator Electrodes, Cerebral, Cortical	Wellpoint
61863	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, wo Intraop Microelectrode Recording; First Array	Wellpoint
61867	Burr Hole Craniotomy with Implantation of Subcortical Electrode Array, w Intraop Microelectrode Recording; First Array	Wellpoint
61885	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection Sngle Electrod Array	Carelon MBM or Wellpoint
61886	Subq Placement Cranial Neurostimulator Pulse Generator/Receiver; W/Connection 2+ Electrode Arrays	Wellpoint
61889	Insertion of skull-mounted cranial neurostimulator pulse generator or receiver, including craniectomy or craniotomy, when performed, with direct or inductive coupling, with co	Wellpoint
61891	Revision or replacement of skull-mounted cranial neurostimulator pulse generator or receiver with connection to depth and/or cortical strip electrode array(s)	Wellpoint
62263	Lysis, Perq, Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 2 Days/	Carelon MBM or Wellpoint
62264	Lysis, Perq Epidural Adhesions, Solution Injection/Mechanical W/Radiologic Localization; 1 Day	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
62281	Injection/Infusion Neurolytic Substance, W/Wo Therapeutic Substance; Epidural Cervical/Thoracic	Carelon MBM or Wellpoint
62282	Injection/Infusion Neurolytic Substance; Epidural, Lumbar/Caudal	Carelon MBM or Wellpoint
62287	Decompression procedure, percutaneous, of nucleus pulposus of intervertebral disc, any method utilizing needle based technique to remove disc material under fluoroscopic imaging	Carelon MBM or Wellpoint
62290	Injection, Diskography, Each Level; Lumbar	Carelon MBM
62291	Injection, Diskography, Each Level; Cervical/Thoracic	Carelon MBM or Wellpoint
62320	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	Carelon MBM
62321	Injection(s) of diagnostic or therapeutic substance(s) (eg. anesthetic, antispasmodic, opioid, steroid, other solution), not including neurolytic substances, including needle	Carelon MBM
62322	Injection(s) of diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle	Carelon MBM
62323	Injection(s) of diagnostic or therapeutic substances(s) (eg, anesthetic, antispasmodic, opioid, steroid, other solution) not including neurolytic substances, including needle	Carelon MBM
62350	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservor/Infusion Pump; W/O Laminct	Carelon MBM or Wellpoint
62351	Implant/Revisn/Reposition Intrathecal/Epidural Catheter, Externl Reservor/Infusion Pump; W/Laminect	Carelon MBM or Wellpoint
62360	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Subq Reservoir	Carelon MBM or Wellpoint
62361	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Non-Programmable Pump	Carelon MBM or Wellpoint
62362	Implantation/Replace, Device, Intrathecal/Epidural Drug Infusion; Programmable Pump	Carelon MBM or Wellpoint
62380	Endoscopic decompression of spinal cord, nerve root(s), including laminotomy, partial facetectomy, foraminotomy, discectomy and/or excision of herniated intervertebral disc; 1	Carelon MBM or Wellpoint
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	Carelon MBM
63003	Laminectomy, W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Thoracic	Carelon MBM
63005	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, 1/2 Segments; Lumbar	Carelon MBM
63012	Laminectomy W/Removal, Abnormal Facets, Lumbar	Carelon MBM
63015	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Cervical	Carelon MBM
63016	Laminectomy W/O Facetectomy/Foraminotomy/Discectomy, > 2 Segments; Thoracic	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
63017	Laminectomy W/O Facetectomy/Foraminotomy/Diskectomy, > 2 Segments; Lumbar	Carelon MBM
63020	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,	Carelon MBM
63030	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; 1 interspace,	Carelon MBM
63035	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or excision of herniated intervertebral disc; each additiona	Carelon MBM
63040	Laminotomy W/Partl Facetectmy/Foramnotmy/Herniated Diskect, Re-Exploratn, Sngle Interspc; Cervical	Carelon MBM
63042	Laminotomy W/Partl Facetectomy/Foraminotomy/Herniated Diskect, Re-Explor, Sngle Interspc; Lumbar	Carelon MBM
63043	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex	Carelon MBM
63044	Laminotomy (hemilaminectomy), with decompression of nerve root(s), including partial facetectomy, foraminotomy and/or ex	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
63050	Laminoplasty, Cervical, With Decompression Of The Spinal Cord, Two Or More Vertebral Segments;	Carelon MBM
63051	Laminoplasty, Cerv, W Decompression Of Spinal Cord, 2 Or > Verteb Segments; W Reconstruction Of Posterior Bony Elements	Carelon MBM
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]	Carelon MBM
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]	Carelon MBM
63055	Transpedicular Approach, 1 Segment; Thoracic	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
63056	Transpedicular Approach, 1 Segment; Lumbar (Transfacet/Lateral Extraforaminal)	Carelon MBM
63057	Transpedicular Approach, Add'l Segment; Thoracic/Lumbar	Carelon MBM
63075	Diskectomy, Anterior; Cervical, 1 Interspace	Carelon MBM
63076	Diskectomy, Anterior; Cervical, Add'l Interspace	Carelon MBM
63081	Vertebral Corpectomy, Anterior; Cervical, 1 Segment	Carelon MBM
63082	Vertebral Corpectomy, Anterior; Cervical, Add'l Segment	Carelon MBM
63085	Vertebral Corpectomy, Transthoracic; Thoracic, 1 Segment	Carelon MBM
63086	Vertebral Corpectomy, Transthoracic; Thoracic, Add'l Segment	Carelon MBM
63087	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; 1 Segment	Carelon MBM
63088	Vertebral Corpectomy, Thoracolumbar, Lower Thoracic/Lumbar; Add'l Segment	Carelon MBM
63090	Vertebral Corpectomy, Transperitoneal/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; 1 Segment	Carelon MBM
63091	Vertebral Corpectomy, Trans/Retroperitoneal, Lower Thoracic/Lumbar/Sacral; Add'l Segment	Carelon MBM
63101	Vertebral Corpectomy, Lateral Extracavitory Approach w Decompression of Spinal Cord/Nerve Roots; Thoracic, Sgl Segment	Carelon MBM
63102	Vertebral Corpectomy, Lateral Extracavitory Approach w Decompression of Spinal Cord/Nerve Roots; Lumbar, Sgl Segment	Carelon MBM
63103	Vertebral Corpectomy, Lateral Extracavitory Approach w Decompression Spinal Cord/Nerve Rts; Thoracic/Lumbar, ea addl Seg	Carelon MBM
63185	Laminectomy with rhizotomy; 1 or 2 segments	Carelon MBM or Wellpoint
63190	Laminectomy with rhizotomy; more than 2 segments	Carelon MBM or Wellpoint
63191	Laminectomy W/Section, Spinal Accessory Nerve	Carelon MBM
63200	Laminectomy, W/Release, Tethered Spinal Cord, Lumbar	Carelon MBM
63250	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Cervical	Carelon MBM
63252	Laminectomy, Excision/Occlusion, Avm, Spinal Cord; Thoracolumbar	Carelon MBM
63265	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Cervical	Carelon MBM
63267	Laminectomy, Excision, Non-Neoplastic Lesion, Extradural; Lumbar	Carelon MBM
63270	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Cervical	Carelon MBM
63272	Laminectomy, Excision, Intraspinal Lesion Other Than Neoplasm, Intradural; Lumbar	Carelon MBM
63275	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Cervical	Carelon MBM
63277	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural, Lumbar	Carelon MBM
63280	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Cervical	Carelon MBM
63282	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Extramedullary, Lumbar	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
63285	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Cervical	Carelon MBM
63287	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Intradural, Intramedullary, Thoracolumbar	Carelon MBM
63290	Laminectomy, Bx/Excision, Intraspinal Neoplasm; Extradural-Intradural Lesion, Any Level	Carelon MBM
63300	Vertebral Corpectomy, 1 Segment; Extradural, Cervical	Carelon MBM
63301	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Transthoracic Approach	Carelon MBM
63302	Vertebral Corpectomy, 1 Segment; Extradural, Thoracic, Thoracolumbar Approach	Carelon MBM
63303	Vertebral Corpectomy, 1 Segment; Extradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach	Carelon MBM
63304	Vertebral Corpectomy, 1 Segment; Intradural, Cervical	Carelon MBM
63305	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Transthoracic Approach	Carelon MBM
63306	Vertebral Corpectomy, 1 Segment; Intradural, Thoracic, Thoracolumbar Approach	Carelon MBM
63307	Vertebral Corpectomy, 1 Segment; Intradural, Lumbar/Sacral, Transperitoneal/Retroperitoneal Approach	Carelon MBM
63308	Vertebral Corpectomy, Add'l Segment	Carelon MBM
63620	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); 1 spinal lesion	Carelon MBM
63621	Stereotactic radiosurgery (particle beam, gamma ray, or linear accelerator); each additional spinal lesion (List separately in addition to the fee for the first lesion)	Carelon MBM
63650	Percutaneous Implantation, Neurostimulator Electrode Array, Epidural	Carelon MBM
63655	Laminectomy, Implantation, Neurostimulator Electrodes, Plate/Paddle, Epidural	Carelon MBM or Wellpoint
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy	Carelon MBM
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy	Carelon MBM
63685	Insertion or replacement of spinal neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pulse generator or receiver	Carelon MBM
63688	Revision or removal of implanted spinal neurostimulator pulse generator or receiver, with detachable connection to electrode array	Carelon MBM
64405	Injection(s), anesthetic agent(s) and/or steroid; greater occipital nerve	Carelon MBM or Wellpoint
64415	Injection(s), anesthetic agent(s) and/or steroid; brachial plexus, including imaging guidance, when performed	Carelon MBM or Wellpoint
64417	Injection(s), anesthetic agent(s) and/or steroid; axillary nerve, including imaging guidance, when performed	Carelon MBM or Wellpoint
64447	Injection(s), anesthetic agent(s) and/or steroid; femoral nerve, including imaging guidance, when performed	Carelon MBM or Wellpoint
64450	Injection(s), anesthetic agent(s) and/or steroid; other peripheral nerve or branch	Carelon MBM or Wellpoint
64454	Injection(s), anesthetic agent(s) and/or steroid; genicular nerve branches, including imaging guidance, when performed	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
64479	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, single level	Carelon MBM
64480	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), cervical or thoracic, each additional level (List separately)	Carelon MBM
64483	Injection(s), anesthetic agent(s) and/or steroid; transforaminal epidural, with imaging guidance (fluoroscopy or CT), lumbar or sacral, single level	Carelon MBM
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)	Carelon MBM
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64493	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64494	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64495	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
64505	Injection, Anesthetic Agent; Sphenopalatine Ganglion	Wellpoint
64510	Injection, Anesthetic Agent; Stellate Ganglion (Cervical Sympathetic)	Carelon MBM or Wellpoint
64520	Injection, Anesthetic Agent; Lumbar/Thoracic (Paravertebral Sympathetic)	Carelon MBM or Wellpoint
64553	Percutaneous implantation of neurostimulator electrode array; cranial nerve	Carelon MBM or Wellpoint
64555	Percutaneous implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Carelon MBM or Wellpoint
64561	Percutaneous implantation of neurostimulator electrode array; sacral nerve (transforaminal placement) including image guidance, if performed	Carelon MBM or Wellpoint
64566	Posterior tibial neurostimulation, percutaneous needle electrode, single treatment, includes programming	Carelon MBM or Wellpoint
64568	Open implantation of cranial nerve (eg, vagus nerve) neurostimulator electrode array and pulse generator	Carelon MBM or Wellpoint
64569	Revision or replacement of cranial nerve (eg, vagus nerve) neurostimulator electrode array, including connection to existing pulse generator	Carelon MBM or Wellpoint
64575	Open implantation of neurostimulator electrode array; peripheral nerve (excludes sacral nerve)	Carelon MBM or Wellpoint
64581	Open implantation of neurostimulator electrode array; sacral nerve (transforaminal placement)	Carelon MBM or Wellpoint
64582	Open implantation of hypoglossal nerve neurostimulator array, pulse generator, and distal respiratory sensor electrode or electrode array	Carelon MBM or Wellpoint
64585	Revision or removal of peripheral neurostimulator electrode array	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
64590	Insertion or replacement of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, requiring pocket creation and connection between electrode array and pu	Carelon MBM or Wellpoint
64595	Revision or removal of peripheral, sacral, or gastric neurostimulator pulse generator or receiver, with detachable connection to electrode array	Wellpoint
64596	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; initial electrode arra	Carelon MBM or Wellpoint
64597	Insertion or replacement of percutaneous electrode array, peripheral nerve, with integrated neurostimulator, including imaging guidance, when performed; each additional electr	Carelon MBM
64600	Destruction, Neurolytic, Trigeminal Nerve; Supraorbital/Infraorbital/Mental/Inferior Alveolar	Carelon MBM
64605	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division	Carelon MBM
64610	Destruction, Neurolytic, Trigeminal Nerve; 2nd & 3rd Division W/Radiologic Monitoring	Carelon MBM
64624	Destruction by neurolytic agent, genicular nerve branches including imaging guidance, when performed	Carelon MBM or Wellpoint
64625	Radiofrequency ablation, nerves innervating the sacroiliac joint, with image guidance (ie, fluoroscopy or computed tomography)	Carelon MBM
64628	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; first 2 vertebral bodies, lumbar or sacral	Carelon MBM or Wellpoint
64629	Thermal destruction of intraosseous basivertebral nerve, including all imaging guidance; each additional vertebral body, lumbar or sacral (List separately in addition to code)	Carelon MBM
64633	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Cervical Or Thoracic, Single Facet Joint	Carelon MBM
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	Carelon MBM
64635	Destruction By Neurolytic Agent, Paravertebral Facet Joint Nerve(S), With Imaging Guidance (Fluoroscopy Or Ct); Lumbar Or Sacral, Single Facet Joint	Carelon MBM
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	Carelon MBM
64640	Destruction, Neurolytic; Other Peripheral Nerve/Branch	Carelon MBM or Wellpoint
64716	Neuroplasty &/Or Transposition; Cranial Nerve (Specify)	Carelon MBM or Wellpoint
64722	Decompression; Unspecified Nerve(S) (Specify)	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
64732	Transection/Avulsion; Supraorbital Nerve	Carelon MBM or Wellpoint
64734	Transection/Avulsion; Infraorbital Nerve	Carelon MBM or Wellpoint
64736	Transection/Avulsion; Mental Nerve	Wellpoint
64738	Transection/Avulsion; Inferior Alveolar Nerve, Osteotomy	Wellpoint
64740	Transection/Avulsion; Lingual Nerve	Wellpoint
64742	Transection/Avulsion; Facial Nerve, Differential/Complete	Wellpoint
64744	Transection/Avulsion; Greater Occipital Nerve	Carelon MBM or Wellpoint
64771	Transection/Avulsion, Other Cranial Nerve, Extradural	Carelon MBM or Wellpoint
64772	Transection/Avulsion, Other Spinal Nerve, Extradural	Carelon MBM or Wellpoint
64864	Suture, Facial Nerve; Extracranial	Wellpoint
64865	Suture, Facial Nerve; Infratemporal, W/Wo Grafting	Wellpoint
64866	Anastomosis; Facial-Spinal Accessory	Wellpoint
64868	Anastomosis; Facial-Hypoglossal	Wellpoint
64999	Unlisted Proc, Nervous System	Wellpoint
65778	Placement of amniotic membrane on the ocular surface; without sutures	Carelon MBM
65779	Placement of amniotic membrane on the ocular surface; single layer, sutured	Carelon MBM
65780	Ocular surface reconstruction; amniotic membrane transplantation, multiple layers	Carelon MBM
66174	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); without retention of device or stent	Carelon MBM
66175	Transluminal dilation of aqueous outflow canal (eg, canaloplasty); with retention of device or stent	Carelon MBM or Wellpoint
66183	Insertion of anterior segment aqueous drainage device, without extraocular reservoir, external approach	Carelon MBM or Wellpoint
66683	Iris prosthesis Implantation	Carelon MBM or Wellpoint
66989	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1-stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Carelon MBM or Wellpoint
66991	Extracapsular cataract removal with insertion of intraocular lens prosthesis (1 stage procedure), manual or mechanical technique (eg, irrigation and aspiration or phacoemulsif	Carelon MBM or Wellpoint
67027	Implant, Intravitreal Drug Delivery System W/Removal, Vitreous	Carelon MBM or Wellpoint
67028	Intravitreal Injection, A Pharmacologic Agent (Sep Proc)	Wellpoint
67218	Destruction of localized lesion of retina (eg, macular edema, tumors), 1 or more sessions; radiation by implantation of	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
67900	Repair, Brow Ptosis, (Supraciliary/Mid-Forehead/Coronal Approach)	Carelon MBM
67901	Repair of blepharoptosis; frontalis muscle technique with suture or other material (eg, banked fascia)	Carelon MBM
67902	Repair of blepharoptosis; frontalis muscle technique with autologous fascial sling (includes obtaining fascia)	Carelon MBM
67903	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Int Approach	Carelon MBM
67904	Repair, Blepharoptosis; (Tarso) Levator Resection/Advancement, Ext Approach	Carelon MBM
67906	Repair, Blepharoptosis; Superior Rectus W/Fascial Sling	Carelon MBM
67908	Repair, Blepharoptosis; Conjunctivo-Tarso-Muller's Muscle-Levator Resection	Carelon MBM
69090	Ear Piercing	Wellpoint
69300	Otoplasty, Protruding Ear, W/Wo Size Reduction	Wellpoint
69399	Unlisted Proc, Ext Ear	Wellpoint
69705	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); unilateral	Carelon MBM or Wellpoint
69706	Nasopharyngoscopy, surgical, with dilation of eustachian tube (ie, balloon dilation); bilateral	Carelon MBM or Wellpoint
69710	Implantation/Replacement, Electromagnetic Bone Conduction Hearing Device, Temporal Bone	Carelon MBM or Wellpoint
69714	Implantation, osseointegrated implant, skull; with percutaneous attachment to external speech processor	Carelon MBM or Wellpoint
69716	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid and/or resulting in removal of less than	Carelon MBM or Wellpoint
69717	Replacement (including removal of existing device), osseointegrated implant, skull; with percutaneous attachment to external speech processor	Carelon MBM or Wellpoint
69719	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, within the mastoid an	Carelon MBM or Wellpoint
69729	Implantation, osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside of the mastoid and resulting in removal of greater	Carelon MBM or Wellpoint
69730	Replacement (including removal of existing device), osseointegrated implant, skull; with magnetic transcutaneous attachment to external speech processor, outside the mastoid a	Carelon MBM or Wellpoint
69799	Unlisted Proc, Middle Ear	Wellpoint
69930	Cochlear Device Implantation, W/Wo Mastoidectomy	Carelon MBM or Wellpoint
69949	Unlisted Proc, Inner Ear	Wellpoint
69955	Total Facial Nerve Decompression &/Or Repair, (May Include Graft)	Wellpoint
70336	Mri, Temporomandibular Joints	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
70450	Ct Scan, Head/Brain; W/O Contrast Matl	Carelon MBM
70460	Ct Scan, Head/Brain; W/Contrast Matl(S)	Carelon MBM
70470	Ct Scan, Head/Brain; W/O Contrast, Then W/Contrast	Carelon MBM
70480	Ct Scan, Orbit/Sella/Posterior Fossa/Outer, Middle, Inner Ear; W/O Contrast	Carelon MBM
70481	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/Contrast	Carelon MBM
70482	Ct Scan, Orbit/Sella/Posterior Fossa/ Outer, Middle, Inner Ear; W/O Contrast, Then W/Contrast	Carelon MBM
70486	Ct Scan, Maxillofacial Area; W/O Contrast Matl	Carelon MBM
70487	Ct Scan, Maxillofacial Area; W/Contrast Matl(S)	Carelon MBM
70488	Ct Scan, Maxillofacial Area; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
70490	Ct Scan, Soft Tissue Neck; W/O Contrast Matl	Carelon MBM
70491	Ct Scan, Soft Tissue Neck; W/Contrast Matl(S)	Carelon MBM
70492	Ct Scan, Neck Tissue; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
70496	Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon MBM
70498	Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	Carelon MBM
70540	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	Carelon MBM
70542	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	Carelon MBM
70543	Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast ma	Carelon MBM
70544	Mra, Head; W/O Contrast Matl(S)	Carelon MBM
70545	Mra, Head; W/Contrast Matl(S)	Carelon MBM
70546	Mra, Head; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Carelon MBM
70547	Mra, Neck; W/O Contrast Matl(S)	Carelon MBM
70548	Mra, Neck; W/Contrast Matl(S)	Carelon MBM
70549	Mra, Neck; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Carelon MBM
70551	Mri, Brain; W/O Contrast	Carelon MBM
70552	Mri, Brain; W/Contrast	Carelon MBM
70553	Mri, Brain; W/O Contrast, Then W/Contrast & Further Sequences	Carelon MBM
70554	Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part m	Carelon MBM
70555	Magnetic resonance imaging, brain, functional MRI; requiring physician or psychologist administration of entire neurofun	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
71250	Computed tomography, thorax, diagnostic; without contrast material	Carelon MBM
71260	Computed tomography, thorax, diagnostic; with contrast material(s)	Carelon MBM
71270	Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	Carelon MBM
71271	Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	Carelon MBM
71275	Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed	Carelon MBM
71550	Mri, Chest; W/O Contrast Matl(S)	Carelon MBM
71551	Mri, Chest; W/Contrast Matl(S)	Carelon MBM
71552	Mri, Chest; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Carelon MBM
71555	Mra, Chest (Exclude Myocardium), W/Wo Contrast Matl(S)	Carelon MBM
72125	Ct Scan, Cervical Spine; W/O Contrast	Carelon MBM
72126	Ct Scan, Cervical Spine; W/Contrast	Carelon MBM
72127	Ct Scan, Cervical Spine; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
72128	Computed tomography, thoracic spine; without contrast material	Carelon MBM
72129	Cat, Thoracic Spine; w/Contrst Materl,18-2	Carelon MBM
72130	Ct Scan, Thoracic Spine; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
72131	Ct Scan, Lumbar Spine; W/O Contrast	Carelon MBM
72132	Ct Scan, Lumbar Spine; W/Contrast	Carelon MBM
72133	Ct Scan, Lumbar Spine; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
72141	Mri, Cervical Spine; W/O Contrast	Carelon MBM
72142	Mri, Cervical Spine; W/Contrast	Carelon MBM
72146	Mri, Thoracic Spine; W/O Contrast	Carelon MBM
72147	Mri, Thoracic Spine; W/Contrast	Carelon MBM
72148	Mri, Lumbar Spine; W/O Contrast	Carelon MBM
72149	Mri, Lumbar Spine; W/Contrast	Carelon MBM
72156	Mri, Spine W/O Contrast, Then W/Contrast; Cervical	Carelon MBM
72157	Mri, Spine W/O Contrast, Then W/Contrast; Thoracic	Carelon MBM
72158	Mri, Spine W/O Contrast, Then W/Contrast; Lumbar	Carelon MBM
72159	Mra, Spine W/Wo Contrast	Carelon MBM
72191	Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and images	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
72192	Ct Scan, Pelvis; W/O Contrast	Carelon MBM
72193	Ct Scan, Pelvis; W/Contrast	Carelon MBM
72194	Ct Scan, Pelvis; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
72195	Mri, Pelvis; W/O Contrast Matl(S)	Carelon MBM
72196	Mri, Pelvis; W/Contrast Matl(S)	Carelon MBM
72197	Mri, Pelvis; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequences	Carelon MBM
72198	Mra, Pelvis, W/Wo Contrast	Carelon MBM
72285	Discography, cervical or thoracic, radiological supervision and interpretation	Carelon MBM or Wellpoint
72295	Discography, lumbar, radiological supervision and interpretation	Carelon MBM
73200	Ct Scan, Upper Extremity; W/O Contrast	Carelon MBM
73201	Ct Scan, Upper Extremity; W/Contrast	Carelon MBM
73202	Ct Scan, Upper Extremity; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
73206	Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed	Carelon MBM
73218	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S)	Carelon MBM
73219	Mri, Upper Extremity, Other Than Joint; W/Contrast Matl(S)	Carelon MBM
73220	Mri, Upper Extremity, Other Than Joint; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Sequenc	Carelon MBM
73221	Mri, Any Joint, Upper Extremity; W/O Contrast Matl(S)	Carelon MBM
73222	Mri, Any Joint, Upper Extremity; W/Contrast Matl(S)	Carelon MBM
73223	Mri, Any Joint Of Upper Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Sequ	Carelon MBM
73225	Mra, Upper Extremity, W/Wo Contrast	Carelon MBM
73700	Ct Scan, Lower Extremity; W/O Contrast	Carelon MBM
73701	Ct Scan, Lower Extremity; W/Contrast	Carelon MBM
73702	Ct Scan, Lower Extremity; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
73706	Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed	Carelon MBM
73718	Mri, Lower Extremity Other Than Joint; W/O Contrast Matl(S)	Carelon MBM
73719	Mri, Lower Extremity Other Than Joint; W/Contrast Matl(S)	Carelon MBM
73720	Mri, Lower Extremity, Other Than Joint; W/O Contrast Matl(S), Followed Contrast Matl(S) & Furthr Seq	Carelon MBM
73721	Mri, Any Joint, Lower Extremity; W/O Contrast Matl	Carelon MBM
73722	Mri, Any Joint, Lower Extremity; W/Contrast Matl(S)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
73723	Mri, Any Joint, Lower Extremity; W/O Contrast Matl(S), Followed By Contrast Matl(S) & Further Seq	Carelon MBM
73725	Mra, Lower Extremity, W/Wo Contrast	Carelon MBM
74150	Ct Scan, Abdomen; W/O Contrast	Carelon MBM
74160	Computed tomography, abdomen; with contrast material(s)	Carelon MBM
74170	Ct Scan, Abdomen; W/O Contrast, Then W/Contrast & Further Sections	Carelon MBM
74174	Computed Tomographic Angiography, Abdomen And Pelvis, With Contrast Material(S), Including Noncontrast Images, If Performed, And Image Postprocessing	Carelon MBM
74175	Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and im	Carelon MBM
74176	Computed tomography, abdomen and pelvis; without contrast material	Carelon MBM
74177	Computed tomography, abdomen and pelvis; with contrast material(s)	Carelon MBM
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	Carelon MBM
74181	Mri, Abdomen; W/O Contrast Matl(S)	Carelon MBM
74182	Mri, Abdomen; W/Contrast Matl(S)	Carelon MBM
74183	Mri, Abdomen; W/O Contrast Matl(S) Followed By Contrast Matl(S) & Further Sequences	Carelon MBM
74185	Mra, Abdomen, W/Wo Contrast	Carelon MBM
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	Carelon MBM
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including	Carelon MBM
74263	Computed tomographic (CT) colonography, screening, including image postprocessing	Carelon MBM
74712	Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single of first gestation	Carelon MBM
75557	Cardiac magnetic resonance imaging for morphology and function without contrast material;	Carelon MBM
75559	Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	Carelon MBM
75561	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Carelon MBM
75563	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast materi	Carelon MBM
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium	Carelon MBM
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D ima	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postproc	Carelon MBM
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, inc	Carelon MBM
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	Carelon MBM
75635	Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast materi	Carelon MBM
76120	Cineradiography/Videoradiology, Except Where Specifically Included	Carelon MBM or Wellpoint
76376	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	Wellpoint
76377	3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under co	Wellpoint
76380	Ct Scan, Limited/Localized Follow-Up Study	Carelon MBM
76390	Mr Spectroscopy	Carelon MBM
76391	Magnetic resonance (eg, vibration) elastography	Carelon MBM
76496	Unlisted Fluoroscopic Procedure	Wellpoint
76498	Unlisted Mr Procedure	Wellpoint
76499	Unlisted Dx Radiographic Procedure	Wellpoint
76873	Echography, Transrectal; Prostate Volume Study, Brachytherapy Planning	Carelon MBM
76965	Us Guided, Interstitial Radioelement Application	Carelon MBM
77014	Computed tomography guidance for placement of radiation therapy fields	Carelon MBM
77046	Magnetic resonance imaging, breast, without contrast material; unilateral	Carelon MBM
77047	Magnetic resonance imaging, breast, without contrast material; bilateral	Carelon MBM
77048	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin	Carelon MBM
77049	Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokin	Carelon MBM
77078	Computed tomography, bone mineral density study, 1 or more sites; axial skeleton (eg, hips, pelvis, spine)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
77084	Magnetic resonance (eg, proton) imaging, bone marrow blood supply	Carelon MBM
77295	3-dimensional radiotherapy plan, including dose-volume histograms	Carelon MBM
77299	Unlisted Proc, Therapeutic Radiology Clinical Treatment Planning	Wellpoint
77301	Intensity Modulated Radiotherapy Plan W/Dose Volume Histograms	Carelon MBM
77316	Brachytherapy isodose plan; simple (calculation[s] made from 1 to 4 sources, or remote afterloading brachytherapy, 1 channel), includes basic dosimetry calculation(s)	Carelon MBM
77317	Brachytherapy isodose plan; intermediate (calculation[s] made from 5 to 10 sources, or remote afterloading brachytherapy, 2-12 channels), includes basic dosimetry calculation(	Carelon MBM
77318	Brachytherapy isodose plan; complex (calculation[s] made from over 10 sources, or remote afterloading brachytherapy, over 12 channels), includes basic dosimetry calculation(s)	Carelon MBM
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT	Carelon MBM
77370	Special Medical Radiation Physics Consultation	Carelon MBM
77371	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Carelon MBM
77372	Radiation treatment delivery, stereotactic radiosurgery (SRS), complete course of treatment of cranial lesion(s) consist	Carelon MBM
77373	Stereotactic body radiation therapy, treatment delivery, per fraction to 1 or more lesions, including image guidance, en	Carelon MBM
77385	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple	Carelon MBM
77386	Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex	Carelon MBM
77387	Guidance for localization of target volume for delivery of radiation treatment, includes intrafraction tracking, when performed	Carelon MBM
77402	Radiation Treatment Delivery, Single Area, Single/Parallel Opposed Ports; Up To 5 Mev	Carelon MBM
77407	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple bl	Carelon MBM
77412	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational	Carelon MBM
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)	Carelon MBM or Wellpoint
77424	Intraoperative Radiation Treatment Delivery, X-Ray, Single Treatment Session	Carelon MBM
77425	Intraoperative Radiation Treatment Delivery, Electrons, Single Treatment Session	Carelon MBM
77427	Radiation treatment management, 5 treatments	Carelon MBM
77432	Stereotactic radiation treatment management of cranial lesion(s) (complete course of treatment consisting of 1 session)	Carelon MBM
77435	Stereotactic body radiation therapy, treatment management, per treatment course, to 1 or more lesions, including image g	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
77469	Intraoperative Radiation Treatment Management	Carelon MBM
77470	Special treatment procedure (eg, total body irradiation, hemibody radiation, per oral or endocavitory irradiation)	Carelon MBM
77520	Proton Treatment Delivery; Simple W/O Compensation	Carelon MBM
77522	Proton Treatment Delivery; Simple W/Compensation	Carelon MBM
77523	Proton Treatment Delivery; Intermediate	Carelon MBM
77525	Proton Treatment Delivery; Complex	Carelon MBM
77761	Intracavitory Radiation Source Application; Simple	Carelon MBM
77762	Intracavitory Radiation Source Application; Intermediate	Carelon MBM
77763	Intracavitory Radiation Source Application; Complex	Carelon MBM
77767	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter up to 2.0 cm or 1 channel	Carelon MBM
77768	Remote afterloading high dose rate radionuclide skin surface brachytherapy, includes basic dosimetry, when performed; lesion diameter over 2.0 cm and 2 or more channels, or mu	Carelon MBM
77770	Remote afterloading high dose rate radionuclide interstitial or intracavitory brachytherapy, includes basic dosimetry, when performed; 1 channel	Carelon MBM
77771	Remote afterloading high dose rate radionuclide interstitial or intracavitory brachytherapy, includes basic dosimetry, when performed; 2-12 channels	Carelon MBM
77772	Remote afterloading high dose rate radionuclide interstitial or intracavitory brachytherapy, includes basic dosimetry, when performed; over 12 channels	Carelon MBM
77778	Interstitial Radioelement Application; Complex	Carelon MBM
77790	Supervision, Handling, Loading, Radiation Source	Carelon MBM
78429	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s	Carelon MBM
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	Carelon MBM
78431	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at	Carelon MBM
78432	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s]	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	and/or ejection fraction[s], w	
78433	Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], w	Carelon MBM
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Carelon MBM
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Carelon MBM
78453	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Carelon MBM
78454	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall mo	Carelon MBM
78459	Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion[s] and/or ejection fraction[s], when performed), single s	Carelon MBM
78466	Myocardial Imaging, Infarct Avid, Planar; Qualitative/Quantitative	Carelon MBM
78468	Myocardial Imaging, Infarct Avid, Planar; W/Ejection Fraction, 1st Pass Technique	Carelon MBM
78469	Myocardial Imaging, Infarct Avid, Planar; Tomographic Spect W/Wo Quantification	Carelon MBM
78472	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Single Study, Rest/Stress	Carelon MBM
78473	Cardiac Blood Pool Imaging, Gated Equilibrium; Planar, Multiple Studies, Rest/Stress	Carelon MBM
78481	Cardiac Blood Pool Imaging, Planar, 1st Pass; Single Study & Ejection Fraction W/Wo Quantification	Carelon MBM
78483	Cardiac Blood Pool Imaging, Planar, 1st Pass; Mult Studies, Rest & Stress & Eject Fractn W/Wo Quant	Carelon MBM
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	Carelon MBM
78492	Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion[s] and/or ejection fraction[s], when performed); multiple studies at	Carelon MBM
78494	Cardiac Blood Pool Imaging, Gated Equilibrium, Rest, Spect, & Ejection Fraction W/Wo Quantification	Carelon MBM
78608	Brain Imaging, Positron Emission Tomography (Pet); Metabolic Evaluation	Carelon MBM
78609	Brain Imaging, Positron Emission Tomography (Pet); Perfusion Evaluation	Carelon MBM
78800	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
78802	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)	Carelon MBM
78803	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)	Carelon MBM
78804	Radiopharmaceutical localization of tumor, inflammatory process or distribution of radiopharmaceutical agent(s) (includes vascular flow and blood pool imaging, when performed)	Carelon MBM
78811	Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	Carelon MBM
78812	Positron emission tomography (PET) imaging; skull base to mid-thigh	Carelon MBM
78813	Positron emission tomography (PET) imaging; whole body	Carelon MBM
78814	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Carelon MBM
78815	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Carelon MBM
78816	Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and an	Carelon MBM
78999	Unlisted Miscellaneous Proc, Dx Nuclear Medicine	Wellpoint
79101	Radiopharmaceutical Therapy, By Intravenous Administration	Carelon MBM
79403	Radiopharmaceutical Therapy, Radiolabeled Monoclonal Antibody By Intravenous Infusion	Carelon MBM
79445	Radiopharmaceutical Therapy, By Intra-Arterial Particulate Administration	Wellpoint
81120	IDH1 (isocitrate dehydrogenase 1 [NADP+], soluble) (eg, glioma), common variants (eg, R132H, R132C)	Carelon MBM
81121	IDH2 (isocitrate dehydrogenase 2 [NADP+], mitochondrial) (eg, glioma), common variants (eg, R140W, R172M)	Carelon MBM
81161	DMD (dystrophin) (eg, Duchenne/Becker muscular dystrophy) deletion analysis, and duplication analysis, if performed	Carelon MBM
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	Carelon MBM
81163	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon MBM
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	Carelon MBM
81165	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81166	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Carelon MBM
81167	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full duplication/deletion analysis (ie, detection of large gene rearrangements)	Carelon MBM
81170	ABL1 (ABL proto-oncogene 1, non-receptor tyrosine kinase) (eg, acquired imatinib tyrosine kinase inhibitor resistance), gene analysis, variants in the kinase domain	Carelon MBM
81171	AFF2 (ALF transcription elongation factor 2 [FMR2]) (eg, fragile X intellectual disability 2 [FRAXE]) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
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	Carelon MBM
81173	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; full gene sequence	Carelon MBM
81174	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation) gene analysis; known familial variant	Carelon MBM
81175	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; fu	Carelon MBM
81176	ASXL1 (additional sex combs like 1, transcriptional regulator) (eg, myelodysplastic syndrome, myeloproliferative neoplasms, chronic myelomonocytic leukemia), gene analysis; ta	Carelon MBM
81177	ATN1 (atrophin 1) (eg, dentatorubral-pallidolysian atrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81178	ATXN1 (ataxin 1) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81179	ATXN2 (ataxin 2) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81180	ATXN3 (ataxin 3) (eg, spinocerebellar ataxia, Machado-Joseph disease) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81181	ATXN7 (ataxin 7) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81182	ATXN8OS (ATXN8 opposite strand [non-protein coding]) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81183	ATXN10 (ataxin 10) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81184	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81185	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; full gene sequence	Carelon MBM
81186	CACNA1A (calcium voltage-gated channel subunit alpha1 A) (eg, spinocerebellar ataxia) gene analysis; known familial variant	Carelon MBM
81187	CNBP (CCHC-type zinc finger nucleic acid binding protein) (eg, myotonic dystrophy type 2) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81188	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81189	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; full gene sequence	Carelon MBM
81190	CSTB (cystatin B) (eg, Unverricht-Lundborg disease) gene analysis; known familial variant(s)	Carelon MBM
81191	NTRK1 (neurotrophic receptor tyrosine kinase 1) (eg, solid tumors) translocation analysis	Carelon MBM
81192	NTRK2 (neurotrophic receptor tyrosine kinase 2) (eg, solid tumors) translocation analysis	Carelon MBM
81193	NTRK3 (neurotrophic receptor tyrosine kinase 3) (eg, solid tumors) translocation analysis	Carelon MBM
81194	NTRK (neurotrophic-tropomyosin receptor tyrosine kinase 1, 2, and 3) (eg, solid tumors) translocation analysis	Carelon MBM
81195	Cytogenomic analysis, optical genome mapping	Carelon MBM
81200	Aspa (Aspartoacylase) (Eg, Canavan Disease) Gene Analysis, Common Variants (Eg, E285A, Y231X)	Carelon MBM
81201	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; full gene sequence	Carelon MBM
81202	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; known familial variants	Carelon MBM
81203	APC (adenomatous polyposis coli) (eg, familial adenomatosis polyposis [FAP], attenuated FAP) gene analysis; duplication/deletion variants	Carelon MBM
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	Carelon MBM
81205	Bckdhb (Branched-Chain Keto Acid Dehydrogenase E1, Beta Polypeptide) (Eg, Maple Syrup Urine Disease) Gene Analysis, Common Variants (Eg, R183P, G278S, E422X)	Carelon MBM
81206	Bcr/Ab1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Major Breakpoint, Qualitative Or Quantitative	Carelon MBM
81207	Bcr/Ab1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Minor Breakpoint, Qualitative Or	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	Quantitative	
81208	Bcr/Abl1 (T(9;22)) (Eg, Chronic Myelogenous Leukemia) Translocation Analysis; Other Breakpoint, Qualitative Or Quantitative	Carelon MBM
81209	Blm (Bloom Syndrome, Recq Helicase-Like) (Eg, Bloom Syndrome) Gene Analysis, 2281Del6Ins7 Variant	Carelon MBM
81210	Braf (V-Raf Murine Sarcoma Viral Oncogene Homolog B1) (Eg, Colon Cancer), Gene Analysis, V600E Variant	Carelon MBM
81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; 185delAG, 5385insC, 6174delT variants	Carelon MBM
81215	BRCA1 (BRCA1, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon MBM
81216	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; full sequence analysis	Carelon MBM
81217	BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) gene analysis; known familial variant	Carelon MBM
81218	CEBPA (CCAAT/enhancer binding protein [C/EBP], alpha) (eg, acute myeloid leukemia), gene analysis, full gene sequence	Carelon MBM
81219	CALR (calreticulin) (eg, myeloproliferative disorders), gene analysis, common variants in exon 9	Carelon MBM
81220	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Common Variants (Eg, Acmg/Acog Guidelines)	Carelon MBM
81221	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Known Familial Variants	Carelon MBM
81222	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81223	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Full Gene Sequence	Carelon MBM
81224	Cftr (Cystic Fibrosis Transmembrane Conductance Regulator) (Eg, Cystic Fibrosis) Gene Analysis; Intron 8 Poly-T Analysis (Eg, Male Infertility)	Carelon MBM
81225	Cyp2C19 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 19) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *4, *8, *17)	Carelon MBM
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,	Carelon MBM
81227	Cyp2C9 (Cytochrome P450, Family 2, Subfamily C, Polypeptide 9) (Eg, Drug Metabolism), Gene Analysis, Common Variants (Eg, *2, *3, *5, *6)	Carelon MBM
81228	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number variants, comparative genomic hybridization [	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81229	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and single nucleotide polymorphism (SNP) vari	Carelon MBM
81230	CYP3A4 (cytochrome P450 family 3 subfamily A member 4) (eg, drug metabolism), gene analysis, common variant(s) (eg, *2, *22)	Carelon MBM
81231	CYP3A5 (cytochrome P450 family 3 subfamily A member 5) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3, *4, *5, *6, *7)	Carelon MBM
81232	DYPD (dihydropyrimidine dehydrogenase) (eg, 5-fluorouracil/5-FU and capecitabine drug metabolism), gene analysis, common variant(s) (eg, *2A, *4, *5, *6)	Carelon MBM
81233	BTK (Bruton's tyrosine kinase) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, C481S, C481R, C481F)	Carelon MBM
81234	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon MBM
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)	Carelon MBM
81236	EZH2 (enhancer of zeste 2 polycomb repressive complex 2 subunit) (eg, myelodysplastic syndrome, myeloproliferative neoplasms) gene analysis, full gene sequence	Carelon MBM
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)	Carelon MBM
81239	DMPK (DM1 protein kinase) (eg, myotonic dystrophy type 1) gene analysis; characterization of alleles (eg, expanded size)	Carelon MBM
81240	F2 (Prothrombin, Coagulation Factor II) (Eg, Hereditary Hypercoagulability) Gene Analysis, 20210G>A Variant	Carelon MBM
81241	F5 (Coagulation Factor V) (Eg, Hereditary Hypercoagulability) Gene Analysis, Leiden Variant	Carelon MBM
81242	Fancc (Fanconi Anemia, Complementation Group C) (Eg, Fanconi Anemia, Type C) Gene Analysis, Common Variant (Eg, Ivs4+4A>T)	Carelon MBM
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	Carelon MBM
81244	FMR1 (fragile X messenger ribonucleoprotein 1) (eg, fragile X syndrome, X-linked intellectual disability [XLID]) gene analysis; characterization of alleles (eg, expanded size)	Carelon MBM
81245	Flt3 (Fms-Related Tyrosine Kinase 3) (Eg, Acute Myeloid Leukemia), Gene Analysis, Internal Tandem Duplication (ltd) Variants (Ie, Exons 14, 15)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81246	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia), gene analysis; tyrosine kinase domain (TKD) variants (eg, D835, I836)	Carelon MBM
81247	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; common variant(s) (eg, A, A-)	Carelon MBM
81248	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; known familial variant(s)	Carelon MBM
81249	G6PD (glucose-6-phosphate dehydrogenase) (eg, hemolytic anemia, jaundice), gene analysis; full gene sequence	Carelon MBM
81250	G6Pc (Glucose-6-Phosphatase, Catalytic Subunit) (Eg, Glycogen Storage Disease, Type 1A, Von Gierke Disease) Gene Analysis, Common Variants (Eg, R83C, Q347X)	Carelon MBM
81251	Gba (Glucosidase, Beta, Acid) (Eg, Gaucher Disease) Gene Analysis, Common Variants (Eg, N370S, 84Gg, L444P, Ivs2+1G>A)	Carelon MBM
81252	GJB2 (gap junction protein, beta 2, 26kDa, connexin 26) (eg, nonsyndromic hearing loss) gene analysis; full gene sequence	Carelon MBM
81253	GJB2 (gap junction protein, beta 2, 26kDa; connexin 26) (eg, nonsyndromic hearing loss) gene analysis; known familial variants	Carelon MBM
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	Carelon MBM
81255	Hexa (Hexosaminidase A [Alpha Polypeptide]) (Eg, Tay-Sachs Disease) Gene Analysis, Common Variants (Eg, 1278Instatc, 1421+1G>C, G269S)	Carelon MBM
81256	Hfe (Hemochromatosis) (Eg, Hereditary Hemochromatosis) Gene Analysis, Common Variants (Eg, C282Y, H63D)	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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+	Carelon MBM
81261	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemias And Lymphomas, B-Cell), Gene Rearrangement Analysis To Detect Abnormal Clonal Population(S); Amplified Methodology (Eg,	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
81263	Igh@ (Immunoglobulin Heavy Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Variable Region Somatic Mutation Analysis	Carelon MBM
81264	Igk@ (Immunoglobulin Kappa Light Chain Locus) (Eg, Leukemia And Lymphoma, B-Cell), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
81270	Jak2 (Janus Kinase 2) (Eg, Myeloproliferative Disorder) Gene Analysis, P.Val617Phe (V617F) Variant	Carelon MBM
81271	HTT (huntingtin) (eg, Huntington disease) gene analysis; evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
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	Carelon MBM
81273	KIT (v-kit Hardy-Zuckerman 4 feline sarcoma viral oncogene homolog) (eg, mastocytosis), gene analysis, D816 variant(s)	Carelon MBM
81274	HTT (huntingtin) (eg, Huntington disease) gene analysis; characterization of alleles (eg, expanded size)	Carelon MBM
81275	Kras (V-Ki-Ras2 Kirsten Rat Sarcoma Viral Oncogene) (Eg, Carcinoma) Gene Analysis, Variants In Codons 12 And 13	Carelon MBM
81276	KRAS (Kirsten rat sarcoma viral oncogene homolog) (eg, carcinoma) gene analysis; additional variant(s) (eg, codon 61, codon 146)	Carelon MBM
81277	Cytogenomic neoplasia (genome-wide) microarray analysis, interrogation of genomic regions for copy number and loss-of-heterozygosity variants for chromosomal abnormalities	Carelon MBM
81278	IGH@/BCL2 (t(14;18)) (eg, follicular lymphoma) translocation analysis, major breakpoint region (MBR) and minor cluster region (mcr) breakpoints, qualitative or quantitative	Carelon MBM
81279	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) targeted sequence analysis (eg, exons 12 and 13)	Carelon MBM
81283	IFNL3 (interferon, lambda 3) (eg, drug response), gene analysis, rs12979860 variant	Carelon MBM
81284	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; evaluation to detect abnormal (expanded) alleles	Carelon MBM

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Code	Code description	Responsible party
81285	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; characterization of alleles (eg, expanded size)	Carelon MBM
81286	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; full gene sequence	Carelon MBM
81287	MGMT (O-6-methylguanine-DNA methyltransferase) (eg, glioblastoma multiforme) promoter methylation analysis	Carelon MBM
81288	MLH1 (mutL homolog 1, colon cancer, nonpolyposis type 2) (eg, hereditary non-polyposis colorectal cancer, Lynch syndrome) gene analysis; promoter methylation analysis	Carelon MBM
81289	FXN (frataxin) (eg, Friedreich ataxia) gene analysis; known familial variant(s)	Carelon MBM
81290	Mcoln1 (Mucolipin 1) (Eg, Mucolipidosis, Type Iv) Gene Analysis, Common Variants (Eg, lvs3-2A>G, Del6.4Kb)	Carelon MBM
81291	Mthfr (5,10-Methylenetetrahydrofolate Reductase) (Eg, Hereditary Hypercoagulability) Gene Analysis, Common Variants (Eg, 677T, 1298C)	Carelon MBM
81292	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Carelon MBM
81293	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Carelon MBM
81294	Mlh1 (Mutl Homolog 1, Colon Cancer, Nonpolyposis Type 2) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81295	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Carelon MBM
81296	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Carelon MBM
81297	Msh2 (Muts Homolog 2, Colon Cancer, Nonpolyposis Type 1) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81298	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Carelon MBM
81299	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Carelon MBM
81300	Msh6 (Muts Homolog 6 [E. Coli]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81301	Microsatellite Instability Analysis (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Of Markers For Mismatch Repair Deficiency (Eg,	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	Bat25, Bat26), Includes Com	
81302	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Full Sequence Analysis	Carelon MBM
81303	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Known Familial Variant	Carelon MBM
81304	Mecp2 (Methyl Cpg Binding Protein 2) (Eg, Rett Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81305	MYD88 (myeloid differentiation primary response 88) (eg, Waldenstrom's macroglobulinemia, lymphoplasmacytic leukemia) gene analysis, p.Leu265Pro (L265P) variant	Carelon MBM
81306	NUDT15 (nudix hydrolase 15) (eg, drug metabolism) gene analysis, common variant(s) (eg, *2, *3, *4, *5, *6)	Carelon MBM
81307	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; full gene sequence	Carelon MBM
81308	PALB2 (partner and localizer of BRCA2) (eg, breast and pancreatic cancer) gene analysis; known familial variant	Carelon MBM
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,	Carelon MBM
81310	Npm1 (Nucleophosmin) (Eg, Acute Myeloid Leukemia) Gene Analysis, Exon 12 Variants	Carelon MBM
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)	Carelon MBM
81312	PABPN1 (poly[A] binding protein nuclear 1) (eg, oculopharyngeal muscular dystrophy) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81313	PCA3/KLK3 (prostate cancer antigen 3 [non-protein coding]/kallikrein-related peptidase 3 [prostate specific antigen]) ratio (eg, prostate cancer)	Carelon MBM
81314	PDGFRA (platelet-derived growth factor receptor, alpha polypeptide) (eg, gastrointestinal stromal tumor [GIST]), gene analysis, targeted sequence analysis (eg, exons 12, 18)	Carelon MBM
81315	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Common Breakpoints (Eg, Intron 3 And Intro	Carelon MBM
81316	Pml/Raralpha, (T(15;17)), (Promyelocytic Leukemia/Retinoic Acid Receptor Alpha) (Eg, Promyelocytic Leukemia) Translocation Analysis; Single Breakpoint (Eg, Intron 3, Intron 6	Carelon MBM
81317	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Full Sequence Analysis	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81318	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Known Familial Variants	Carelon MBM
81319	Pms2 (Postmeiotic Segregation Increased 2 [S. Cerevisiae]) (Eg, Hereditary Non-Polyposis Colorectal Cancer, Lynch Syndrome) Gene Analysis; Duplication/Deletion Variants	Carelon MBM
81320	PLCG2 (phospholipase C gamma 2) (eg, chronic lymphocytic leukemia) gene analysis, common variants (eg, R665W, S707F, L845F)	Carelon MBM
81321	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; full sequence analysis	Carelon MBM
81322	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; known familial variant	Carelon MBM
81323	PTEN (phosphatase and tensin homolog) (eg, Cowden syndrome, PTEN hamartoma tumor syndrome) gene analysis; duplication/deletion variant	Carelon MBM
81324	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; duplication/deletion analysis	Carelon MBM
81325	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; full sequence analysis	Carelon MBM
81326	PMP22 (peripheral myelin protein 22) (eg, Charcot-Marie-Tooth, hereditary neuropathy with liability to pressure palsies) gene analysis; known familial variant	Carelon MBM
81327	SEPT9 (Septin9) (eg, colorectal cancer) promoter methylation analysis	Carelon MBM
81328	SLCO1B1 (solute carrier organic anion transporter family, member 1B1) (eg, adverse drug reaction), gene analysis, common variant(s) (eg, *5)	Carelon MBM
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	Carelon MBM
81330	Smpd1(Sphingomyelin Phosphodiesterase 1, Acid Lysosomal) (Eg, Niemann-Pick Disease, Type A) Gene Analysis, Common Variants (Eg, R496L, L302P, Fsp330)	Carelon MBM
81331	Snrn/Ube3A (Small Nuclear Ribonucleoprotein Polypeptide N And Ubiquitin Protein Ligase E3A) (Eg, Prader-Willi Syndrome And/Or Angelman Syndrome), Methylation Analysis	Carelon MBM
81332	Serpina1 (Serpin Peptidase Inhibitor, Clade A, Alpha-1 Antiproteinase, Antitrypsin, Member 1) (Eg, Alpha-1-Antitrypsin Deficiency), Gene Analysis, Common Variants (Eg, *5 And	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81333	TGFBI (transforming growth factor beta-induced) (eg, corneal dystrophy) gene analysis, common variants (eg, R124H, R124C, R124L, R555W, R555Q)	Carelon MBM
81334	RUNX1 (runt related transcription factor 1) (eg, acute myeloid leukemia, familial platelet disorder with associated myeloid malignancy), gene analysis, targeted sequence analy	Carelon MBM
81335	TPMT (thiopurine S-methyltransferase) (eg, drug metabolism), gene analysis, common variants (eg, *2, *3)	Carelon MBM
81336	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; full gene sequence	Carelon MBM
81337	SMN1 (survival of motor neuron 1, telomeric) (eg, spinal muscular atrophy) gene analysis; known familial sequence variant(s)	Carelon MBM
81338	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; common variants (eg, W515A, W515K, W515L, W515R)	Carelon MBM
81339	MPL (MPL proto-oncogene, thrombopoietin receptor) (eg, myeloproliferative disorder) gene analysis; sequence analysis, exon 10	Carelon MBM
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	Carelon MBM
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	Carelon MBM
81342	Trg@ (T Cell Antigen Receptor, Gamma) (Eg, Leukemia And Lymphoma), Gene Rearrangement Analysis, Evaluation To Detect Abnormal Clonal Population(S)	Carelon MBM
81343	PPP2R2B (protein phosphatase 2 regulatory subunit Bbeta) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81344	TBP (TATA box binding protein) (eg, spinocerebellar ataxia) gene analysis, evaluation to detect abnormal (eg, expanded) alleles	Carelon MBM
81345	TERT (telomerase reverse transcriptase) (eg, thyroid carcinoma, glioblastoma multiforme) gene analysis, targeted sequence analysis (eg, promoter region)	Carelon MBM
81346	TYMS (thymidylate synthetase) (eg, 5-fluorouracil/5-FU drug metabolism), gene analysis, common variant(s) (eg, tandem repeat variant)	Carelon MBM
81347	SF3B1 (splicing factor [3b] subunit B1) (eg, myelodysplastic syndrome/acute myeloid leukemia) gene analysis, common variants (eg, A672T, E622D, L833F, R625C, R625L)	Carelon MBM
81348	SRSF2 (serine and arginine-rich splicing factor 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, P95H, P95L)	Carelon MBM
81349	Cytogenomic (genome-wide) analysis for constitutional chromosomal abnormalities; interrogation of genomic regions for copy number and loss-of-heterozygosity variants, low-pass	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81350	UGT1A1 (UDP glucuronosyltransferase 1 family, polypeptide A1) (eg, drug metabolism, hereditary unconjugated hyperbilirubinemia [Gilbert syndrome]) gene analysis, common variant	Carelon MBM
81351	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; full gene sequence	Carelon MBM
81352	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; targeted sequence analysis (eg, 4 oncology)	Carelon MBM
81353	TP53 (tumor protein 53) (eg, Li-Fraumeni syndrome) gene analysis; known familial variant	Carelon MBM
81355	Vkorc1 (Vitamin K Epoxide Reductase Complex, Subunit 1) (Eg, Warfarin Metabolism), Gene Analysis, Common Variants (Eg, -1639/3673)	Carelon MBM
81357	U2AF1 (U2 small nuclear RNA auxiliary factor 1) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variants (eg, S34F, S34Y, Q157R, Q157P)	Carelon MBM
81360	ZRSR2 (zinc finger CCCH-type, RNA binding motif and serine/arginine-rich 2) (eg, myelodysplastic syndrome, acute myeloid leukemia) gene analysis, common variant(s) (eg, E65fs,	Carelon MBM
81361	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); common variant(s) (eg, HbS, HbC, HbE)	Carelon MBM
81362	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); known familial variant(s)	Carelon MBM
81363	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); duplication/deletion variant(s)	Carelon MBM
81364	HBB (hemoglobin, subunit beta) (eg, sickle cell anemia, beta thalassemia, hemoglobinopathy); full gene sequence	Carelon MBM
81377	Hla Class II Typing, Low Resolution (Eg, Antigen Equivalents); One Antigen Equivalent, Each	Carelon MBM
81378	Hla Class I And II Typing, High Resolution (Ie, Alleles Or Allele Groups), Hla-A, -B, -C, And -Dpb1	Carelon MBM
81379	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); Complete (Ie, Hla-A, -B, And -C)	Carelon MBM
81380	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Locus (Eg, Hla-A, -B, Or -C), Each	Carelon MBM
81381	Hla Class I Typing, High Resolution (Ie, Alleles Or Allele Groups); One Allele Or Allele Group (Eg, B*57:01P), Each	Carelon MBM
81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Carelon MBM
81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Carelon MBM
81402	MOLECULAR PATHOLOGY PROCEDURE LEVEL 3	Carelon MBM
81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Carelon MBM
81404	MOLECULAR PATHOLOGY PROCEDURE LEVEL 5	Carelon MBM
81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Carelon MBM
81406	MOLECULAR PATHOLOGY PROCEDURE LEVEL 7	Carelon MBM
81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Carelon MBM

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Code	Code description	Responsible party
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	Carelon MBM
81410	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); genomic sequence analysis panel, must	Carelon MBM
81411	Aortic dysfunction or dilation (eg, Marfan syndrome, Loeys Dietz syndrome, Ehler Danlos syndrome type IV, arterial tortuosity syndrome); duplication/deletion analysis panel, m	Carelon MBM
81412	Ashkenazi Jewish associated disorders (eg, Bloom syndrome, Canavan disease, cystic fibrosis, familial dysautonomia, Fanconi anemia group C, Gaucher disease, Tay-Sachs disease)	Carelon MBM
81413	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); genomic sequence analysis panel	Carelon MBM
81414	Cardiac ion channelopathies (eg Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia); duplication/deletion gene analys	Carelon MBM
81415	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon MBM
81416	Exome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator exome (eg, parents, siblings) (List separately in addition to code	Carelon MBM
81417	Exome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained exome sequence (eg, updated knowledge or unrelated condition/syn	Carelon MBM
81418	Drug metabolism (eg, pharmacogenomics) genomic sequence analysis panel, must include testing of at least 6 genes, including CYP2C19, CYP2D6, and CYP2D6 duplication an	Carelon MBM
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	Carelon MBM
81420	Fetal chromosomal aneuploidy (eg, trisomy 21, monosomy X) genomic sequence analysis panel, circulating cell-free fetal DNA in maternal blood, must include analysis of chromoso	Carelon MBM
81422	Fetal chromosomal microdeletion(s) genomic sequence analysis (eg, DiGeorge syndrome, Cri-du-chat syndrome) circulating cell-free fetal DNA in maternal blood	Carelon MBM
81425	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
81426	Genome (eg, unexplained constitutional or heritable disorder or syndrome); sequence analysis, each comparator genome (eg, parents, siblings) (List separately in addition to co	Carelon MBM
81427	Genome (eg, unexplained constitutional or heritable disorder or syndrome); re-evaluation of previously obtained genome sequence (eg, updated knowledge or unrelated condition/s	Carelon MBM
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,	Carelon MBM
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	Carelon MBM
81432	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer, hereditary pancreatic cancer, hereditary pr	Carelon MBM
81434	Hereditary retinal disorders (eg, retinitis pigmentosa, Leber congenital amaurosis, cone-rod dystrophy), genomic sequence analysis panel, must include sequencing of at least 1	Carelon MBM
81435	Hereditary colon cancer-related disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), genomic sequence analysis panel, 5 o	Carelon MBM
81437	Hereditary neuroendocrine tumor-related disorders (eg, medullary thyroid carcinoma, parathyroid carcinoma, malignant pheochromocytoma or paraganglioma), genomic sequence analy	Carelon MBM
81439	Hereditary cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy), genomic sequence analysis panel, must inc	Carelon MBM
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	Carelon MBM
81441	Inherited bone marrow failure syndromes (IBMFS) (eg, Fanconi anemia, dyskeratosis congenita, Diamond-Blackfan anemia, Shwachman-Diamond syndrome, GATA2 deficiency syndrome, co	Carelon MBM
81442	Noonan spectrum disorders (eg, Noonan syndrome, cardio-facio-cutaneous syndrome, Costello syndrome, LEOPARD syndrome, Noonan-like syndrome), genomic sequence analysis panel, m	Carelon MBM
81443	Genetic testing for severe inherited conditions (eg, cystic fibrosis, Ashkenazi Jewish-associated disorders [eg, Bloom syndrome, Canavan disease, Fanconi anemia type C, mucoli	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
81448	Hereditary peripheral neuropathies (eg, Charcot-Marie-Tooth, spastic paraplegia), genomic sequence analysis panel, must include sequencing of at least 5 peripheral neuropathy-	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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 rear	Carelon MBM
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 rear	Carelon MBM
81457	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, microsatellite instability	Carelon MBM
81458	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis, copy number variants and microsatellite instability	Carelon MBM
81459	Solid organ neoplasm, genomic sequence analysis panel, interrogation for sequence variants; DNA analysis or combined DNA and RNA analysis, copy number variants, microsatellite	Carelon MBM
81460	Whole mitochondrial genome (eg, Leigh syndrome, mitochondrial encephalomyopathy, lactic acidosis, and stroke-like episodes [MELAS], myoclonic epilepsy with ragged-red fibers [	Carelon MBM
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,	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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,	Carelon MBM
81465	Whole mitochondrial genome large deletion analysis panel (eg, Kearns-Sayre syndrome, chronic progressive external ophthalmoplegia), including heteroplasmy detection, if perfor	Carelon MBM
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	Carelon MBM
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,	Carelon MBM
81479	Unlisted molecular pathology procedure	Carelon MBM
81490	Autoimmune (rheumatoid arthritis), analysis of 12 biomarkers using immunoassays, utilizing serum, prognostic algorithm reported as a disease activity score	Wellpoint
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	Carelon MBM
81504	Oncology (tissue of origin), microarray gene expression profiling of > 2000 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as tissue similarity s	Carelon MBM
81506	Endocrinology, Biochemical Assays Of Seven Analytes Utilizing Serum Or Plasma, Algorithm Reporting A Risk Score	Carelon MBM
81507	Fetal aneuploidy (trisomy 21, 18, and 13) dna sequence analysis of selected regions using maternal plasma, algorithm reported as a risk score for each trisomy	Carelon MBM
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	Wellpoint
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
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	Carelon MBM
81523	Oncology (breast), mRNA, next-generation sequencing gene expression profiling of 70 content genes and 31 housekeeping genes, utilizing formalin-fixed paraffin-embedded tissue,	Carelon MBM
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	Carelon MBM
81528	Oncology (colorectal) screening, quantitative real-time target and signal amplification of 10 DNA markers (KRAS mutations, promoter methylation of NDRG4 and BMP3) and fecal he	Carelon MBM
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	Carelon MBM
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	Wellpoint
81538	Oncology (lung), mass spectrometric 8-protein signature, including amyloid A, utilizing serum, prognostic and predictive algorithm reported as good versus poor overall surviva	Wellpoint
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	Carelon MBM
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	Carelon MBM
81542	Oncology (prostate), mRNA, microarray gene expression profiling of 22 content genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as metastasis risk s	Carelon MBM
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)	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
81554	Pulmonary disease (idiopathic pulmonary fibrosis [IPF]), mRNA, gene expression analysis of 190 genes, utilizing transbronchial biopsies, diagnostic algorithm reported as categ	Carelon MBM
81558	Transplantation medicine (allograft rejection, kidney), mRNA, gene expression profiling	Carelon MBM
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	Wellpoint
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	Carelon MBM
81596	Infectious disease, chronic hepatitis C virus (HCV) infection, six biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, and haptoglobin) utiliz	Wellpoint
81599	Unlisted Multianalyte Assay With Algorithmic Analysis	Carelon MBM
82233	Beta-amyloid; 1-40	Wellpoint
82234	Beta-amyloid; 1-42	Wellpoint
82787	Gammaglobulin (immunoglobulin); immunoglobulin subclasses (eg, IgG1, 2, 3, or 4), each	Wellpoint
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitativ	Wellpoint
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise sp	Carelon MBM or Wellpoint
83884	Neurofilament light chain	Wellpoint
84393	Tau, phosphorylated	Wellpoint
84394	Tau, total	Wellpoint
84999	Unlisted Chemistry Proc	Wellpoint
86001	Allergen Specific IgG Quantitative/Semiquantitative, Ea Allergen	Wellpoint
86343	Leukocyte Histamine Release Test (Lhr)	Wellpoint
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)	Wellpoint
86357	Natural killer (NK) cells, total count	Carelon MBM or Wellpoint
86849	Unlisted Immunology Proc	Wellpoint
86999	Unlisted Transfusion Medicine Proc	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
87999	Unlisted Microbiology Proc	Wellpoint
88271	Molecular Cytogenetics; Dna Probe, Each	Carelon MBM
88275	Molecular Cytogenetics; Interphase In Situ Hybridization, 100-300 Cells	Carelon MBM
88356	Morphometric Analysis; Nerve	Wellpoint
88363	Examination and selection of retrieved archival (ie, previously diagnosed) tissue(s) for molecular analysis (eg, KRAS mutational analysis)	Carelon MBM
88365	Tissue In Situ Hybridization, Interpretation & Report	Carelon MBM
88399	Unlisted Surgical Pathology Proc	Wellpoint
88749	Unlisted in vivo (eg, transcutaneous) laboratory service	Wellpoint
89240	Unlisted Miscellaneous Pathology Test	Wellpoint
89280	Assisted Oocyte Fertilization, Microtechnique; Less Than or Equal To 10 Oocytes	Carelon MBM
89281	Assisted Oocyte Fertilization, Microtechnique; Greater Than 10 Oocytes	Carelon MBM
89290	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Less Than or Equal To 5 Embryos	Carelon MBM or Wellpoint
89291	Biopsy, Oocyte Polar Body or Embryo Blastomere, Microtechnique; Greater Than 5 Embryos	Carelon MBM or Wellpoint
89329	Sperm Evaluation; Hamster Penetration Test	Carelon MBM or Wellpoint
89330	Sperm Evaluation; Cervical Mucus Penetration Test, W/Wo Spinnbarkeit Test	Carelon MBM or Wellpoint
89337	Cryopreservation, mature oocyte(s)	Carelon MBM
89344	Storage, (Per Year); Reproductive Tissue, Testicular/Ovarian	Carelon MBM
89346	Storage, (Per Year); Oocyte	Carelon MBM
89354	Thawing of Cryopreserved; Reproductive Tissue, Testicular/Ovarian	Carelon MBM
89356	Thawing of Cryopreserved; Oocytes, Each Aliquot	Carelon MBM
89398	Unlisted reproductive medicine laboratory procedure	Wellpoint
90281	Immune Globulin (Ig), Human, Im Use	CarelonRX
90283	Immune Globulin (Igiv), Human, Iv Use	CarelonRX
90284	Immune globulin (SC Ig), human, for use in subcutaneous infusions, 100mg, each	CarelonRX
90378	Respiratory syncytial virus, monoclonal antibody, recombinant, for intramuscular use, 50 mg, each	CarelonRX
90380	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 0.5 mL dosage, for intramuscular use	CarelonRX
90381	Respiratory syncytial virus, monoclonal antibody, seasonal dose; 1 mL dosage, for intramuscular use	CarelonRX
90382	Respiratory syncytial virus, monoclonal antibody, seasonal dose, 0.7 mL, for intramuscular use	CarelonRX
90867	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; initial, including cortical mapping, motor threshold determination, delivery	Behavioral Health

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	and management	
90868	Therapeutic repetitive transcranial magnetic stimulation (TMS) treatment; subsequent delivery and management, per session	Behavioral Health
90869	Therapeutic Repetitive Transcranial Magnetic Stimulation (Tms) Treatment; Subsequent Motor Threshold Re-Determination With Delivery And Management	Behavioral Health
90875	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	Wellpoint
90876	Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior m	Wellpoint
90901	Biofeedback Training, Any Modality	Wellpoint
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	Wellpoint
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report	Carelon MBM or Wellpoint
92700	Unlisted Otorhinolaryngological Service/Procedure	Wellpoint
92920	Percutaneous transluminal coronary angioplasty; single major coronary artery or branch	Carelon MBM
92924	Percutaneous transluminal coronary atherectomy, with coronary angioplasty when performed; single major coronary artery or branch	Carelon MBM
92928	Percutaneous transcatheter placement of intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon MBM
92933	Percutaneous transluminal coronary atherectomy, with intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon MBM
92937	Percutaneous transluminal revascularization of or through coronary artery bypass graft (internal mammary, free arterial, venous), any combination of intracoronary stent, ather	Carelon MBM
92941	Percutaneous transluminal revascularization of acute total/subtotal occlusion during acute myocardial infarction, coronary artery or coronary artery bypass graft, any combinat	Carelon MBM
92943	Percutaneous transluminal revascularization of chronic total occlusion, coronary artery, coronary artery branch, or coronary artery bypass graft, any combination of intracoron	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
92972	Percutaneous transluminal coronary lithotripsy (List separately in addition to code for primary procedure)	Carelon MBM
92975	Thrombolysis, Coronary; Intracoronary Infusion, W/ Selective Coronary Angiography	Carelon MBM
93150	Therapy activation of implanted phrenic nerve stimulator system, including all interrogation and programming	Carelon MBM or Wellpoint
93151	Interrogation and programming (minimum one parameter) of implanted phrenic nerve stimulator system	Carelon MBM or Wellpoint
93152	Interrogation and programming of implanted phrenic nerve stimulator system during polysomnography	Carelon MBM or Wellpoint
93153	Interrogation without programming of implanted phrenic nerve stimulator system	Carelon MBM or Wellpoint
93228	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	Carelon MBM or Wellpoint
93229	External mobile cardiovascular telemetry with electrocardiographic recording, concurrent computerized real time data analysis and greater than 24 hours of accessible ECG data	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
93303	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Complete	Carelon MBM
93304	Transthoracic Echocardiography, Congenital Cardiac Anomalies; Follow-Up/Limited Study	Carelon MBM
93306	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com	Carelon MBM
93307	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, com	Carelon MBM
93308	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, fol	Carelon MBM
93312	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); including	Carelon MBM
93313	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); placement	Carelon MBM
93314	Echocardiography, transesophageal, real-time with image documentation (2D) (with or without M-mode recording); image acq	Carelon MBM
93315	Echocardiography, Transesophageal, Congenital Anomalies; W/Probe, Image, Intepretation & Report	Carelon MBM
93316	Echocardiography, Transesophageal, Congenital Anomalies; Transesophageal Probe Placement Only	Carelon MBM
93317	Echocardiography, Transesophageal, Congenital Anomalies; Image, Interpretation & Report	Carelon MBM
93350	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, dur	Carelon MBM
93351	Echocardiography, transthoracic, real-time with image documentation (2D), includes M-mode recording, when performed, during rest and	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	cardiovascular stress test using treadmill	
93451	Right heart catheterization including measurement(s) of oxygen saturation and cardiac output, when performed	Carelon MBM
93452	Left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Carelon MBM
93453	Combined right and left heart catheterization including intraprocedural injection(s) for left ventriculography, imaging supervision and interpretation, when performed	Carelon MBM
93454	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation;	Carelon MBM
93455	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93456	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93457	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93458	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93459	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93460	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93461	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
93580	Perc Transcatheter Closure, Congenital Interatrial Communication W/Implant	Carelon MBM or Wellpoint
93600	Bundle Of His Recording	Carelon MBM or Wellpoint
93602	Intra-Atrial Recording	Carelon MBM or Wellpoint
93603	Right Ventricular Recording	Carelon MBM or Wellpoint
93609	Intraventricular &/Or Intra-Atrial Mapping, Tachycardia Site(S) W/Catheter Manipulation	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
93613	Intracardiac Electrophysiologic 3-Dimensional Mapping	Carelon MBM
93619	Electophys Eval, W/Right Atrial/Ventricular Pace/Recording, Insertion Cath, W/O Arrhyth Induction	Carelon MBM or Wellpoint
93620	Electophys Eval, Insert Cath, W/Arrhyth Induction; W/Right Atrial/Ventricular Pace/Record	Carelon MBM or Wellpoint
93621	Electophys Eval, Insert Cath, W/Arrhyth Induction; W/Lt Atrial Pace/Record	Carelon MBM
93622	Electophys Eval, Insert Cath, W/Arrhythmia Induction; W/Lt Vent Pace/Record	Carelon MBM
93624	Electophys, Follow-Up Study W/Pacing & Recording W/Arrhyth Induction	Carelon MBM or Wellpoint
93640	Electophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace	Carelon MBM
93641	Electophys Eval, Single/Dual Pacing Cardio/Defib Leads, Initial Implant/Replace; W/Pulse Generator	Carelon MBM
93650	Intracardiac Catheter Ablation, Atrioventricular Node Function/Conduction	Carelon MBM or Wellpoint
93653	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	Carelon MBM or Wellpoint
93654	Comprehensive electrophysiologic evaluation with insertion and repositioning of multiple electrode catheters, induction or attempted induction of an arrhythmia with right atri	Carelon MBM or Wellpoint
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	Carelon MBM
93656	Comprehensive electrophysiologic evaluation with transseptal catheterizations, insertion and repositioning of multiple electrode catheters, induction or attempted induction of	Carelon MBM or Wellpoint
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	Carelon MBM
93702	Bioimpedance spectroscopy (BIS), extracellular fluid analysis for lymphedema assessment(s)	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
93799	Unlisted Cardiovascular Service/Proc	Wellpoint
93880	Duplex Scan, Extracranial Arteries; Complete Bilat Study	Carelon MBM
93882	Duplex Scan, Extracranial Arteries; Unilat/Limited Study	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
93924	Noninvasive physiologic studies of lower extremity arteries, at rest and following treadmill stress testing (ie, bidirectional Doppler waveform or volume plethysmography recor	Carelon MBM
93925	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Carelon MBM
93926	Duplex Scan, Lower Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Carelon MBM
93930	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Complete Bilat Study	Carelon MBM
93931	Duplex Scan, Upper Extremity Arteries/Arterial Bypass Grafts; Unilat/Limited Study	Carelon MBM
93978	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Complete Study	Carelon MBM
93979	Duplex Scan, Aorta, Inferior Vena Cava, Iliac Vasculature/Bypass Grafts; Unilat/Limited	Carelon MBM
93998	Unlisted Noninvasive Vascular Diagnostic Study	Wellpoint
95199	Unlisted Allergy/Clinical Immunologic Service/Proc	Wellpoint
95782	Polysomnography; younger than 6 years, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon MBM
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	Carelon MBM
95800	Sleep study, unattended, simultaneous recording; heart rate, oxygen saturation, respiratory analysis (eg, by airflow or peripheral arterial tone), and sleep time	Carelon MBM
95801	Sleep study, unattended, simultaneous recording; minimum of heart rate, oxygen saturation, and respiratory analysis (eg, by airflow or peripheral arterial tone)	Carelon MBM
95803	Actigraphy testing, recording, analysis, interpretation, and report (minimum of 72 hours to 14 consecutive days of recor	Carelon MBM or Wellpoint
95805	Multiple Sleep Latency Test, Multiple Trails	Carelon MBM
95806	Sleep study, unattended, simultaneous recording of, heart rate, oxygen saturation, respiratory airflow, and respiratory	Carelon MBM
95807	Sleep Study, Attended	Carelon MBM
95808	Polysomnography; any age, sleep staging with 1-3 additional parameters of sleep, attended by a technologist	Carelon MBM
95810	Polysomnography; age 6 years or older, sleep staging with 4 or more additional parameters of sleep, attended by a technologist	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each	Carelon MBM or Wellpoint
95921	Testing, Autonomic Nervous System; Cardiovagal Innervation Parasympathetic	Carelon MBM
95922	Testing of autonomic nervous system function; vasomotor adrenergic innervation (sympathetic adrenergic function), including	Carelon MBM
95923	Testing, Autonomic Nervous System; Sudomotor	Carelon MBM
95924	Testing of autonomic nervous system function; combined parasympathetic and sympathetic adrenergic function testing with at least 5 minutes of passive tilt	Carelon MBM
95965	Magnetoencephalography (Meg), Record & Analysis; For Spontaneous Brain Magnetic Activity	Carelon MBM
95966	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Single Modality	Carelon MBM
95967	Magnetoencephalography (Meg), Record & Analysis; For Evoked Magnetic Fields, Each Add'l Modality	Carelon MBM
95976	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst)	Carelon MBM or Wellpoint
95977	Electronic analysis of implanted neurostimulator pulse generator/transmitter (eg, contact group[s], interleaving, amplitude, pulse width, frequency [Hz], on/off cycling, burst)	Carelon MBM or Wellpoint
95980	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration)	Wellpoint
95981	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration)	Wellpoint
95982	Electronic analysis of implanted neurostimulator pulse generator system (eg, rate, pulse amplitude and duration, configuration)	Wellpoint
95999	Unlisted Neurological/Neuromuscular Dx Proc	Wellpoint
96365	Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug); initial, up to 1 hour	Wellpoint
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular	Wellpoint
96904	Whole body integumentary photography, for monitoring of high risk patients with dysplastic nevus syndrome or a history of	Carelon MBM or Wellpoint
96931	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, first lesion	Carelon MBM or Wellpoint
96932	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, first lesion	Carelon MBM or Wellpoint
96933	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, first lesion	Carelon MBM or Wellpoint
96934	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition and interpretation and report, each additional	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	lesion (List separately i	
96935	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; image acquisition only, each additional lesion (List separately in addition to code for pr	Carelon MBM
96936	Reflectance confocal microscopy (RCM) for cellular and sub-cellular imaging of skin; interpretation and report only, each additional lesion (List separately in addition to cod	Carelon MBM
96999	Unlisted Special Dermatological Service/Proc	Wellpoint
97039	Unlisted Modality (Specify Type & Time If Constant Attendance)	Wellpoint
97139	Unlisted Therapeutic Procedure (Specify)	Wellpoint
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	Wellpoint
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	Wellpoint
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	Wellpoint
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	Wellpoint
97155	Adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, which may include simultaneous direction of tech	Wellpoint
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	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Wellpoint
97158	Group adaptive behavior treatment with protocol modification, administered by physician or other qualified health care professional, face-to-face with multiple patients, each	Wellpoint
97610	Low frequency, non-contact, non-thermal ultrasound, including topical application(s), when performed, wound assessment, and instruction(s) for ongoing care, per day	Wellpoint
97799	Unlisted Physical Medicine/Rehabilitation Service/Proc	Wellpoint
99151	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation suppor	Carelon MBM or Wellpoint
99152	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation suppor	Carelon MBM or Wellpoint
99153	Moderate sedation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation suppor	Carelon MBM
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	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
99157	Moderate sedation services provided by a physician or other qualified health care professional other than the physician or other qualified health care professional performing	Carelon MBM
99183	Physician or other qualified health care professional attendance and supervision of hyperbaric oxygen therapy, per session	Carelon MBM or Wellpoint
99199	Unlisted Proc, Special Service/Report	Wellpoint
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	Carelon MBM
0002M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizi	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0016M	Oncology (bladder), mRNA, microarray gene expression profiling of 219 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as molecular subtype (lumina	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm	Wellpoint
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	Carelon MBM
0019U	Oncology, RNA, gene expression by whole transcriptome sequencing, formalin-fixed paraffin embedded tissue or fresh frozen tissue, predictive algorithm reported as potential tumor	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0026U	Oncology (thyroid), DNA and mRNA of 112 genes, next-generation sequencing, fine needle aspirate of thyroid nodule, algorithmic analysis reported as a categorical result ('Positive')	Carelon MBM
0027U	JAK2 (Janus kinase 2) (eg, myeloproliferative disorder) gene analysis, targeted sequence analysis exons 12-15	Carelon MBM
0029U	Drug metabolism (adverse drug reactions and drug response), targeted sequence analysis (ie, CYP1A2, CYP2C19, CYP2C9, CYP2D6, CYP3A4, CYP3A5, CYP4F2, SLCO1B1, VKORC1 and rs1277	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0030U	Drug metabolism (warfarin drug response), targeted sequence analysis (ie, CYP2C9, CYP4F2, VKORC1, rs12777823)	Carelon MBM
0031U	CYP1A2 (cytochrome P450 family 1, subfamily A, member 2)(eg, drug metabolism) gene analysis, common variants (ie, *1F, *1K, *6, *7)	Carelon MBM
0032U	COMT (catechol-O-methyltransferase)(drug metabolism) gene analysis, c.472G>A (rs4680) variant	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0036U	Exome (ie, somatic mutations), paired formalin-fixed paraffin-embedded tumor tissue and normal specimen, sequence analyses	Carelon MBM
0037U	Targeted genomic sequence analysis, solid organ neoplasm, DNA analysis of 324 genes, interrogation for sequence variants, gene copy number amplifications, gene rearrangements,	Carelon MBM
0040U	BCR/ABL1 (t(9;22)) (eg, chronic myelogenous leukemia) translocation analysis, major breakpoint, quantitative	Carelon MBM
0042T	Cerebral Perfusion Analysis, Ct W/Contrst, Postprocess, Determ Cerebral Blood Flow/Vol & Mean	Carelon MBM
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	Carelon MBM
0046U	FLT3 (fms-related tyrosine kinase 3) (eg, acute myeloid leukemia) internal tandem duplication (ITD) variants, quantitative	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
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, algorithm	Carelon MBM
0048U	Oncology (solid organ neoplasia), DNA, targeted sequencing of protein-coding exons of 468 cancer-associated genes, including interrogation for somatic mutations and microsatellite	Carelon MBM
0049U	NPM1 (nucleophosmin) (eg, acute myeloid leukemia) gene analysis, quantitative	Carelon MBM
0050U	Targeted genomic sequence analysis panel, acute myelogenous leukemia, DNA analysis, 194 genes, interrogation for sequence variants, copy number variants or rearrangements	Carelon MBM
0055U	Cardiology (heart transplant), cell-free DNA, PCR assay of 96 DNA target sequences (94 single nucleotide polymorphism targets and two control targets), plasma	Carelon MBM
0062U	Autoimmune (systemic lupus erythematosus), IgG and IgM analysis of 80 biomarkers, utilizing serum, algorithm reported with a risk score	Wellpoint
0069U	Oncology (colorectal), microRNA, RT-PCR expression profiling of miR-31-3p, formalin-fixed paraffin-embedded tissue, algorithm reported as an expression score	Carelon MBM
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, *)	Carelon MBM
0071T	Ultrasound Ablation of Uterine Leiomyomata inc MR Guidance	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0071U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, full gene sequence (List separately in addition to code for primary procedure)	Carelon MBM
0072T	Ultrasound Ablation of Uterine Leiomyomata inc MR Guidance; Vol>=200 CC	Carelon MBM or Wellpoint
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)	Carelon MBM
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)	Carelon MBM
0074U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, non-duplicated gene when duplication/multiplication)	Carelon MBM
0075U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 5 gene duplication/multiplication) (List separately in)	Carelon MBM
0076U	CYP2D6 (cytochrome P450, family 2, subfamily D, polypeptide 6) (eg, drug metabolism) gene analysis, targeted sequence analysis (ie, 3 gene duplication/ multiplication) (List separately in)	Carelon MBM
0079U	Comparative DNA analysis using multiple selected single-nucleotide polymorphisms(SNPs), urine and buccal DNA, for specimen identity verification	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
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	Carelon MBM or Wellpoint
0082U	Drug test(s), definitive, 90 or more drugs or substances, definitive chromatography with mass spectrometry, and presumptive, any number of drug classes, by instrument chemistr	Carelon MBM
0083U	Oncology, response to chemotherapy drugs using motility contrast tomography, fresh or frozen tissue, reported as likelihood of sensitivity or resistance to drugs or drug combi	Carelon MBM
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	Carelon MBM
0089U	Oncology (melanoma), gene expression profiling by RTqPCR, PRAME and LINC00518, superficial collection using adhesive patch(es)	Carelon MBM
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,	Carelon MBM
0092U	Oncology (lung), three protein biomarkers, immunoassay using magnetic nanosensor technology, plasma, algorithm reported as risk score for likelihood of malignancy	Wellpoint
0094U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilizing	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0095T	Removal of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Carelon MBM
0098T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspace, cervical (List separately in addition to code for primary procedure)	Carelon MBM
0100T	Placement of a subconjunctival retinal prosthesis receiver and pulse generator, and implantation of intra-ocular retinal electrode array, with vitrectomy	Wellpoint
0101T	Extracorporeal shock wave involving musculoskeletal system, not otherwise specified	Carelon MBM or Wellpoint
0101U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatous polyposis), genomic sequence analysis panel utilizing a	Carelon MBM
0102T	Extracorporeal shock wave performed by a physician, requiring anesthesia other than local, and involving the lateral humeral epicondyle	Carelon MBM or Wellpoint
0102U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a	Carelon MBM
0103U	Hereditary ovarian cancer (eg, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis panel utilizing a combination of NGS, Sanger, MLPA, and arr	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0105U	Nephrology (chronic kidney disease), multiplex electrochemiluminescent immunoassay (ECLIA) of tumor necrosis factor receptor 1A, receptor superfamily 2 (TNFR1, TNFR2), and kidney	Wellpoint
0106T	QST TST-EXT; TOUCH PRESS LG DIAM SENSATION	Carelon MBM or Wellpoint
0107T	QST TST-EXT; VIBRATION LG DIAM FIBER SENSATION	Carelon MBM or Wellpoint
0108T	QST-EXT; COOL SM NRV FIBR SENSATION&HYPERALGESIA	Carelon MBM or Wellpoint
0109T	QST-EXT; HEAT-PAIN SM NRV FIBR SENSATN&HYPRALGSIA	Carelon MBM or Wellpoint
0110T	QST TST-EXT; OTHER STIMULI ASSESS SENSATION	Carelon MBM or Wellpoint
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	Carelon MBM
0112U	Infectious agent detection and identification, targeted sequence analysis (16S and 18S rRNA genes) with drug-resistance gene	Carelon MBM or Wellpoint
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	Carelon MBM
0117U	Pain management, analysis of 11 endogenous analytes (methylmalonic acid, xanthurenic acid, homocysteine, pyroglutamic acid, vanilmandelate, 5-hydroxyindoleacetic acid, hydroxy	Wellpoint
0118U	Transplantation medicine, quantification of donor-derived cell-free DNA using whole genome next-generation sequencing, plasma, reported as	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in percentage of donor-derived cell-free	Carelon MBM
0120U	Oncology (B-cell lymphoma classification), mRNA, gene expression profiling by fluorescent probe hybridization of 58 genes (45 content and 13 housekeeping genes), formalin-fixe	Carelon MBM
0129U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), genomic sequence analysis and deletion/dup	Carelon MBM
0130U	Hereditary colon cancer disorders (eg, Lynch syndrome, PTEN hamartoma syndrome, Cowden syndrome, familial adenomatosis polyposis), targeted mRNA sequence analysis panel (APC,	Carelon MBM
0131U	Hereditary breast cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (13)	Carelon MBM
0132U	Hereditary ovarian cancer-related disorders (eg, hereditary breast cancer, hereditary ovarian cancer, hereditary endometrial cancer), targeted mRNA sequence analysis panel (17)	Carelon MBM
0134U	Hereditary pan cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted mRNA sequence analysis panel (18 genes)	Carelon MBM
0135U	Hereditary gynecological cancer (eg, hereditary breast and ovarian cancer, hereditary endometrial cancer, hereditary colorectal cancer), targeted	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in mRNA sequence analysis panel	Carelon MBM
0136U	ATM (ataxia telangiectasia mutated) (eg, ataxia telangiectasia) mRNA sequence analysis (List separately in addition to code for primary procedure)	Carelon MBM
0138U	BRCA1 (BRCA1, DNA repair associated), BRCA2 (BRCA2, DNA repair associated) (eg, hereditary breast and ovarian cancer) mRNA sequence analysis (List separately in addition to code for primary procedure)	Carelon MBM
0152U	Infectious disease (bacteria, fungi, parasites, and DNA viruses), microbial cell-free DNA, plasma, untargeted next-generation sequencing, report for significant positive pathogens	Carelon MBM or Wellpoint
0153U	Oncology (breast), mRNA, gene expression profiling by next-generation sequencing of 101 genes, utilizing formalin-fixed paraffin-embedded tissue, algorithm reported as a triple negative	Carelon MBM
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.	Carelon MBM
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	Carelon MBM
0156U	Copy number (eg, intellectual disability, dysmorphology), sequence analysis	Carelon MBM
0164T	Removal of total disc arthroplasty, (artificial disc), anterior approach, each additional interspace, lumbar (List separately in addition to code for primary procedure)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0164U	Gastroenterology (irritable bowel syndrome [IBS]), immunoassay for anti-CdtB and anti-vinculin antibodies, utilizing plasma, algorithm for elevated or not elevated qualitative	Wellpoint
0165T	Revision including replacement of total disc arthroplasty (artificial disc), anterior approach, each additional interspa	Carelon MBM
0166U	Liver disease, 10 biochemical assays (+2-macroglobulin, haptoglobin, apolipoprotein A1, bilirubin, GGT, ALT, AST, triglycerides, cholesterol, fasting glucose) and biometric a	Wellpoint
0169U	NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon MBM
0170U	Neurology (autism spectrum disorder [ASD]), RNA, next-generation sequencing, saliva, algorithmic analysis, and results reported as predictive probability of ASD diagnosis	Carelon MBM
0171U	Targeted genomic sequence analysis panel, acute myeloid leukemia, myelodysplastic syndrome, and myeloproliferative neoplasms, DNA analysis, 23 genes, interrogation for sequenc	Carelon MBM
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	Carelon MBM
0173U	Psychiatry (ie, depression, anxiety), genomic analysis panel, includes variant analysis of 14 gene	Carelon MBM
0174U	Oncology (solid tumor), mass spectrometric 30 protein targets, formalin-fixed paraffin-embedded tissue, prognostic and predictive algorithm reported as likely, unlikely, or un	Wellpoint

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Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0175U	Psychiatry (eg, depression, anxiety), genomic analysis panel, variant analysis of 15 genes	Carelon MBM
0176U	Cytolethal distending toxin B (CdtB) and vinculin IgG antibodies by immunoassay (ie, ELISA)	Wellpoint
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	Carelon MBM
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 known)	Carelon MBM
0200T	Percutaneous sacral augmentation (sacroplasty), unilateral injection(s), including the use of a balloon or mechanical device, when used, 1 or more needles	Carelon MBM
0201T	Percutaneous sacral augmentation (sacroplasty), bilateral injections, including the use of a balloon or mechanical device, when used, 2 or more needles	Carelon MBM
0202T	Posterior vertebral joint(s) arthroplasty (e.g., facet joint[s] replacement) including facetectomy, laminectomy, foraminotomy	Wellpoint
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 continuous	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0206U	Neurology (Alzheimer disease); cell aggregation using morphometric imaging and protein kinase C-epsilon (PKCe) concentration in response to amylospheroid treatment by ELISA, c	Carelon MBM or Wellpoint
0207T	Evacuation of meibomian glands, automated, using heat and intermittent pressure, unilateral	Carelon MBM or Wellpoint
0207U	Neurology (Alzheimer disease); quantitative imaging of phosphorylated ERK1 and ERK2 in response to bradykinin treatment by in situ immunofluorescence, using cultured skin fibroblasts	Carelon MBM
0209U	Cytogenomic constitutional (genome-wide) analysis, interrogation of genomic regions for copy number, structural changes and areas of homozygosity for chromosomal abnormalities	Carelon MBM
0211U	Oncology (pan-tumor), DNA and RNA by next-generation sequencing, utilizing formalin-fixed paraffin-embedded tissue, interpretative report for single nucleotide variants, copy	Carelon MBM
0212U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeats	Carelon MBM
0213T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM
0213U	Rare diseases (constitutional/heritable disorders), whole genome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem repeats	Carelon MBM
0214T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
0214U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem	Carelon MBM
0215T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Carelon MBM
0215U	Rare diseases (constitutional/heritable disorders), whole exome and mitochondrial DNA sequence analysis, including small sequence changes, deletions, duplications, short tandem	Carelon MBM
0216T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Carelon MBM
0216U	Neurology (inherited ataxias), genomic DNA sequence analysis of 12 common genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions,	Carelon MBM
0217T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Carelon MBM
0217U	Neurology (inherited ataxias), genomic DNA sequence analysis of 51 genes including small sequence changes, deletions, duplications, short tandem repeat gene expansions, and va	Carelon MBM
0218T	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joi	Carelon MBM
0218U	Neurology (muscular dystrophy), DMD gene sequence analysis, including small sequence changes, deletions, duplications, and variants in non-uniquely mappable regions, blood or	Carelon MBM
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	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0003M	Liver disease, ten biochemical assays (ALT, A2-macroglobulin, apolipoprotein A-1, total bilirubin, GGT, haptoglobin, AST, glucose, total cholesterol and triglycerides) utilized	Wellpoint
0004M	Scoliosis, DNA analysis of 53 single nucleotide polymorphisms (SNPs), using saliva, prognostic algorithm reported as a risk score	Carelon MBM
0005U	Oncology (prostate) gene expression profile by real-time RT-PCR of 3 genes (ERG, PCA3, and SPDEF), urine, algorithm reported as risk score	Carelon MBM
0006M	Oncology (hepatic), mRNA expression levels of 161 genes, utilizing fresh hepatocellular carcinoma tumor tissue, with alpha-fetoprotein level, algorithm reported as a risk class	Carelon MBM
0007M	Oncology (gastrointestinal neuroendocrine tumors), real-time PCR expression analysis of 51 genes, utilizing whole peripheral blood, algorithm reported as a nomogram of tumor class	Carelon MBM
0007U	Drug test(s), presumptive, with definitive confirmation of positive results, any number of drug classes, urine, includes specimen verification including DNA authentication in	Carelon MBM
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	Wellpoint
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	Carelon MBM or Wellpoint
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	Carelon MBM
0228U	Oncology (prostate), multianalyte molecular profile by photometric detection of macromolecules adsorbed on nanospunge array slides with machine learning, utilizing first morning urine	Wellpoint
0229U	BCAT1 (Branched chain amino acid transaminase 1) and IKZF1 (IKAROS family zinc finger 1) (eg, colorectal cancer) promoter methylation analysis	Carelon MBM
0230U	AR (androgen receptor) (eg, spinal and bulbar muscular atrophy, Kennedy disease, X chromosome inactivation), full sequence analysis, including small sequence changes in exonic	Carelon MBM
0231U	CACNA1A (calcium voltage-gated channel subunit alpha 1A) (eg, spinocerebellar atrophy), full gene analysis, including small sequence changes in exonic and intronic regions, deletion	Carelon MBM
0232T	Injection(s), platelet rich plasma, any site, including image guidance, harvesting and preparation when performed	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analysis, including small sequence changes in exonic and intronic regions, deletions, duplications, short tandem repeat (STR) expa	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0237U	Cardiac ion channelopathies (eg, Brugada syndrome, long QT syndrome, short QT syndrome, catecholaminergic polymorphic ventricular tachycardia), genomic sequence analysis panel	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0243U	Obstetrics (preeclampsia), biochemical assay of placental-growth factor, time-resolved fluorescence immunoassay, maternal serum, predictive algorithm reported as a risk score	Wellpoint
0244U	Oncology (solid organ), DNA, comprehensive genomic profiling, 257 genes, interrogation for single-nucleotide variants, insertions/deletions, copy number alterations, gene rear	Carelon MBM
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	Carelon MBM
0247U	Obstetrics (preterm birth), insulin-like growth factor-binding protein 4 (IGFBP4), sex hormone-binding globulin (SHBG), quantitative measurement by LC-MS/MS, utilizing maternal	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0248U	Oncology, spheroid cell culture in 3D microenvironment, 12-drug panel, brain- or brain metastasis-response prediction for each drug	Wellpoint
0249U	Oncology (breast), semiquantitative analysis of 32 phosphoproteins and	Wellpoint
0250U	Oncology (solid organ neoplasm), targeted genomic sequence DNA analysis	Carelon MBM
0253T	Insertion of anterior segment aqueous drainage device, without extraocular reservoir; internal approach, into the suprachoroidal space	Carelon MBM or Wellpoint
0253U	Reproductive medicine (endometrial receptivity analysis), RNA gene expression	Carelon MBM
0254U	Reproductive medicine (preimplantation genetic assessment), analysis of	Carelon MBM
0255U	Andrology (infertility), sperm-capacitation assessment of ganglioside GM1 distribution patterns, fluorescence microscopy, fresh or frozen specimen, reported as percentage of c	Carelon MBM or Wellpoint
0258U	Autoimmune (psoriasis), mRNA, next-generation sequencing, gene expression profiling of 50-100 genes, skin-surface collection using adhesive patch, algorithm reported as likely	Carelon MBM
0260U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical	Carelon MBM
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), algorithm	Carelon MBM
0263T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure	Wellpoint
0264T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; complete procedure	Wellpoint
0264U	Rare diseases (constitutional/heritable disorders), identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical	Carelon MBM
0265T	Intramuscular autologous bone marrow cell therapy, with preparation of harvested cells, multiple injections, one leg, including ultrasound guidance, if performed; unilateral procedure	Wellpoint
0265U	Rare constitutional and other heritable disorders, whole genome and mitochondrial DNA sequence analysis, blood, frozen and formalin-fixed paraffin-embedded (FFPE) tissue, Salient	Carelon MBM
0266T	Implantation or replacement of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative)	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0266U	Unexplained constitutional or other heritable disorders or syndromes, tissue-specific gene expression by whole-transcriptome and next-generation sequencing, blood, formalin-fi	Carelon MBM
0267T	Implantation or replacement of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when	Carelon MBM or Wellpoint
0267U	Rare constitutional and other heritable disorders, identification of copy number variations, inversions, insertions, translocations, and other structural variants by optical g	Carelon MBM
0268T	Implantation or replacement of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when p	Carelon MBM or Wellpoint
0268U	Hematology (atypical hemolytic uremic syndrome [aHUS]), genomic sequence analysis of 15 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0269T	Revision or removal of carotid sinus baroreflex activation device; total system (includes generator placement, unilateral or bilateral lead placement, intra-operative interrog	Carelon MBM or Wellpoint
0269U	Hematology (autosomal dominant congenital thrombocytopenia), genomic sequence analysis of 14 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0270T	Revision or removal of carotid sinus baroreflex activation device; lead only, unilateral (includes intra-operative interrogation, programming, and repositioning, when performe	Carelon MBM or Wellpoint
0270U	Hematology (congenital coagulation disorders), genomic sequence analysis of 20 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0271T	Revision or removal of carotid sinus baroreflex activation device; pulse generator only (includes intra-operative interrogation, programming, and repositioning, when performed	Carelon MBM or Wellpoint
0271U	Hematology (congenital neutropenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0272T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor de	Carelon MBM or Wellpoint
0272U	Hematology (genetic bleeding disorders), genomic sequence analysis of 51 genes, blood, buccal swab, or amniotic fluid, comprehensive	Carelon MBM
0273T	Interrogation device evaluation (in person), carotid sinus baroreflex activation system, including telemetric iterative communication with the implantable device to monitor de	Carelon MBM or Wellpoint
0273U	Hematology (genetic hyperfibrinolysis, delayed bleeding), genomic sequence analysis of 8 genes (F13A1, F13B, FGA, FGB, FGG, SERPINA1, SERPINE1,	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	SERPINF2, PLAU), blood, buccal	
0274T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Carelon MBM or Wellpoint
0274U	Hematology (genetic platelet disorders), genomic sequence analysis of 43 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0275T	Percutaneous laminotomy/laminectomy (interlaminar approach) for decompression of neural elements, (with or without ligamentous resection, discectomy, facetectomy and/or forami	Carelon MBM or Wellpoint
0276U	Hematology (inherited thrombocytopenia), genomic sequence analysis of 23 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0277U	Hematology (genetic platelet function disorder), genomic sequence analysis of 31 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0278T	Transcutaneous Electrical Modulation Pain Reprocessing (Eg, Scrambler Therapy), Each Treatment Session (Includes Placement Of Electrodes)	Carelon MBM or Wellpoint
0278U	Hematology (genetic thrombosis), genomic sequence analysis of 12 genes, blood, buccal swab, or amniotic fluid	Carelon MBM
0285U	Oncology, disease progression and response monitoring to radiation, chemotherapy, or other systematic cancer treatments, cell-free DNA, quantitative branched chain DNA amplifi	Carelon MBM
0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (nudix hydrolase 15) and TPMT (thiopurine S-methyltransferase) (eg, drug metabolism) gene analysis, common variants	Carelon MBM
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	Carelon MBM
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),	Carelon MBM
0289U	Neurology (Alzheimer disease), mRNA, gene expression profiling by RNA sequencing of 24 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM
0290U	Pain management, mRNA, gene expression profiling by RNA sequencing of 36 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM
0291U	Psychiatry (mood disorders), mRNA, gene expression profiling by RNA sequencing of 144 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0292U	Psychiatry (stress disorders), mRNA, gene expression profiling by RNA sequencing of 72 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM
0293U	Psychiatry (suicidal ideation), mRNA, gene expression profiling by RNA sequencing of 54 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM
0294U	Longevity and mortality risk, mRNA, gene expression profiling by RNA sequencing of 18 genes, whole blood, algorithm reported as predictive risk score	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
0306U	Oncology (minimal residual disease [MRD]), next-generation targeted sequencing analysis, cell-free DNA, initial (baseline) assessment to determine a patient specific panel for	Carelon MBM
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	Carelon MBM
0308T	Insertion of ocular telescope prosthesis including removal of crystalline lens	Carelon MBM or Wellpoint
0312U	Autoimmune diseases (eg, systemic lupus erythematosus [SLE]), analysis of 8 IgG autoantibodies and 2 cell-bound complement activation products using enzyme-linked immunosorben	Wellpoint
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	Carelon MBM
0314U	Oncology (cutaneous melanoma), mRNA gene expression profiling by RT-PCR of 35 genes (32 content and 3 housekeeping), utilizing formalin-fixed	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	paraffin-embedded (FFPE) tissue,	
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	Carelon MBM
0318U	Pediatrics (congenital epigenetic disorders), whole genome methylation analysis by microarray for 50 or more genes, blood	Carelon MBM
0319U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using pretransplant peripheral blood, algorithm reported as a risk score for early acute reje	Carelon MBM
0320U	Nephrology (renal transplant), RNA expression by select transcriptome sequencing, using posttransplant peripheral blood, algorithm reported as a risk score for acute cellular	Carelon MBM
0323U	Infectious agent detection by nucleic acid (DNA and RNA), central nervous system pathogen, metagenomic next-generation sequencing, cerebrospinal fluid (CSF), identification of	Carelon MBM or Wellpoint
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	Carelon MBM
0329T	Monitoring of intraocular pressure for 24 hours or longer, unilateral or bilateral, with interpretation and report	Carelon MBM
0329U	Oncology (neoplasia), exome and transcriptome sequence analysis for sequence variants, gene copy number amplifications and deletions, gene rearrangements, microsatellite insta	Carelon MBM
0330T	Tear film imaging, unilateral or bilateral, with interpretation and report	Carelon MBM or Wellpoint
0331T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment;	Carelon MBM or Wellpoint
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	Carelon MBM
0332T	Myocardial sympathetic innervation imaging, planar qualitative and quantitative assessment; with tomographic SPECT	Carelon MBM or Wellpoint
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	Carelon MBM
0333U	Oncology (liver), surveillance for hepatocellular carcinoma (HCC) in high-risk patients, analysis of methylation patterns on circulating cell-free DNA (cfDNA) plus measurement	Carelon MBM
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	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0335T	Insertion of sinus tarsi implant	Carelon MBM or Wellpoint
0335U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele	Carelon MBM
0336U	Rare diseases (constitutional/heritable disorders), whole genome sequence analysis, including small sequence changes, copy number variants, deletions, duplications, mobile ele	Carelon MBM
0337U	Oncology (plasma cell disorders and myeloma), circulating plasma cell immunologic selection, identification, morphological characterization, and enumeration of plasma cells ba	Wellpoint
0338T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	Carelon MBM or Wellpoint
0338U	Oncology (solid tumor), circulating tumor cell selection, identification, morphological characterization, detection and enumeration based on differential EpCAM, cytokeratins 8	Wellpoint
0339T	Transcatheter renal sympathetic denervation, percutaneous approach including arterial puncture, selective catheter placement(s) renal artery(ies), fluoroscopy, contrast inject	Carelon MBM or Wellpoint
0339U	Oncology (prostate), mRNA expression profiling of HOXC6 and DLX1, reverse transcription polymerase chain reaction (RT-PCR), first-void urine following digital rectal examinati	Carelon MBM
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	Carelon MBM
0342T	Therapeutic apheresis with selective HDL delipidation and plasma reinfusion	Carelon MBM or Wellpoint
0342U	Oncology (pancreatic cancer), multiplex immunoassay of C5, C4, cystatin C, factor B, osteoprotegerin (OPG), gelsolin, IGFBP3, CA125 and multiplex electrochemiluminescent immun	Wellpoint
0343U	Oncology (prostate), exosome-based analysis of 442 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as	Carelon MBM
0344U	Hepatology (nonalcoholic fatty liver disease [NAFLD]), semiquantitative evaluation of 28 lipid markers by liquid chromatography with tandem mass spectrometry (LC-MS/MS), serum	Wellpoint
0345T	Transcatheter mitral valve repair percutaneous approach via the coronary sinus	Wellpoint
0345U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	deletion/duplication ana	
0347T	Placement of interstitial device(s) in bone for radiostereometric analysis (RSA)	Carelon MBM or Wellpoint
0347U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 16 gene report, with variant analysis and reported phenotypes	Carelon MBM
0348T	Radiologic examination, radiostereometric analysis (RSA); spine, (includes, cervical, thoracic and lumbosacral, when performed)	Carelon MBM or Wellpoint
0348U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 25 gene report, with variant analysis and reported phenotypes	Carelon MBM
0349T	Radiologic examination, radiostereometric analysis (RSA); upper extremity(ies), (includes shoulder, elbow and wrist, when performed)	Carelon MBM or Wellpoint
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	Carelon MBM
0350T	Radiologic examination, radiostereometric analysis (RSA); lower extremity(ies), (includes hip, proximal femur, knee and ankle, when performed)	Carelon MBM or Wellpoint
0350U	Drug metabolism or processing (multiple conditions), whole blood or buccal specimen, DNA analysis, 27 gene report, with variant analysis and reported phenotypes	Carelon MBM
0351T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; real time intraoperative	Carelon MBM or Wellpoint
0352T	Optical coherence tomography of breast or axillary lymph node, excised tissue, each specimen; interpretation and report, real time or referred	Carelon MBM or Wellpoint
0353T	Optical coherence tomography of breast, surgical cavity; real time intraoperative	Carelon MBM or Wellpoint
0354T	Optical coherence tomography of breast, surgical cavity; interpretation and report, real time or referred	Carelon MBM or Wellpoint
0355U	APOL1 (apolipoprotein L1) (eg, chronic kidney disease), risk variants (G1, G2)	Carelon MBM
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	Carelon MBM
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,	Wellpoint
0359U	Oncology (prostate cancer), analysis of all prostate-specific antigen (PSA) structural isoforms by phase separation and immunoassay, plasma, algorithm reports risk of cancer	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Wellpoint
0361U	Neurofilament light chain, digital immunoassay, plasma, quantitative	Wellpoint
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	Wellpoint
0362U	Oncology (papillary thyroid cancer), gene-expression profiling via targeted hybrid captureenrichment RNA sequencing of 82 content genes and 10 housekeeping genes, formalin-fi	Carelon MBM
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	Carelon MBM
0364U	Oncology (hematolymphoid neoplasm), genomic sequence analysis using multiplex (PCR) and next-generation sequencing with algorithm, quantification of dominant clonal sequence(s)	Carelon MBM
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,	Carelon MBM
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	Wellpoint
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	Wellpoint
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (	Wellpoint
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	Carelon MBM or Wellpoint
0378U	RFC1 (replication factor C subunit 1), repeat expansion variant analysis by traditional and repeat-primed PCR, blood, saliva, or buccal swab	Carelon MBM
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	Carelon MBM or Wellpoint
0379U	Targeted genomic sequence analysis panel, solid organ neoplasm, DNA (523 genes) and RNA (55 genes) by next-generation sequencing, interrogation	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	for sequence variants, gene cop	
0388U	Oncology (non-small cell lung cancer), next-generation sequencing with identification of single nucleotide variants, copy number variants, insertions and deletions, and struct	Carelon MBM
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	Carelon MBM
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	Wellpoint
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	Carelon MBM
0392U	Drug metabolism (depression, anxiety, attention deficit hyperactivity disorder [ADHD]), gene-drug interactions, variant analysis of 16 genes, including deletion/duplication an	Carelon MBM
0400U	Obstetrics (expanded carrier screening), 145 genes by nextgeneration sequencing, fragment analysis and multiplex ligationdependent probe amplification, DNA, reported as carrie	Carelon MBM
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	Carelon MBM
0402T	Collagen cross-linking of cornea, including removal of the corneal epithelium, when performed, and intraoperative pachymetry, when performed	Carelon MBM or Wellpoint
0403U	Oncology (prostate), mRNA, gene expression profiling of 18 genes, first-catch urine, algorithm reported as percentage of likelihood of detecting clinically significant prostat	Carelon MBM
0405U	Oncology (pancreatic), 59 methylation haplotype block markers, next-generation sequencing, plasma, reported as cancer signal detected or not detected	Carelon MBM
0407U	Nephrology (diabetic chronic kidney disease [CKD]), multiplex electrochemiluminescent immunoassay (ECLIA) of soluble tumor necrosis factor receptor 1 (sTNFR1), soluble tumor n	Wellpoint
0408T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0409T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Carelon MBM or Wellpoint
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	Carelon MBM
0410T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Carelon MBM or Wellpoint
0410U	Oncology (pancreatic), DNA, whole genome sequencing with 5-hydroxymethylcytosine enrichment, whole blood or plasma, algorithm reported as cancer detected or not detected	Carelon MBM
0411T	Insertion or replacement of permanent cardiac contractility modulation system, including contractility evaluation when performed, and programming of sensing and therapeutic pa	Carelon MBM or Wellpoint
0411U	Psychiatry (eg, depression, anxiety, attention deficit hyperactivity disorder [ADHD]), genomic analysis panel, variant analysis of 15 genes, including deletion/duplication ana	Carelon MBM
0412T	Removal of permanent cardiac contractility modulation system; pulse generator only	Carelon MBM or Wellpoint
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	Wellpoint
0413T	Removal of permanent cardiac contractility modulation system; transvenous electrode (atrial or ventricular)	Carelon MBM or Wellpoint
0413U	Oncology (hematolymphoid neoplasm), optical genome mapping for copy number alterations, aneuploidy, and balanced/complex structural rearrangements, DNA from blood or bone marr	Carelon MBM
0414T	Removal and replacement of permanent cardiac contractility modulation system pulse generator only	Carelon MBM or Wellpoint
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	Carelon MBM
0415T	Repositioning of previously implanted cardiac contractility modulation transvenous electrode, (atrial or ventricular lead)	Carelon MBM or Wellpoint
0416T	Relocation of skin pocket for implanted cardiac contractility modulation pulse generator	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
0417U	Rare diseases (constitutional/heritable disorders), whole mitochondrial genome sequence with heteroplasmy detection and deletion analysis, nuclear-	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	encoded mitochondrial gene a	
0418T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording and disconnection per patient encounter, implantable cardiac contr	Carelon MBM or Wellpoint
0419U	Neuropsychiatry (eg, depression, anxiety), genomic sequence analysis panel, variant analysis of 13 genes, saliva or buccal swab, report of each gene phenotype	Carelon MBM
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	Carelon MBM
0422U	Oncology (pan-solid tumor), analysis of DNA biomarker response to anti-cancer therapy using cell-free circulating DNA, biomarker comparison to a previous baseline pre-treatmen	Carelon MBM
0423U	Psychiatry (eg, depression, anxiety), genomic analysis panel, including variant analysis of 26 genes, buccal swab, report including metabolizer status and risk of drug toxicit	Carelon MBM
0424U	Oncology (prostate), exosome-based analysis of 53 small noncoding RNAs (sncRNAs) by quantitative reverse transcription polymerase chain reaction (RT-qPCR), urine, reported as	Carelon MBM
0425U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), rapid sequence analysis, each comparator genome (eg, parents, siblings)	Carelon MBM
0426U	Genome (eg, unexplained constitutional or heritable disorder or syndrome), ultra-rapid sequence analysis	Carelon MBM
0430U	Gastroenterology, malabsorption evaluation of alpha-1-antitrypsin, calprotectin, pancreatic elastase and reducing substances, feces, quantitative	Wellpoint
0433U	Oncology (prostate), 5 DNA regulatory markers by quantitative PCR, whole blood, algorithm, including prostate-specific antigen, reported as likelihood of cancer	Carelon MBM
0434U	Drug metabolism (adverse drug reactions and drug response), genomic analysis panel, variant analysis of 25 genes with reported phenotypes	Carelon MBM
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	Wellpoint
0437U	Psychiatry (anxiety disorders), mRNA, gene expression profiling by RNA sequencing of 15 biomarkers, whole blood, algorithm reported as predictive risk score	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Carelon MBM
0440T	Ablation, percutaneous, cryoablation, includes imaging guidance; upper extremity distal/peripheral nerve	Wellpoint
0441T	Ablation, percutaneous, cryoablation, includes imaging guidance; lower extremity distal/peripheral nerve	Wellpoint
0442T	Ablation, percutaneous, cryoablation, includes imaging guidance; nerve plexus or other truncal nerve (eg, brachial plexus, pudendal nerve)	Wellpoint
0445U	B-amyloid (Abeta42) and phospho tau (181P) (pTau181), electrochemiluminescent immunoassay (ECLIA), cerebral spinal fluid, ratio reported as positive or negative for amyloid pa	Wellpoint
0449T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; initial device	Carelon MBM or Wellpoint
0450T	Insertion of aqueous drainage device, without extraocular reservoir, internal approach, into the subconjunctival space; each additional device (List separately in addition to	Carelon MBM
0472T	Device evaluation, interrogation, and initial programming of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, with iterative adjustment of the implan	Wellpoint
0473T	Device evaluation and interrogation of intra-ocular retinal electrode array (eg, retinal prosthesis), in person, including reprogramming and visual training, when performed, w	Wellpoint
0474T	Insertion of anterior segment aqueous drainage device, with creation of intraocular reservoir, internal approach, into the supraciliary space	Carelon MBM
0481T	Injection(s), autologous white blood cell concentrate (autologous protein solution), any site, including image guidance, harvesting and preparation, when performed	Wellpoint
0483T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; percutaneous approach, including transseptal puncture, when performed	Wellpoint
0484T	Transcatheter mitral valve implantation/replacement (TMVI) with prosthetic valve; transthoracic exposure (eg, thoracotomy, transapical)	Wellpoint
0489T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; adipose tissue harvesting, isolation and preparation of harvested cells including incubation	Carelon MBM or Wellpoint
0490T	Autologous adipose-derived regenerative cell therapy for scleroderma in the hands; multiple injections in one or both hands	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Wellpoint
0495T	Initiation and monitoring marginal (extended) cadaver donor lung(s) organ perfusion system by physician or qualified health care professional, including physiological and labo	Wellpoint
0505T	Endovenous femoral-popliteal arterial revascularization, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or open	Carelon MBM
0510T	Removal of sinus tarsi implant	Carelon MBM or Wellpoint
0511T	Removal and reinsertion of sinus tarsi implant	Carelon MBM or Wellpoint
0512T	Extracorporeal shock wave for integumentary wound healing, including topical application and dressing care; initial wound	Carelon MBM or Wellpoint
0515T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	Carelon MBM or Wellpoint
0516T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	Carelon MBM or Wellpoint
0517T	Insertion of wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming, and imaging supervision and interpretation, when performe	Carelon MBM or Wellpoint
0518T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; battery component only	Carelon MBM or Wellpoint
0519T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; both components (batter	Carelon MBM or Wellpoint
0520T	Removal and replacement of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon MBM or Wellpoint
0521T	Interrogation device evaluation (in person) with analysis, review and report, includes connection, recording, and disconnection per patient encounter, wireless cardiac stimula	Carelon MBM or Wellpoint
0521U	Rheumatoid factor IgA and IgM, cyclic citrullinated peptide (CCP) antibodies, and scavenger receptor A (SR-A) by immunoassay, blood	Wellpoint
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	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0523U	Oncology (solid tumor), DNA, qualitative, next-generation sequencing (NGS) of singlenucleotide variants (SNV) and insertion/deletions in 22 genes utilizing formalin-fixed par	Carelon MBM
0524T	Endovenous catheter directed chemical ablation with balloon isolation of incompetent extremity vein, open or percutaneous, including all vascular access, catheter manipulation	Carelon MBM or Wellpoint
0524U	Obstetrics (preeclampsia), sFlt1/PIGF ratio, immunoassay, utilizing serum or plasma, reported as a value	Wellpoint
0525T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon MBM or Wellpoint
0525U	Oncology, spheroid cell culture, 11-drug panel (carboplatin, docetaxel, doxorubicin, etoposide, gemcitabine, niraparib, olaparib, paclitaxel, rucaparib, topotecan, veliparib)	Wellpoint
0526T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon MBM or Wellpoint
0527T	Insertion or replacement of intracardiac ischemia monitoring system, including testing of the lead and monitor, initial system programming, and imaging supervision and interpr	Carelon MBM or Wellpoint
0528T	Programming device evaluation (in person) of intracardiac ischemia monitoring system with iterative adjustment of programmed values, with analysis, review, and report	Carelon MBM or Wellpoint
0529T	Interrogation device evaluation (in person) of intracardiac ischemia monitoring system with analysis, review, and report	Carelon MBM or Wellpoint
0529U	Hematology (venous thromboembolism [VTE]), genome-wide single-nucleotide polymorphism variants, including F2 and F5 gene analysis, and Leiden variant, by microarray analysis,	Carelon MBM
0530T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; complete system (electrode and implantable monitor)	Carelon MBM or Wellpoint
0530U	Oncology (pan-solid tumor), ctDNA, utilizing plasma, nextgeneration sequencing (NGS) of 77 genes, 8 fusions, microsatellite instability, and tumor mutation burden, interpreta	Carelon MBM
0531T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; electrode only	Carelon MBM or Wellpoint
0531U	Infectious disease (acid-fast bacteria and invasive fungi), DNA (673 organisms), next-generation sequencing, plasma	Wellpoint
0532T	Removal of intracardiac ischemia monitoring system, including all imaging supervision and interpretation; implantable monitor only	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0532U	Rare diseases (constitutional disease/hereditary disorders), rapid whole genome and mitochondrial DNA sequencing for single-nucleotide variants, insertions/deletions, copy num	Carelon MBM
0533U	Drug metabolism (adverse drug reactions and drug response), genotyping of 16 genes (ie, ABCG2, CYP2B6, CYP2C9, CYP2C19, CYP2C, CYP2D6, CYP3A5, CYP4F2, DPYD, G6PD, GGCX, NUDT15)	Carelon MBM
0534U	Oncology (prostate), microRNA, single-nucleotide polymorphisms (SNPs) analysis by RT-PCR of 32 variants, using buccal swab, algorithm reported as a risk score	Carelon MBM
0535U	Perfluoroalkyl substances (PFAS) (eg, perfluorooctanoic acid, perfluorooctane sulfonic acid), by liquid chromatography with tandem mass spectrometry (LC-MS/MS), plasma or sera	Wellpoint
0536U	Red blood cell antigen (fetal RhD), PCR analysis of exon 4 of RHD gene and housekeeping control gene GAPDH from whole blood in pregnant individuals at 10+ weeks gestation know	Carelon MBM
0537U	Oncology (colorectal cancer), analysis of cell-free DNA for epigenomic patterns, next-generation sequencing, >2500 differentially methylated regions (DMRs), plasma, algorithm	Carelon MBM
0538U	Oncology (solid tumor), next-generation targeted sequencing analysis, formalin-fixed paraffin-embedded (FFPE) tumor tissue, DNA analysis of 600 genes, interrogation for single	Carelon MBM
0539U	Oncology (solid tumor), cell-free circulating tumor DNA (ctDNA), 152 genes, next-generation sequencing, interrogation for single-nucleotide variants, insertions/deletions, gen	Carelon MBM
0540U	Transplantation medicine, quantification of donor-derived cell-free DNA using next-generation sequencing analysis of plasma, reported as percentage of donor-derived cell-free	Carelon MBM
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipopro	Wellpoint
0543U	Oncology (solid tumor), next-generation sequencing of DNA from formalin-fixed paraffin-embedded (FFPE) tissue of 517 genes, interrogation for single-nucleotide variants, multi	Carelon MBM
0544T	Transcatheter mitral valve annulus reconstruction, with implantation of adjustable annulus reconstruction device, percutaneous approach including transseptal puncture	Wellpoint
0544U	Nephrology (transplant monitoring), 48 variants by digital PCR, using cell-free DNA from plasma, donor-derived cell-free DNA, percentage reported as risk for rejection	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0545T	Transcatheter tricuspid valve annulus reconstruction with implantation of adjustable annulus reconstruction device, percutaneous approach	Wellpoint
0546T	Radiofrequency spectroscopy, real time, intraoperative margin assessment, at the time of partial mastectomy, with report	Carelon MBM or Wellpoint
0547U	Neurofilament light chain (NfL), chemiluminescent enzyme immunoassay, plasma, quantitative	Wellpoint
0549U	Oncology (urothelial), DNA, quantitative methylated real-time PCR of TRNA-Cys, SIM2, and NKX1-1, using urine, diagnostic algorithm reported as a probability index for bladder	Carelon MBM
0550U	Oncology (prostate), enzyme-linked immunosorbent assays (ELISA) for total prostate-specific antigen (PSA) and free PSA, serum, combined with age, previous negative prostate bi	Wellpoint
0552U	Reproductive medicine (preimplantation genetic assessment), analysis for known genetic disorders from trophectoderm biopsy, linkage analysis of disease-causing locus, and when	Carelon MBM
0553U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrang	Carelon MBM
0554U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from trophectoderm biopsy for aneuploidy, ploidy, a	Carelon MBM
0555U	Reproductive medicine (preimplantation genetic assessment), analysis of 24 chromosomes using DNA genomic sequence analysis from embryonic trophectoderm for structural rearrang	Carelon MBM
0560U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood and tumor tissue, baseline assessment for design and construction of a persona	Carelon MBM
0561U	Oncology (minimal residual disease [MRD]), genomic sequence analysis, cell-free DNA, whole blood, subsequent assessment with comparison to initial assessment to evaluate for M	Carelon MBM
0562U	Oncology (solid tumor), targeted genomic sequence analysis, 33 genes, detection of single-nucleotide variants (SNVs), insertions and deletions, copy-number amplifications, and	Carelon MBM
0563T	Evacuation of meibomian glands, using heat delivered through wearable, open-eye eyelid treatment devices and manual gland expression, bilateral	Carelon MBM or Wellpoint
0565T	Autologous cellular implant derived from adipose tissue for the treatment of osteoarthritis of the knees; tissue harvesting and cellular implant creation	Carelon MBM or Wellpoint
0565U	Oncology (hepatocellular carcinoma), next-generation sequencing methylation pattern assay to detect 6626 epigenetic alterations, cell-free DNA,	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	plasma, algorithm reported as c	
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	Carelon MBM or Wellpoint
0566U	Oncology (lung), qPCR-based analysis of 13 differentially methylated regions (CCDC181, HOXA7, LRRC8A, MARCHF11, MIR129-2, NCOR2, PANTR1, PRKCB, SLC9A3, TBR1_2, TRAP1, VWC2, ZN	Carelon MBM
0567U	Rare diseases (constitutional/heritable disorders), whole-genome sequence analysis combination of short and long reads, for single-nucleotide variants, insertions/deletions an	Carelon MBM
0568U	Neurology (dementia), beta amyloid (AB40, AB42, AB42/40 ratio), tau-protein phosphorylated at residue (eg, pTau217), neurofilament light chain (NFL), and glial fibrillary acid	Wellpoint
0569T	Transcatheter tricuspid valve repair, percutaneous approach; initial prosthesis	Wellpoint
0569U	Oncology (solid tumor), next-generation sequencing analysis of tumor methylation markers (>20000 differentially methylated regions) present in cell-free circulating tumor DNA	Carelon MBM
0571U	Oncology (solid tumor), DNA (80 genes) and RNA (10 genes), by next-generation sequencing, plasma, including single-nucleotide variants, insertions/deletions, copy-number alter	Carelon MBM
0580T	Removal of substernal implantable defibrillator pulse generator only	Carelon MBM
0581T	Ablation, malignant breast tumor(s), percutaneous, cryotherapy, including imaging guidance when performed, unilateral	Carelon MBM or Wellpoint
0584T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	Wellpoint
0585T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	Wellpoint
0586T	Islet cell transplant, includes portal vein catheterization and infusion, including all imaging, including guidance, and radiological supervision and interpretation, when perf	Wellpoint
0587T	Percutaneous implantation or replacement of integrated single device neurostimulation system for bladder dysfunction including electrode array and receiver or pulse generator,	Carelon MBM or Wellpoint
0588T	Revision or removal of percutaneously placed integrated single device neurostimulation system for bladder dysfunction including electrode array and	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	receiver or pulse generator	
0596T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); initial insertion, including urethral measurement	Carelon MBM or Wellpoint
0597T	Temporary female intraurethral valve-pump (ie, voiding prosthesis); replacement	Carelon MBM or Wellpoint
0600T	Ablation, irreversible electroporation; 1 or more tumors per organ, including imaging guidance, when performed, percutaneous	Carelon MBM or Wellpoint
0601T	Ablation, irreversible electroporation; 1 or more tumors per organ, including fluoroscopic and ultrasound guidance, when performed, open	Carelon MBM or Wellpoint
0607T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	Carelon MBM or Wellpoint
0608T	Remote monitoring of an external continuous pulmonary fluid monitoring system, including measurement of radiofrequency-derived pulmonary fluid levels, heart rate, respiration	Carelon MBM or Wellpoint
0615T	Automated analysis of binocular eye movements without spatial calibration, including disconjugacy, saccades, and pupillary dynamics for the assessment of concussion, with inte	Carelon MBM or Wellpoint
0620T	Endovascular venous arterialization, tibial or peroneal vein, with transcatheter placement of intravascular stent graft(s) and closure by any method, including percutaneous or	Carelon MBM
0627T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; first le	Carelon MBM or Wellpoint
0628T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with fluoroscopic guidance, lumbar; each add	Carelon MBM
0629T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; first level	Carelon MBM or Wellpoint
0630T	Percutaneous injection of allogeneic cellular and/or tissue-based product, intervertebral disc, unilateral or bilateral injection, with CT guidance, lumbar; each additional le	Carelon MBM
0633T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast material	Carelon MBM
0634T	Computed tomography, breast, including 3D rendering, when performed, unilateral; with contrast material(s)	Carelon MBM
0635T	Computed tomography, breast, including 3D rendering, when performed, unilateral; without contrast, followed by contrast material(s)	Carelon MBM
0636T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast material(s)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0637T	Computed tomography, breast, including 3D rendering, when performed, bilateral; with contrast material(s)	Carelon MBM
0638T	Computed tomography, breast, including 3D rendering, when performed, bilateral; without contrast, followed by contrast material(s)	Carelon MBM
0646T	Transcatheter tricuspid valve implantation/replacement (TTVI) with pro	Wellpoint
0648T	Quantitative magnetic resonance for analysis of tissue composition (eg, fat, iron, water content), including multiparametric data acquisition, data preparation and transmission	Carelon MBM
0652T	Esophagogastroduodenoscopy, flexible, transnasal; diagnostic, includin	Carelon MBM
0653T	Esophagogastroduodenoscopy, flexible, transnasal; with biopsy, single	Carelon MBM
0654T	Esophagogastroduodenoscopy, flexible, transnasal; with insertion of in	Carelon MBM
0655T	Transperineal focal laser ablation of malignant prostate tissue, inclu	Carelon MBM or Wellpoint
0656T	Anterior lumbar or thoracolumbar vertebral body tethering; up to 7 vertebral segments	Wellpoint
0657T	Anterior lumbar or thoracolumbar vertebral body tethering; 8 or more vertebral segments	Wellpoint
0658T	Electrical impedance spectroscopy of 1 or more skin lesions for automa	Carelon MBM or Wellpoint
0659T	Transcatheter intracoronary infusion of supersaturated oxygen in conju	Wellpoint
0664T	Donor hysterectomy (including cold preservation); open, from cadaver d	Wellpoint
0665T	Donor hysterectomy (including cold preservation); open, from living do	Wellpoint
0666T	Donor hysterectomy (including cold preservation); laparoscopic or robo	Wellpoint
0667T	Donor hysterectomy (including cold preservation); recipient uterus all	Wellpoint
0668T	Backbench standard preparation of cadaver or living donor uterine allo	Wellpoint
0669T	Backbench reconstruction of cadaver or living donor uterus allograft p	Wellpoint
0670T	Backbench reconstruction of cadaver or living donor uterus allograft p	Wellpoint
0671T	Insertion of anterior segment aqueous drainage device into the trabecular meshwork, without external reservoir, and without concomitant cataract removal, one or more	Carelon MBM or Wellpoint
0672T	Endovaginal cryogen-cooled, monopolar radiofrequency remodeling of the tissues surrounding the female bladder neck and proximal urethra for urinary incontinence	Carelon MBM or Wellpoint
0673T	Ablation, benign thyroid nodule(s), percutaneous, laser, including imaging guidance	Carelon MBM or Wellpoint
0686T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant hepatocellular tissue, including image guidance	Wellpoint
0689T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained without diagnostic ultrasound examination of the same anatom	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0690T	Quantitative ultrasound tissue characterization (non-elastographic), including interpretation and report, obtained with diagnostic ultrasound examination of the same anatomy (	Carelon MBM
0692T	Therapeutic ultrafiltration	Wellpoint
0700T	Molecular fluorescent imaging of suspicious nevus; first lesion	Carelon MBM or Wellpoint
0701T	Molecular fluorescent imaging of suspicious nevus; each additional lesion (List separately in addition to code for primary procedure)	Carelon MBM
0707T	Injection(s), bone-substitute material (eg, calcium phosphate) into subchondral bone defect (ie, bone marrow lesion, bone bruise, stress injury, microtrabecular fracture), inc	Carelon MBM
0717T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; adipose tissue harvesting, isolation and preparation of harvested cells, i	Carelon MBM or Wellpoint
0718T	Autologous adipose-derived regenerative cell (ADRC) therapy for partial thickness rotator cuff tear; injection into supraspinatus tendon including ultrasound guidance, unilate	Carelon MBM or Wellpoint
0720T	Percutaneous electrical nerve field stimulation, cranial nerves, without implantation	Carelon MBM or Wellpoint
0736T	Colonic lavage, 35 or more liters of water, gravity-fed, with induced defecation, including insertion of rectal catheter	Carelon MBM or Wellpoint
0738T	Treatment planning for magnetic field induction ablation of malignant prostate tissue, using data from previously performed magnetic resonance imaging (MRI) examination	Wellpoint
0739T	Ablation of malignant prostate tissue by magnetic field induction, including all intraprocedural, transperineal needle/catheter placement for nanoparticle installation and int	Wellpoint
0745T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; noninvasive arrhythmia localization and mapping of arrhythmia site (nidus), derived from anatomical image da	Carelon MBM or Wellpoint
0746T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; conversion of arrhythmia localization and mapping of arrhythmia site (nidus) into a multidimensional radiati	Carelon MBM or Wellpoint
0747T	Cardiac focal ablation utilizing radiation therapy for arrhythmia; delivery of radiation therapy, arrhythmia	Carelon MBM or Wellpoint
0748T	Injections of stem cell product into perianal perifistular soft tissue, including fistula preparation (eg, removal of setons, fistula curettage, closure of internal openings)	Wellpoint
0766T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noni	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0767T	Transcutaneous magnetic stimulation by focused low-frequency electromagnetic pulse, peripheral nerve, with identification and marking of the treatment location, including noni	Carelon MBM
0770T	Virtual reality technology to assist therapy (List separately in addition to code for primary procedure)	Carelon MBM
0771T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic servi	Carelon MBM or Wellpoint
0772T	Virtual reality (VR) procedural dissociation services provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic servi	Carelon MBM
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	Carelon MBM or Wellpoint
0774T	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	Carelon MBM
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	Carelon MBM or Wellpoint
0783T	Transcutaneous auricular neurostimulation, set-up, calibration, and patient education on use of equipment	Carelon MBM or Wellpoint
0786T	Insertion or replacement of percutaneous electrode array, sacral, with integrated neurostimulator, including imaging guidance, when performed	Carelon MBM or Wellpoint
0787T	Revision or removal of neurostimulator electrode array, sacral, with integrated neurostimulator	Carelon MBM or Wellpoint
0790T	Revision (eg, augmentation, division of tether), replacement, or removal of thoracolumbar or lumbar vertebral body tethering, including thoracoscopy, when performed	Wellpoint
0795T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon MBM
0796T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon MBM
0797T	Transcatheter insertion of permanent dual-chamber leadless pacemaker, including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventric	Carelon MBM
0798T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0799T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon MBM
0800T	Transcatheter removal of permanent dual-chamber leadless pacemaker,?including imaging guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography, right ventricul	Carelon MBM
0801T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon MBM
0802T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon MBM
0803T	Transcatheter removal and replacement of permanent dual-chamber leadless pacemaker, including imaging?guidance (e.g., fluoroscopy, venous ultrasound, right atrial angiography,	Carelon MBM
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	Carelon MBM
0810T	Subretinal injection of a pharmacologic agent, including vitrectomy and 1 or more retinotomies	Wellpoint
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	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
0818T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subcut	Carelon MBM or Wellpoint
0819T	Revision or removal of integrated neurostimulation system for bladder dysfunction, including analysis, programming, and imaging, when performed, posterior tibial nerve; subfas	Carelon MBM or Wellpoint
0823T	Transcatheter insertion of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography	Carelon MBM
0824T	Transcatheter removal of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atrial angiography an	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0825T	Transcatheter removal and replacement of permanent single-chamber leadless pacemaker, right atrial, including imaging guidance (eg, fluoroscopy, venous ultrasound, right atria)	Carelon MBM
0861T	Removal of pulse generator for wireless cardiac stimulator for left ventricular pacing; both components (battery and transmitter)	Carelon MBM or Wellpoint
0862T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; battery component only	Carelon MBM or Wellpoint
0863T	Relocation of pulse generator for wireless cardiac stimulator for left ventricular pacing, including device interrogation and programming; transmitter component only	Carelon MBM or Wellpoint
0864T	Low-intensity extracorporeal shock wave therapy involving corpus cavernosum, low energy	Carelon MBM or Wellpoint
0888T	Histotripsy (ie, non-thermal ablation via acoustic energy delivery) of malignant renal tissue, including imaging guidance	Wellpoint
0908T	Open implantation of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Carelon MBM
0909T	Replacement of integrated neurostimulation system, vagus nerve, including analysis and programming, when performed	Carelon MBM
0910T	Removal of integrated neurostimulation system, vagus nerve	Carelon MBM
0911T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; without programming by physician or other qualified health care professional	Carelon MBM
0912T	Electronic analysis of implanted integrated neurostimulation system, vagus nerve; with simple programming by physician or other qualified health care professional	Carelon MBM
0913T	Percutaneous transcatheter therapeutic drug delivery by intracoronary drugdelivery balloon (eg, drug-coated, drug-eluting), including mechanical dilation by nondrug-delivery	Carelon MBM
0935T	Cystourethroscopy with renal pelvic sympathetic denervation, radiofrequency ablation, retrograde ureteral approach, including insertion of guide wire, selective placement of u	Carelon MBM or Wellpoint
0948T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system with interim analysis, review and report(s) by a physician or other qualified	Wellpoint
0949T	Interrogation device evaluation (remote), up to 90 days, cardiac contractility modulation system, remote data acquisition(s), receipt of transmissions, technician review, tech	Wellpoint
0951T	Totally implantable active middle ear hearing implant; initial placement, including mastoidectomy, placement of and attachment to sound processor	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
0952T	Totally implantable active middle ear hearing implant; revision or replacement, with mastoidectomy and replacement of sound processor	Wellpoint
0953T	Totally implantable active middle ear hearing implant; revision or replacement, without mastoidectomy and replacement of sound processor	Wellpoint
0954T	Totally implantable active middle ear hearing implant; replacement of sound processor only, with attachment to existing transducers	Wellpoint
0955T	Totally implantable active middle ear hearing implant; removal, including removal of sound processor and all implant components	Wellpoint
0964T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; single arch, without mandibular advancement mecha	Carelon MBM
0965T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement	Carelon MBM
0966T	Impression and custom preparation of jaw expansion oral prosthesis for obstructive sleep apnea, including initial adjustment; dual arch, with additional mandibular advancement	Carelon MBM
0978T	Submucosal cryolysis therapy; soft palate, base of tongue, and lingual tonsil	Wellpoint
0979T	Submucosal cryolysis therapy; soft palate only	Wellpoint
0980T	Submucosal cryolysis therapy; base of tongue and lingual tonsil only	Wellpoint
A0430	Fixed Wing Air Transport	Wellpoint
A0431	Rotary Wing Air Transport	Wellpoint
A0435	Fixed Wing Air Mileage	Wellpoint
A0436	Rotary Wing Air Mileage	Wellpoint
A0888	Noncovered Ambulance Mileage	Wellpoint
A0999	Unlisted Ambulance Service	Wellpoint
A2001	Innovamatrix ac, per square centimeter/Original description: Miscellaneous with Motor >49.15,without comorbidities,10/2019 description: Miscellaneous M >=66.50,without comor	Carelon MBM or Wellpoint
A2002	Mirragen advanced wound matrix, per square centimeter/Original description: Miscellaneous with Motor >38.75 & Motor <49.15,without comorbidities,10/2019 description: Miscella	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
A2005	Microlyte matrix, per square centimeter/Miscellaneous M <46.50 and A <77.50,without comorbidities	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
A2006	Novosorb synpath dermal matrix, per square centimeter	Carelon MBM or Wellpoint
A2007	Restrata, per square centimeter	Carelon MBM or Wellpoint
A2008	Theragenesis, per square centimeter	Carelon MBM or Wellpoint
A2009	Symphony, per square centimeter	Carelon MBM or Wellpoint
A2010	Apis, per square centimeter	Carelon MBM or Wellpoint
A2011	Supra SDRM, per sq cm	Carelon MBM or Wellpoint
A2012	SUPRATHEL, per sq cm	Carelon MBM or Wellpoint
A2013	Innovamatrix FS, per sq cm	Carelon MBM or Wellpoint
A2014	Omeza collagen matrix, per 100 mg	Carelon MBM or Wellpoint
A2015	Phoenix Wound Matrix, per sq cm	Carelon MBM or Wellpoint
A2016	Permeaderm b, per square centimeter	Carelon MBM or Wellpoint
A2017	Permeaderm Glove, each	Carelon MBM or Wellpoint
A2018	Permeaderm c, per square centimeter	Carelon MBM or Wellpoint
A2019	Kerecis omega3 marigen shield, per square centimeter	Carelon MBM or Wellpoint
A2020	Ac5 advanced wound system (ac5)	Carelon MBM or Wellpoint
A2021	Neomatrix, per square centimeter	Carelon MBM or Wellpoint
A2022	InnovaBurn or InnovaMatrix XL, per sq cm	Wellpoint
A2023	InnovaMatrix PD, 1 mg	Wellpoint
A2024	Resolve matrix or xenopatch, per square centimeter	Wellpoint
A2025	Miro3D, per cu cm	Carelon MBM or Wellpoint
A2026	Restrata MiniMatrix, 5 mg	Wellpoint
A2027	Matriderm, per square centimeter	Wellpoint
A2028	Micromatrix flex, per mg	Wellpoint
A2029	Mirotract wound matrix sheet, per cubic centimeter	Wellpoint
A2030	Miro3D fibers, per mg	Wellpoint
A2031	MiroDry Wound Matrix, per sq cm	Wellpoint
A2032	Myriad Matrix, per sq cm	Wellpoint
A2033	Myriad Morcells, 4 mg	Wellpoint
A2034	Foundation DRS Solo, per sq cm	Wellpoint
A2035	Corplex P or Theracor P or Allacor P, per mg	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
A4100	Skin substitute, FDA-cleared as a device, not otherwise specified	Carelon MBM or Wellpoint
A4341	Indwelling intraurethral drainage device with valve, patient inserted, replacement only, each	Wellpoint
A4342	Accessories for patient inserted indwelling intraurethral drainage device with valve, replacement only, each	Wellpoint
A4438	Adhesive clip applied to the skin to secure external electrical nerve stimulator controller, each	Wellpoint
A4468	Exsufflation belt, includes all supplies and accessories	Wellpoint
A4540	Distal transcutaneous electrical nerve stimulator, stimulates peripheral nerves of the upper arm	Carelon MBM
A4542	Supplies and accessories for external upper limb tremor stimulator of the peripheral nerves of the wrist	Wellpoint
A4543	Supplies for transcutaneous electrical nerve stimulator, for nerves in the auricular region, per month	Carelon MBM
A4544	Electrode for external lower extremity nerve stimulator for restless legs syndrome	Carelon MBM
A4555	Electrode/transducer for use with electrical stimulation device used for cancer treatment, replacement only	Wellpoint
A4575	Hyperbaric O2 Chamber Disps	Wellpoint
A4596	Cranial electrotherapy stimulation (ces) system supplies and accessories, per month	Wellpoint
A4600	SLEEVE FOR INTERMITTENT LIMB COMPRESSION DEVICE, REPLACEMENT ONLY, EACH	Wellpoint
A4604	Tubing with integrated heating element for use with positive airway pressure device	Carelon MBM
A4649	Surgical Supplies; miscellaneous	Wellpoint
A7025	High Frequency Chest Wall Oscillation System Vest, Replacement For Use	Wellpoint
A7027	Combination oral/nasal mask, used with continuous positive airway pressure	Carelon MBM
A7028	Oral cushion for combination oral/nasal mask, replacement only, each	Carelon MBM
A7029	Nasal pillows for combination oral/nasal mask, replacement only, pair	Carelon MBM
A7030	Full Face Mask Used With Positive Airway Pressure Device, Each	Carelon MBM
A7031	Face Mask Interface, Replacement For Full Face Mask, Each	Carelon MBM
A7032	Cushion for use on nasal mask interface, replacement only, each	Carelon MBM
A7033	Pillow for use on nasal cannula type interface, replacement only, pair	Carelon MBM
A7034	Nasal Interface (Mask Or Cannula Type) Used With Positive Airway Press	Carelon MBM
A7035	Headgear Used With Positive Airway Pressure Device	Carelon MBM
A7036	Chinstrap Used With Positive Airway Pressure Device	Carelon MBM
A7037	Tubing Used With Positive Airway Pressure Device	Carelon MBM
A7038	Filter, Disposable, Used With Positive Airway Pressure Device	Carelon MBM
A7039	Filter, Non Disposable, Used With Positive Airway Pressure Device	Carelon MBM
A7044	Oral Interface Used With Positive Airway Pressure Device, Each	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
A7045	Repl exhalation port for PAP	Carelon MBM
A7046	Water chamber for humidifier, used with positive airway pressure device, replacement, each	Carelon MBM
A7047	Oral interface used with respiratory suction pump, each	Carelon MBM
A9268	Programmer for transient, orally ingested capsule	Wellpoint
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month	Wellpoint
A9279	Monitoring feature/device, stand-alone or integrated, any type, includes all accessories, components and electronics, not otherwise classified	Wellpoint
A9508	Iodine I-131 iobenguane sulfate, diagnostic, per 0.5 millicurie	Carelon MBM
A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Carelon MBM
A9543	Yttrium Y-90 ibritumomab tiuxetan, therapeutic, per treatment dose, up to 40 millicuries	Carelon MBM
A9582	Iodine I-123 lobenguane, Diagnostic, Per Study Dose, Up To 15 Millicuries	Carelon MBM
A9590	Iodine I-131, iobenguane, 1 mCi	Carelon MBM
A9606	Radium RA-223 dichloride, therapeutic, per UCI	Carelon MBM
A9607	Lutetium lu 177 vipivotide tetraxetan, therapeutic, 1 millicurie	Carelon MBM
B4164	Parenteral 50% Dextrose Solu	Carelon MBM or Wellpoint
B4168	Parenteral Sol Amino Acid 3.	Carelon MBM or Wellpoint
B4172	Parenteral Sol Amino Acid 5.	Carelon MBM or Wellpoint
B4176	Parenteral Sol Amino Acid 7-	Carelon MBM or Wellpoint
B4178	Parenteral Sol Amino Acid >	Carelon MBM or Wellpoint
B4180	Parenteral Sol Carb > 50%	Carelon MBM or Wellpoint
B4185	Parenteral nutrition solution, not otherwise specified, 10 grams lipids	Carelon MBM or Wellpoint
B4187	Omegaven, 10 g lipids	Carelon MBM or Wellpoint
B4189	Parenteral Sol Amino Acid &	Carelon MBM or Wellpoint
B4193	Parenteral Sol 52-73 Gm Prot	Carelon MBM or Wellpoint
B4197	Parenteral Sol 74-100 Gm Pro	Carelon MBM or Wellpoint
B4199	Parenteral Sol > 100gm Prote	Carelon MBM or Wellpoint
B4216	Parenteral Nutrition Additiv	Carelon MBM or Wellpoint
B4220	Parenteral Supply Kit Premix	Carelon MBM or Wellpoint
B4222	Parenteral Supply Kit Homemi	Carelon MBM or Wellpoint
B4224	Parenteral Administration Ki	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
B5000	Parenteral Sol Renal-Amirosy	Carelon MBM or Wellpoint
B5100	Parenteral Sol Hepatic-Fream	Carelon MBM or Wellpoint
B5200	Parenteral Sol Stres-Brnch C	Carelon MBM or Wellpoint
B9004	Parenteral Infus Pump Portab	Carelon MBM or Wellpoint
B9006	Parenteral Infus Pump Statio	Carelon MBM or Wellpoint
B9999	Parenteral Supp Not Othrws C	Wellpoint
C1605	Pacemaker, leadless, dual chamber (right atrial and right ventricular implantable components), rate-responsive, including all necessary components for implantation	Carelon MBM
C1714	Catheter, transluminal atherectomy, directional	Carelon MBM
C1721	Cardioverter-defibrillator, dual chamber (implantable)	Carelon MBM
C1722	Cardioverter-defibrillator, single chamber (implantable)	Carelon MBM
C1724	Catheter, transluminal atherectomy, rotational	Carelon MBM
C1725	Catheter, transluminal angioplasty, nonlaser (may include guidance, infusion/perfusion capability)	Carelon MBM
C1726	Catheter, balloon dilatation, nonvascular	Carelon MBM or Wellpoint
C1734	Orthopedic/device/drug matrix for opposing bone-to-bone or soft tissue-to bone (implantable)	Wellpoint
C1735	Catheter(s), intravascular for renal denervation, radiofrequency, including all single use system components	Carelon MBM or Wellpoint
C1736	Catheter(s), intravascular for renal denervation, ultrasound, including all single use system components	Carelon MBM or Wellpoint
C1753	Catheter, intravascular ultrasound	Carelon MBM
C1760	Closure device, vascular (implantable/insertable)	Carelon MBM
C1761	Catheter, transluminal intravascular lithotripsy, coronar	Carelon MBM
C1763	Connective tissue, nonhuman (includes synthetic)	Wellpoint
C1764	Event recorder, cardiac (implantable)	Carelon MBM or Wellpoint
C1767	Generator, neurostimulator (implantable), nonrechargeable	Carelon MBM or Wellpoint
C1769	Guide wire	Carelon MBM
C1772	Infusion pump, programmable (implantable)	Carelon MBM or Wellpoint
C1777	Lead, cardioverter-defibrillator, endocardial single coil (implantable)	Carelon MBM
C1778	Lead, neurostimulator (implantable)	Carelon MBM or Wellpoint
C1785	Pacemaker, dual chamber, rate-responsive (implantable)	Carelon MBM
C1786	Pacemaker, single chamber, rate-responsive (implantable)	Carelon MBM
C1787	Patient programmer, neurostimulator	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
C1789	Prosthesis, breast (implantable)	Wellpoint
C1813	Prosthesis, penile, inflatable	Carelon MBM
C1815	Prosthesis, urinary sphincter (implantable)	Carelon MBM or Wellpoint
C1816	Receiver and/or transmitter, neurostimulator (implantable)	Carelon MBM or Wellpoint
C1820	Generator, neurostimulator (implantable), with rechargeable battery and charging system	Carelon MBM or Wellpoint
C1821	Interspinous process distraction device (implantable)	Carelon MBM or Wellpoint
C1822	Generator, neurostimulator (implantable), high frequency, with rechargeable battery and charging system	Carelon MBM or Wellpoint
C1823	Generator, neurostimulator (implantable), non-rechargeable, with transvenous sensing and stimulation leads	Carelon MBM or Wellpoint
C1824	Generator, cardiac contractility modulation (implantable)	Carelon MBM or Wellpoint
C1825	Generator, neurostimulator (implantable), non-rechargeable with carotid sinus baroreceptor stimulation lead(s)	Carelon MBM or Wellpoint
C1832	Autograft suspension, including cell processing and application, and all system components	Wellpoint
C1833	Monitor, cardiac, including intracardiac lead and all system components (implantable)	Carelon MBM or Wellpoint
C1839	Iris prosthesis	Carelon MBM or Wellpoint
C1840	Lens, intraocular (telescopic)	Carelon MBM or Wellpoint
C1874	Stent, coated/covered, with delivery system	Carelon MBM
C1875	Stent, coated/covered, without delivery system	Carelon MBM
C1876	Stent, noncoated/noncovered, with delivery system	Carelon MBM
C1877	Stent, noncoated/noncovered, without delivery system	Carelon MBM
C1878	Material for vocal cord medialization, synthetic (implantable)	Carelon MBM or Wellpoint
C1882	Cardioverter-defibrillator, other than single or dual chamber (implantable)	Carelon MBM
C1883	Adaptor/extension, pacing lead or neurostimulator lead (implantable)	Carelon MBM or Wellpoint
C1885	Catheter, transluminal angioplasty, laser	Carelon MBM
C1887	Catheter, guiding (may include infusion/perfusion capability)	Carelon MBM
C1891	Infusion pump, nonprogrammable, permanent (implantable)	Carelon MBM or Wellpoint
C1895	Lead, cardioverter-defibrillator, endocardial dual coil (implantable)	Carelon MBM
C1896	Lead, cardioverter-defibrillator, other than endocardial single or dual coil (implantable)	Carelon MBM
C2614	Probe, percutaneous lumbar discectomy	Wellpoint
C2616	Brachytherapy source, nonstranded, yttrium-90, per source	Wellpoint
C2619	Pacemaker, dual chamber, nonrate-responsive (implantable)	Carelon MBM
C2620	Pacemaker, single chamber, nonrate-responsive (implantable)	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
C2621	Pacemaker, other than single or dual chamber (implantable)	Carelon MBM
C2622	Prosthesis, penile, noninflatable	Carelon MBM
C2624	Implantable wireless pulmonary artery pressure sensor with delivery catheter, including all system components	Carelon MBM or Wellpoint
C2626	Infusion pump, nonprogrammable, temporary (implantable)	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
C5272	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area up to 100 sq cm; each additional 25 sq cm wound surface area, or part thereof (lis	Carelon MBM
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	Carelon MBM or Wellpoint
C5274	Application of low cost skin substitute graft to trunk, arms, legs, total wound surface area greater than or equal to 100 sq cm; each additional 100 sq cm wound surface area,	Carelon MBM
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 t	Carelon MBM or Wellpoint
C5276	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 t	Carelon MBM
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	Carelon MBM or Wellpoint
C5278	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	Carelon MBM
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)	Carelon MBM or Wellpoint
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)	Carelon MBM or Wellpoint
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)	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
C7517	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, with iliac and/or femoral artery angiograph	Carelon MBM
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)	Carelon MBM or Wellpoint
C7531	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal angioplasty with intravascular ultrasound (initial noncoro	Carelon MBM
C7534	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with atherectomy, includes angioplasty within the same vessel, when performe	Carelon MBM
C7535	Revascularization, endovascular, open or percutaneous, femoral, popliteal artery(ies), unilateral, with transluminal stent placement(s), includes angioplasty within the same v	Carelon MBM
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	Carelon MBM
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	Carelon MBM
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	Carelon MBM
C7552	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
C7553	Catheter placement in coronary artery(s) for coronary angiography, including intraprocedural injection(s) for coronary angiography, imaging supervision and interpretation; wit	Carelon MBM
C8002	Preparation of skin cell suspension autograft, automated, including all enzymatic processing and device components (do not report with manual suspension preparation)	Carelon MBM or Wellpoint
C8003	Implantation of medial knee extraarticular implantable shock absorber spanning the knee joint from distal femur to proximal tibia, open, includes measurements, positioning and	Wellpoint
C8903	Magnetic resonance imaging with contrast, breast; unilateral	Carelon MBM
C8905	Magnetic resonance imaging without contrast followed by with contrast, breast; unilateral	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
C8906	Magnetic resonance imaging with contrast, breast; bilateral	Carelon MBM
C8908	Magnetic resonance imaging without contrast followed by with contrast, breast; bilateral	Carelon MBM
C9047	Injection, caplacizumab-yhdp, 1 mg	CarelonRX
C9257	Injection, bevacizumab, 0.25 mg	CarelonRX
C9305	Injection, nipocalimab-aahu, 3 mg	CarelonRX
C9306	Injection, telisotuzumab vedotin-tllv, 1 mg	Carelon MBM
C9352	Microporous collagen implantable tube (NeuraGen Nerve Guide), per cm length	Carelon MBM or Wellpoint
C9353	Microporous collagen implantable slit tube (NeuraWrap Nerve Protector), per cm length	Carelon MBM or Wellpoint
C9354	Acellular pericardial tissue matrix of nonhuman origin (Veritas), per sq cm	Carelon MBM or Wellpoint
C9355	Collagen nerve cuff (NeuroMatrix), per 0.5 cm length	Carelon MBM or Wellpoint
C9356	Tendon, porous matrix of cross-linked collagen and glycosaminoglycan matrix (TenoGlide Tendon Protector Sheet), per sq cm	Carelon MBM or Wellpoint
C9358	Dermal substitute, native, nondenatured collagen, fetal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Carelon MBM or Wellpoint
C9359	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Putty, Integra OS Osteoconductive Scaffold Putty), per 0.5 cc	Carelon MBM
C9360	Dermal substitute, native, nondenatured collagen, neonatal bovine origin (SurgiMend Collagen Matrix), per 0.5 sq cm	Carelon MBM or Wellpoint
C9361	Collagen matrix nerve wrap (NeuroMend Collagen Nerve Wrap), per 0.5 cm length	Carelon MBM or Wellpoint
C9362	Porous purified collagen matrix bone void filler (Integra Mozaik Osteoconductive Scaffold Strip), per 0.5 cc	Carelon MBM
C9363	Skin substitute (Integra Meshed Bilayer Wound Matrix), per square cm	Carelon MBM or Wellpoint
C9364	Porcine implant, Permacol, per sq cm	Carelon MBM or Wellpoint
C9399	Unclassified Drugs Or Biologicals	Wellpoint
C9600	Percutaneous transcatheter placement of drug eluting intracoronary stent(s), with coronary angioplasty when performed; single major coronary artery or branch	Carelon MBM
C9601	Percutaneous transcatheter placement of drug-eluting intracoronary stent(s), with coronary angioplasty when performed; each additional branch of a major coronary artery (list	Carelon MBM
C9602	Percutaneous transluminal coronary atherectomy, with drug eluting intracoronary stent, with coronary angioplasty when performed; single major coronary artery or branch	Carelon MBM
C9603	Percutaneous transluminal coronary atherectomy, with drug-eluting intracoronary stent, with coronary angioplasty when performed; each additional branch of a major coronary art	Carelon MBM

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

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
C9773	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy, and transluminal stent placement(s), includes angioplasty	Carelon MBM
C9774	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and atherectomy, includes angioplasty within the same vessel	Carelon MBM
C9775	Revascularization, endovascular, open or percutaneous, tibial/peroneal artery(ies); with intravascular lithotripsy and transluminal stent placement(s), and atherectomy, includ	Carelon MBM
C9781	Arthroscopy, shoulder, surgical; with implantation of subacromial spacer (e.g., balloon), includes debridement (e.g., limited or extensive), subacromial decompression, acromio	Carelon MBM
C9796	Repair of enterocutaneous fistula small intestine or colon (excluding anorectal fistula) with plug (e.g., porcine small intestine submucosa [SIS])	Wellpoint
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	Wellpoint
C9807	Nerve stimulator, percutaneous, peripheral (e.g., sprint peripheral nerve stimulation system), including electrode and all disposable system components, non-opioid medical dev	Carelon MBM or Wellpoint
C9808	Nerve cryoablation probe (e.g., cryoice, cryosphere, cryosphere max, cryoice cryosphere, cryoice cryo2), including probe and all disposable system components, non-opioid medic	Wellpoint
C9809	Cryoablation needle (e.g., iovera system), including needle/tip and all disposable system components, non-opioid medical device (must be a qualifying medicare non-opioid medic	Wellpoint
D7810	open reduction of dislocation	Carelon MBM or Wellpoint
D7820	closed reduction of dislocation	Carelon MBM or Wellpoint
D7830	manipulation under anesthesia	Carelon MBM or Wellpoint
D7840	condylectomy	Carelon MBM or Wellpoint
D7850	surgical discectomy, with/without implant	Carelon MBM or Wellpoint
D7852	disc repair	Carelon MBM or Wellpoint
D7854	synovectomy	Carelon MBM or Wellpoint
D7856	myotomy	Carelon MBM or Wellpoint
D7858	joint reconstruction	Carelon MBM or Wellpoint
D7860	arthrotomy	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
D7865	arthroplasty	Carelon MBM or Wellpoint
D7870	arthrocentesis	Carelon MBM or Wellpoint
D7871	non-arthroscopic lysis and lavage	Carelon MBM or Wellpoint
D7873	arthroscopy: lavage and lysis of adhesions	Carelon MBM or Wellpoint
D7874	arthroscopy: disc repositioning and stabilization	Carelon MBM or Wellpoint
D7875	arthroscopy: synovectomy	Carelon MBM or Wellpoint
D7876	arthroscopy: discectomy	Carelon MBM or Wellpoint
D7877	arthroscopy: debridement	Carelon MBM or Wellpoint
D7880	occlusal orthotic device, by report	Carelon MBM or Wellpoint
D7940	osteoplasty - for orthognathic deformities	Carelon MBM or Wellpoint
D7941	osteotomy - mandibular rami	Carelon MBM or Wellpoint
D7943	osteotomy - mandibular rami with bone graft; includes obtaining the graft	Carelon MBM or Wellpoint
D7944	osteotomy - segmented or subapical	Carelon MBM or Wellpoint
D7945	osteotomy - body of mandible	Carelon MBM or Wellpoint
D7946	LeFort I (maxilla - total)	Carelon MBM or Wellpoint
D7947	LeFort I (maxilla - segmented)	Carelon MBM or Wellpoint
D7948	LeFort II or LeFort III (osteoplasty of facial bones for midface hypoplasia or retrusion) - without bone graft	Carelon MBM or Wellpoint
D7949	LeFort II or LeFort III - with bone graft	Carelon MBM or Wellpoint
D7950	osseous, osteoperiosteal, or cartilage graft of the mandible or maxilla - autogenous or nonautogenous, by report	Carelon MBM or Wellpoint
D7995	synthetic graft - mandible or facial bones, by report	Carelon MBM or Wellpoint
D7996	implant-mandible for augmentation purposes (excluding alveolar ridge), by report	Carelon MBM or Wellpoint
D9222	deep sedation/general anesthesia - first 15 minutes	Carelon MBM or Wellpoint
D9223	deep sedation/general anesthesia - each subsequent 15 minute increment	Carelon MBM or Wellpoint
D9950	occlusion analysis - mounted case	Carelon MBM or Wellpoint
D9951	occlusal adjustment - limited	Carelon MBM or Wellpoint
D9952	occlusal adjustment - complete	Carelon MBM or Wellpoint
E0217	Water Circ Heat Pad W Pump	Wellpoint
E0465	Home ventilator, any type, used with invasive interface, (e.g., tracheostomy tube)	Wellpoint
E0466	Home ventilator, any type, used with non-invasive interface, (e.g., mask, chest shell)	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
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	Wellpoint
E0470	Respiratory assist device, bi-level pressure capability, without backup rate	Carelon MBM
E0471	Respiratory assist device, bi-level pressure capability, with back-up rate	Carelon MBM
E0481	Intrapulmonary percussive ventilation system and related accessories	Wellpoint
E0483	High frequency chest wall oscillation system, with full anterior and/or posterior thoracic region receiving simultaneous external oscillation, includes all accessories and sup	Wellpoint
E0485	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, prefabricated, includes	Carelon MBM
E0486	Oral device/appliance used to reduce upper airway collapsibility, adjustable or non-adjustable, custom fabricated, inclu	Carelon MBM
E0490	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by hardware remote	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
E0492	Power source and control electronics unit for oral device/appliance for neuromuscular electrical stimulation of the tongue muscle, controlled by phone application	Carelon MBM or Wellpoint
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	Carelon MBM or Wellpoint
E0530	Electronic positional obstructive sleep apnea treatment, with sensor, includes all components and accessories, any type	Carelon MBM or Wellpoint
E0561	Humidifier, non-heated, used with positive airway pressure device	Carelon MBM
E0562	Humidifier, heated, used with positive airway pressure device	Carelon MBM
E0601	Continuous positive airway pressure (cpap) device	Carelon MBM
E0616	Cardiac Event Recorder	Carelon MBM or Wellpoint
E0617	Automatic Ext Defibrillator	Wellpoint
E0637	Combination sit-to-stand frame/table system, any size including pediatric, with seat lift feature, with or without wheels	Wellpoint
E0638	Standing frame/table system, one position (e.g., upright, supine or prone stander), any size including pediatric, with or without wheels	Wellpoint
E0641	Standing frame/table system, multi-position (e.g., 3-way stander), any size including pediatric, with or without wheels	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
E0642	Standing frame/table system, mobile (dynamic stander), any size including pediatric	Wellpoint
E0650	Pneuma Compresor Non-Segment	Wellpoint
E0651	Pneum Compressor Segmental	Wellpoint
E0652	Pneum Compres W/Cal Pressure	Wellpoint
E0655	Pneumatic Appliance Half Arm	Wellpoint
E0656	Segmental pneumatic appliance for use with pneumatic compressor, trunk	Wellpoint
E0657	Segmental pneumatic appliance for use with pneumatic compressor, chest	Wellpoint
E0660	Pneumatic Appliance Full Leg	Wellpoint
E0665	Pneumatic Appliance Full Arm	Wellpoint
E0666	Pneumatic Appliance Half Leg	Wellpoint
E0667	Seg Pneumatic Appl Full Leg	Wellpoint
E0668	Seg Pneumatic Appl Full Arm	Wellpoint
E0669	Seg Pneumatic Appl Half Leg	Wellpoint
E0670	Segmental pneumatic appliance for use with pneumatic compressor, integrated, 2 full legs and trunk	Wellpoint
E0671	Pressure Pneum Appl Full Leg	Wellpoint
E0672	Pressure Pneum Appl Full Arm	Wellpoint
E0673	Pressure Pneum Appl Half Leg	Wellpoint
E0676	INTERMITTENT LIMB COMPRESSION DEVICE (INCLUDES ALL ACCESSORIES), NOT OTHERWISE	Wellpoint
E0677	Non-pneumatic sequential compression garment, trunk	Wellpoint
E0678	Non-pneumatic sequential compression garment, full leg	Wellpoint
E0679	Non-pneumatic sequential compression garment, half leg	Wellpoint
E0680	Non-pneumatic compression controller with sequential calibrated gradient pressure	Wellpoint
E0681	Non-pneumatic compression controller without calibrated gradient pressure	Wellpoint
E0682	Non-pneumatic sequential compression garment, full arm	Wellpoint
E0683	Non-pneumatic, non-sequential, peristaltic wave compression pump	Wellpoint
E0721	Transcutaneous electrical nerve stimulatory, stimulates nerves in the auricular region	Carelon MBM
E0732	Cranial electrotherapy stimulation (ces) system, any type	Carelon MBM or Wellpoint
E0734	External upper limb tremor stimulator of the peripheral nerves of the wrist	Wellpoint
E0735	Non-invasive vagus nerve stimulator	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
E0739	Rehabilitation system with interactive interface providing active assistance in rehabilitation therapy, includes all components and accessories, motors, microprocessors, senso	Wellpoint
E0743	External lower extremity nerve stimulator for restless legs syndrome, each	Carelon MBM
E0745	Neuromuscular Stim For Shock	Wellpoint
E0746	Electromyograph Biofeedback	Wellpoint
E0748	Elec Osteogen Stim Spinal	Carelon MBM
E0760	Osteogen Ultrasound Stimltor	Wellpoint
E0761	Non-Thermal Pulsed High Frequency Radiowaves, High Peak Power Electrom	Wellpoint
E0762	Transcutaneous electrical joint stimulation device system, includes all accessories	Wellpoint
E0764	Functional neuromuscular stimulation, transcutaneous stimulation of sequential muscle groups of ambulation with computer	Wellpoint
E0766	Electrical stimulation device used for cancer treatment, includes all accessories, any type	Wellpoint
E0769	Electric wound treatment dev	Wellpoint
E0770	Functional electrical stimulator, transcutaneous stimulation of nerve and/or muscle groups, any type, complete system, n	Wellpoint
E0782	Non-Programble Infusion Pump	Wellpoint
E0783	Programmable Infusion Pump	Wellpoint
E0786	Implantable Pump Replacement	Wellpoint
E1002	Wheelchair accessory, power seating system, tilt only	Wellpoint
E1003	Wheelchair accessory, power seating system, recline only, without shear	Wellpoint
E1004	Wheelchair accessory, power seating system, recline only, with mechanical shear	Wellpoint
E1005	Wheelchair accessory, power seating system, recline only, with power shear	Wellpoint
E1006	Wheelchair accessory, power seating system, combination tilt and recline, w/o shear reduction	Wellpoint
E1007	Wheelchair accessory, power seating system, combination tilt and recline, with manual shear reduction	Wellpoint
E1008	Wheelchair accessory, power seating system, combination tilt and recline, with power shear reduction	Wellpoint
E1009	Wheelchair accessory, addition to power seating system, mechanically linked leg	Wellpoint
E1010	Wheelchair accessory, addition to power seating system, power leg elevation	Wellpoint
E1012	Wheelchair accessory, addition to power seating system, center mount power elevating leg rest/platform, complete system, any type, each	Wellpoint
E1230	Power Operated Vehicle	Wellpoint
E1239	Ped power wheelchair NOS	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
E1399	Durable medical equipment, miscellaneous	Wellpoint
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 acc	Wellpoint
E1806	Static progressive stretch wrist device, flexion and/or extension, with or without range of motion adjustment, includes	Wellpoint
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	Wellpoint
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 acc	Wellpoint
E1818	Static progressive stretch/patient actualized serial stretch forearm pronation/supination device, with or without range of motion adjustment, includes all components and acces	Wellpoint
E1821	Replacement soft interface material/cuffs for bi-directional static progressive stretch device	Wellpoint
E1831	Static progressive stretch toe device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Wellpoint
E1832	Static progressive stretch finger device, extension and/or flexion, with or without range of motion adjustment, includes all components and accessories	Wellpoint
E1841	Static progressive stretch/patient actualized serial stretch shoulder device, with or without range of motion adjustment, includes all components and accessories	Wellpoint
E1905	Virtual reality cognitive behavioral therapy device (cbt), including pre-programmed therapy software	Carelon MBM or Wellpoint
E2230	Manual wheelchair accessory, manual standing system	Wellpoint
E2298	Complex rehabilitative power wheelchair accessory, power seat elevation system, any type	Wellpoint
E2301	Wheelchair accessory, power standing system, any type	Wellpoint
E2351	Power wheelchair accessory, electronic interface to operate speech generating device	Wellpoint
E2500	Speech generating device, digitized speech, using pre-recorded messages, 8 min. or less	Wellpoint
E2502	Speech generating device, digitized speech, using pre-recorded messages, 8-20 min.	Wellpoint
E2504	Speech generating device, digitized speech, using pre-recorded messages, 20-40 min.	Wellpoint
E2506	Speech generating device, digitized speech, using pre-recorded messages, over 40 min.	Wellpoint
E2508	Speech generating device, synthesized speech, requiring message formulation by spelling	Wellpoint
E2510	Speech generating device, synthesized speech, permitting multiple methods	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
E2511	Speech generating software program, for personal computer or personal digital assistant	Wellpoint
E2512	Accessory for speech generating device, mounting system	Wellpoint
E2599	Accessory for speech generating device, not otherwise classified	Wellpoint
E3200	Gait modulation system, rhythmic auditory stimulation, including restricted therapy software, all components and accessories, prescription only	Wellpoint
G0176	Opps/Php;Activity Therapy	Wellpoint
G0255	Current Perception Threshold/Sensory Nerve Conduction Test, Per Limb,	Carelon MBM or Wellpoint
G0260	Injection Procedure For Sacroiliac Joint; Provision Of Anesthetic, Ste	Carelon MBM
G0277	Hyperbaric oxygen under pressure, full body chamber, per 30 minute interval	Carelon MBM or Wellpoint
G0289	Arthroscopy, Knee, Surgical, For Removal Of Loose Body, Foreign Body,	Carelon MBM
G0330	Facility services for dental rehabilitation procedure(s) performed on a patient who requires monitored anesthesia (e.g., general, intravenous sedation (monitored anesthesia ca	Carelon MBM or Wellpoint
G0339	Robot lin-radsurg com, first	Carelon MBM
G0340	Robt lin-radsurg fractx 2-5	Carelon MBM
G0341	Percutaneous islet celltrans	Wellpoint
G0342	Laparoscopy islet cell trans	Wellpoint
G0343	Laparotomy islet cell transp	Wellpoint
G0398	Home sleep study test (HST) with type II portable monitor, unattended; minimum of 7 channels: EEG, EOG, EMG, ECG/heart r	Carelon MBM
G0399	Home sleep test (HST) with type III portable monitor, unattended; minimum of 4 channels: 2 respiratory movement/airflow,	Carelon MBM
G0400	Home sleep test (HST) with type IV portable monitor, unattended; minimum of 3 channels	Carelon MBM
G0428	Collagen Meniscus Implant procedure for filling meniscal defects (e.g., CMI, collagen scaffold, Menaflex)	Carelon MBM or Wellpoint
G0429	Dermal Filler injection(s) for the treatment of facial lipodystrophy syndrome (LDS) (e.g., as a result of highly active	Carelon MBM or Wellpoint
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	Carelon MBM
G0458	Low dose rate (ldr) prostate brachytherapy services, composite rate	Carelon MBM
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	Wellpoint
G0465	Autologous platelet rich plasma (PRP) or other blood-derived product for diabetic chronic wounds/ulcers, using an FDA-cleared device for this	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
	indication, (includes as applicable)	
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	CarelonRX
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	CarelonRX
G6001	Ultrasonic guidance for placement of radiation therapy fields	Carelon MBM
G6002	Stereoscopic x-ray guidance for localization of target volume for the delivery of radiation therapy	Carelon MBM
G6003	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: up to 5mev	Carelon MBM
G6004	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 6-10mev	Carelon MBM
G6005	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 11-19mev	Carelon MBM
G6006	Radiation treatment delivery, single treatment area, single port or parallel opposed ports, simple blocks or no blocks: 20mev or greater	Carelon MBM
G6007	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: up to 5mev	Carelon MBM
G6008	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 6-10mev	Carelon MBM
G6009	Radiation treatment delivery, 2 separate treatment areas, 3 or more ports on a single treatment area, use of multiple blocks: 11-19mev	Carelon MBM
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	Carelon MBM
G6011	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; up to 5mev	Carelon MBM
G6012	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 6-10mev	Carelon MBM
G6013	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 11-19mev	Carelon MBM
G6014	Radiation treatment delivery, 3 or more separate treatment areas, custom blocking, tangential ports, wedges, rotational beam, compensators, electron beam; 20mev or greater	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
G6015	Intensity modulated treatment delivery, single or multiple fields/arc, via narrow spatially and temporally modulated beams, binary, dynamic mlc, per treatment session	Carelon MBM
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	Carelon MBM
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	Carelon MBM
G9143	Warfarin responsiveness testing by genetic technique using any method, any number of specimen(s)	Carelon MBM
G9147	Outpatient Intravenous Insulin Treatment (OIVIT) either pulsatile or continuous, by any means, guided by the results of	Wellpoint
G9840	RAS (KRAS and NRAS) gene mutation testing performed before initiation of anti-EGFR MoAb	Carelon MBM
G9841	RAS (KRAS and NRAS) gene mutation testing not performed before initiation of anti-EGFR MoAb	Carelon MBM
H0004	Behavioral health counseling and therapy, per 15 minutes	Behavioral Health
H0006	Alcohol and/or drug services; case management	Behavioral Health
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)	Behavioral Health
H0017	Behavioral health; residential (hospital residential treatment program), without room and board, per diem	Behavioral Health
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	Behavioral Health
H0023	Behavioral health outreach service (planned approach to reach a targeted population)	Behavioral Health
H0035	Mental health partial hospitalization, treatment, less than 24 hours	Behavioral Health
H0036	Community psychiatric supportive treatment, face-to-face, per 15 minutes	Wellpoint
H0039	Assertive community treatment, face-to-face, per 15 minutes	Behavioral Health
H0040	Assertive community treatment program, per diem	Behavioral Health
H2015	Comprehensive community support services, per 15 minutes	Wellpoint
H2019	Therapeutic behavioral services, per 15 minutes	Wellpoint
H2020	Therapeutic behavioral services, per diem	Wellpoint
H2021	Community-based wrap-around services, per 15 minutes	Behavioral Health
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)	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J0139	Injection, adalimumab, 1 mg	CarelonRX
J0172	Injection, aducanumab-avwa, 2 mg	CarelonRX
J0174	Injection, lecanemab-irmb, 1 mg	CarelonRX
J0175	Injection, donanemab-azbt, 2 mg	CarelonRX
J0177	Injection, aflibercept HD, 1 mg	CarelonRX
J0178	Injection, aflibercept, 1 mg	CarelonRX
J0179	Injection, brolucizumab-dbl1, 1 mg	CarelonRX
J0180	Agalsidase beta injection	CarelonRX
J0202	Injection, alemtuzumab, 1 mg	CarelonRX
J0207	Amifostine	Carelon MBM
J0208	Injection, sodium thiosulfate (Pedmark), 100 mg	Carelon MBM
J0217	Injection, velmanase alfa-tycv, 1 mg	CarelonRX
J0218	Injection, olipudase alfa-rpcp, 1 mg	CarelonRX
J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	CarelonRX
J0221	Injection, alglucosidase alfa, (Lumizyme), 10 mg	CarelonRX
J0222	Injection, Patisiran, 0.1 mg	CarelonRX
J0223	Injection, givosiran, 0.5 mg	CarelonRX
J0224	Injection, lumasiran, 0.5 m	CarelonRX
J0225	Injection, vutrisiran, 1 mg	CarelonRX
J0256	Injection, alpha 1-proteinase inhibitor (human), not otherwise specified, 10 mg	CarelonRX
J0257	Injection, alpha 1 proteinase inhibitor (human), (GLASSIA), 10 mg	CarelonRX
J0456	Azithromycin	Wellpoint
J0485	Injection, belatacept, 1 mg	CarelonRX
J0490	Injection, belimumab, 10 mg	CarelonRX
J0491	Injection, anifrolumab-fnia, 1 mg	CarelonRX
J0517	Injection, benralizumab, 1 mg	CarelonRX
J0558	Injection, penicillin g benzathine and penicillin g procaine, 100,000 units	Wellpoint
J0561	Injection, penicillin g benzathine, 100,000 units	Wellpoint
J0565	Injection, bezlotoxumab, 10 mg	Carelon MBM or CarelonRX
J0567	Injection, cerliponase alfa, 1 mg	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J0570	Buprenorphine implant, 74.2 mg	CarelonRX
J0584	Injection, burosumab-twza 1 mg	CarelonRX
J0585	Injection, Onabotulinumtoxina, 1 Unit	CarelonRX
J0586	Injection, Abobotulinumtoxina, 5 Units	CarelonRX
J0587	Injection, Rimabotulinumtoxinb, 100 Units	CarelonRX
J0588	Injection, incobotulinumtoxinA, 1 unit	CarelonRX
J0589	Injection, daxibotulinumtoxina-lanm, 1 unit	Carelon MBM or CarelonRX
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)	CarelonRX
J0596	Injection, c1 esterase inhibitor (recombinant), ruconest, 10 units	CarelonRX
J0597	Injection, c-1 esterase inhibitor (human), berinert, 10 units	CarelonRX
J0598	Injection, c-1 esterase inhibitor (human), cinryze, 10 units	CarelonRX
J0599	Injection, C-1 esterase inhibitor (human), (Haegarda), 10 units	CarelonRX
J0614	Injection, treosulfan, 50 mg	Carelon MBM
J0638	Injection, canakinumab, 1 mg	CarelonRX
J0641	Injection, levoleucovorin, not otherwise specified, 0.5 mg	Carelon MBM
J0642	Injection, levoleucovorin (khapzory), 0.5 mg	Carelon MBM
J0687	Injection, cefazolin sodium (WG Critical Care), not therapeutically equivalent to J0690, 500 mg	Wellpoint
J0688	Injection, cefazolin sodium (hikma), not therapeutically equivalent to j0690, 500 mg	Wellpoint
J0689	Injection, cefazolin sodium (baxter), not therapeutically equivalent to j0690, 500 mg	Wellpoint
J0690	Cefazolin Sodium Injection	Wellpoint
J0696	Ceftriaxone Sodium Injection	Wellpoint
J0698	Cefotaxime Sodium Injection	Wellpoint
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	CarelonRX
J0738	Injection, lenacapavir, 1 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)	CarelonRX
J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	CarelonRX
J0743	Cilastatin Sodium Injection	Wellpoint
J0744	Injection, ciprofloxacin for intravenous infusion, 200 mg	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J0752	Oral, lenacapavir, 300 mg, FDA-approved prescription, only for use as HIV pre-exposure prophylaxis (PrEP) (not for use as treatment for HIV)	CarelonRX
J0775	Injection, collagenase, clostridium histolyticum, 0.01 mg	CarelonRX
J0791	Injection, crizanlizumab-tmca, 5 mg	CarelonRX
J0801	Injection, corticotropin (Acthar Gel), up to 40 units	CarelonRX
J0802	Injection, corticotropin (ANI), up to 40 units	CarelonRX
J0870	Injection, imetelstat, 1 mg	Carelon MBM
J0881	Injection, darbepoetin alfa, 1 mcg (non-ESRD use)	Carelon MBM or CarelonRX
J0882	Injection, darbepoetin alfa, 1 mcg (for ESRD on dialysis)	Carelon MBM or CarelonRX
J0885	Injection, epoetin alfa, (for non-ESRD use), 1000 units	Carelon MBM or CarelonRX
J0887	Injection, epoetin beta, 1 microgram, (for esrd on dialysis)	Carelon MBM or CarelonRX
J0888	Injectin, epoetin beta, 1 microgram, (for non esrd use)	Carelon MBM or CarelonRX
J0896	Injection, luspatercept-aamt, 0.25 mg	Carelon MBM or CarelonRX
J0897	Injection, denosumab, 1 mg	Carelon MBM or CarelonRX
J1072	Injection, testosterone cypionate (Azmiro), 1 mg	CarelonRX
J1203	Injection, cipaglucosidase alfa-atga, 5 mg	CarelonRX
J1267	Injection, doripenem, 10 mg	Wellpoint
J1290	Injection, ecallantide, 1 mg	CarelonRX
J1299	Injection, eculizumab, 2 mg	CarelonRX
J1301	Injection, edaravone, 1 mg	CarelonRX
J1302	Injection, sutimlimab-jome, 10 mg	CarelonRX
J1303	Injection, ravulizumab-cwvz, 10 mg	CarelonRX
J1304	Injection, tofersen, 1 mg	CarelonRX
J1305	Injection, evinacumab-dgnb, 5 mg	CarelonRX
J1306	Injection, inclisiran, 1 mg	CarelonRX
J1307	Injection, crovalimab-akkz, 10 mg	CarelonRX
J1322	Injection, elosulfase alfa, 1mg	CarelonRX
J1323	Injection, elranatamab-bcmm, 1 mg	Carelon MBM
J1325	Epoprostenol Injection	CarelonRX
J1326	Injection, zolbetuximab-clzb, 2 mg	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J1335	Injection, ertapenem sodium, 500 mg	Wellpoint
J1411	Injection, etranacogene dezaparvovec-drlb, per therapeutic dose	Wellpoint
J1412	Injection, valoctocogene roxaparvovec-rvox, per ml, containing nominal 2 x 10^13 vector genomes	Wellpoint
J1413	Injection, delandistrogene moxeparvovec-rokl, per therapeutic dose	Wellpoint
J1414	Injection, fidanacogene elaparvovec-dzkt, per therapeutic dose	Wellpoint
J1426	Injection, casimersen, 10 mg	CarelonRX
J1427	Injection, viltolarsen, 10 mg	CarelonRX
J1428	Injection, eteplirsen, 10 mg	CarelonRX
J1429	Injection, golodirsen, 10 mg	CarelonRX
J1437	Injection, ferric derisomaltose, 10 mg	CarelonRX
J1438	Etanercept Injection	CarelonRX
J1439	Injection, ferric carboxymaltose, 1mg	CarelonRX
J1440	Fecal microbiota, live - jslm, 1 ml	CarelonRX
J1442	5G-CSFExcludes biosimilars, 1 microgram	Carelon MBM or CarelonRX
J1447	Injection, tbo-filgrastim, 1 microgram	Carelon MBM or CarelonRX
J1448	Injection, trilaciclib, 1 mg	Carelon MBM
J1449	Injection, eflapegrastim-xnst, 0.1 mg	Carelon MBM or CarelonRX
J1450	Fluconazole	Wellpoint
J1454	Injection, fosnetupitant 235 mg and palonosetron 0.25 mg	Carelon MBM
J1458	INJECTION, GALSULFASE, 1 MG	CarelonRX
J1459	Injection, immune globulin (Privigen), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1460	Gamma Globulin 1 Cc Inj	Carelon MBM or CarelonRX
J1551	Injection, immune globulin (cutaquig), 100 mg	Carelon MBM or CarelonRX
J1552	Injection, immune globulin (alyglo), 500 mg	Carelon MBM or CarelonRX
J1554	Injection, immune globulin (asceniv), 500 mg	Carelon MBM or CarelonRX
J1555	Injection, immune globulin (Cuvitru), 100 mg	Carelon MBM or CarelonRX
J1556	Injection, immune globulin (bivigam), 500 mg	Carelon MBM or CarelonRX
J1557	Injection, immune globulin, (Gammaplex), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1558	Injection, immune globulin (xembify), 100 mg	Carelon MBM or CarelonRX
J1559	Injection, immune globulin (hizentra), 100 mg	Carelon MBM or CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J1560	Gamma Globulin > 10 Cc Inj	Carelon MBM or CarelonRX
J1561	Injection, immune globulin, (Gamunex/Gamunex-C/Gammaked), nonlyophilized (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1566	Injection, immune globulin, intravenous, lyophilized (e.g., powder), not otherwise specified, 500 mg	Carelon MBM or CarelonRX
J1568	Injection, immune globulin, (octagam), intravenous, non-lyophilized (e.g.	Carelon MBM or CarelonRX
J1569	Injection, immune globulin, (Gammagard liquid), nonlyophilized, (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1572	Injection, immune globulin, (Flebogamma/Flebogamma Dif), intravenous, nonlyophilized (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1575	Injection, immune globulin/hyaluronidase, (hyqvia), 100 mg immunoglobulin	Carelon MBM or CarelonRX
J1576	Injection, immune globulin (panzyga), intravenous, non-lyophilized (e.g., liquid), 500 mg	Carelon MBM or CarelonRX
J1595	Injection, glatiramer acetate, 20 mg	Carelon MBM or CarelonRX
J1599	Injection, immune globulin, intravenous, non-lyophilized (e.g. liquid), not otherwise specified, 500 mg	Carelon MBM or CarelonRX
J1602	Injection, golimumab, 1 mg, for intravenous use	CarelonRX
J1628	Injection, guselkumab, 1 mg	CarelonRX
J1632	Injection, brexanolone, 1 mg	CarelonRX
J1675	Injection, histrelin acetate, 10 mcg	CarelonRX
J1729	Injection, hydroxyprogesterone caproate, not otherwise specified, 10 mg	Carelon MBM or CarelonRX
J1743	Injection, idursulfase, 1 mg	CarelonRX
J1744	Injection, icatibant, 1 mg	CarelonRX
J1745	Injection, infliximab, excludes biosimilar, 10 mg	CarelonRX
J1746	Injection, ibalizumab-uiyk, 10 mg	CarelonRX
J1747	Injection, spesolimab-sbzo, 1 mg	CarelonRX
J1748	Injection, infliximab-dyyb (Zymfentra), 10 mg	CarelonRX
J1750	Injection, Iron Dextran, 50mg	CarelonRX
J1756	Injection, Iron Sucrose, 1 Mg	CarelonRX
J1786	Injection, imiglucerase, 10 units	CarelonRX
J1809	Injection, fosdenopterin, 0.1 mg	CarelonRX
J1823	Injection, inebilizumab-cdon, 1 mg	CarelonRX
J1826	Injection, interferon beta-1a, 30 mcg	CarelonRX
J1830	Interferon Beta-1b / .25 Mg	CarelonRX
J1930	Injection, lanreotide, 1 mg	Carelon MBM or CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J1931	Laronidase injection	CarelonRX
J1932	Injection, lanreotide, (cipla), 1 mg	Carelon MBM or CarelonRX
J1950	Leuprolide Acetate /3.75 Mg	CarelonRX
J1951	Injection, leuprolide acetate for depot suspension (fensolvi), 0.25 m	CarelonRX
J1952	Leuprolide injectable, camcevi, 1 mg	Carelon MBM
J1954	Injection, leuprolide acetate for depot suspension (luteate depot), 7.5 mg	CarelonRX
J1956	Levofloxacin Injection	Wellpoint
J1961	Injection, lenacapavir (only for use as HIV treatment), 1 mg	CarelonRX
J2170	INJECTION, MECASERMIN, 1 MG	CarelonRX
J2182	Injection, mepolizumab, 1 mg	CarelonRX
J2183	Injection, meropenem (WG Critical Care), not therapeutically equivalent to J2185, 100 mg	Wellpoint
J2184	Injection, meropenem (B. Braun), not therapeutically equivalent to J2185, 100 mg	Wellpoint
J2185	Injection, meropenem, 100 mg	Wellpoint
J2267	Injection, mirikizumab-mrkz, 1 mg	CarelonRX
J2277	Injection, motixafortide, 0.25 mg	Carelon MBM
J2278	Injection, ziconotide, 1 mcg	CarelonRX
J2280	Injection, moxifloxacin, 100 mg	Wellpoint
J2281	Injection, moxifloxacin (Fresenius Kabi), not therapeutically equivalent to J2280, 100 mg	Wellpoint
J2323	Imjection, natalizumab, 1 mg	CarelonRX
J2326	Injection, nusinersen, 0.1 mg	CarelonRX
J2327	Injection, risankizumab-rzaa, intravenous, 1 mg	CarelonRX
J2329	Injection, ublituximab-xiij, 1mg	CarelonRX
J2350	Injection, ocrelizumab, 1 mg	CarelonRX
J2351	Injection, ocrelizumab, 1 mg and hyaluronidase-ocsq	CarelonRX
J2353	Injection, octreotide, depot form for intramuscular injection, 1 mg	Carelon MBM or CarelonRX
J2354	Injection, octreotide, non-depot form for subcutaneous or intravenous	Carelon MBM or CarelonRX
J2356	Injection, tezepelumab-ekko, 1 mg	CarelonRX
J2357	Omalizumab injection	CarelonRX
J2502	Injection, pasireotide long acting, 1 mg	CarelonRX
J2506	Injection, pegfilgrastim, excludes biosimilar, 0.5 mg	Carelon MBM or CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J2507	Injection, pegloticase, 1 mg	CarelonRX
J2508	Injection, pegunigalsidase alfa-iwxj, 1 mg	CarelonRX
J2510	Penicillin G Procaine Inj	Wellpoint
J2540	Penicillin G Potassium Inj	Wellpoint
J2562	Injection, Plerixafor, 1 Mg	Carelon MBM or CarelonRX
J2777	Injection, faricimab-svoa, 0.1 mg	CarelonRX
J2778	Injection, ranibizumab, 0.1 mg	CarelonRX
J2779	Injection, ranibizumab, via intravitreal implant (susvimo), 0.1 mg	Carelon MBM or Wellpoint
J2781	Injection, pegcetacoplan, intravitreal, 1 mg	CarelonRX
J2782	Injection, avacincaptad pegol, 0.1 mg	CarelonRX
J2786	Injection, reslizumab, 1 mg	CarelonRX
J2787	Riboflavin 5-phosphate, ophthalmic solution, up to 3 ml	Carelon MBM or Wellpoint
J2793	Injection, Rilonacept, 1 Mg	CarelonRX
J2802	Injection, romiplostim, 1 microgram	Carelon MBM or CarelonRX
J2820	Sargramostim Injection	Carelon MBM or CarelonRX
J2840	Injection, sebelipase alfa, 1 mg	CarelonRX
J2860	Injection, siltuximab, 10 mg	Carelon MBM
J2916	Injection, sodium ferric gluconate complex in sucrose injection, 12.5 mg	CarelonRX
J2940	Injection, somatrem, 1 mg	CarelonRX
J2941	Injection, somatropin, 1 mg	CarelonRX
J2998	Injection, plasminogen, human-tvmh, 1 mg	CarelonRX
J3032	Injection, eptinezumab-jjmr, 1 mg	CarelonRX
J3055	Injection, talquetamab-tgvs, 0.25 mg	Carelon MBM
J3060	Injection, taliglucerase alfa, 10 units	CarelonRX
J3110	Teriparatide injection	CarelonRX
J3111	Injection, romosozumab-aqqq, 1 mg	CarelonRX
J3241	Injection, teprotumumab-trbw, 10 mg	CarelonRX
J3245	Injection, tildrakizumab, 1 mg	CarelonRX
J3247	Injection, secukinumab, IV, 1 mg	CarelonRX
J3262	Injection, tocilizumab, 1 mg	Carelon MBM or CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J3263	Injection, toripalimab-tpzi, 1 mg	Carelon MBM
J3285	Injection, treprostinil, 1 mg	CarelonRX
J3299	Injection, triamcinolone acetonide (xipere), 1 mg	CarelonRX
J3304	Injection, triamcinolone acetonide, preservative-free, extended-release, microsphere formulation, 1 mg	CarelonRX
J3315	Injection, Triptorelin Pamoate, 3.75 Mg	CarelonRX
J3316	Injection, triptorelin, extended-release, 3.75 mg	CarelonRX
J3357	Ustekinumab, for subcutaneous injection, 1 mg	CarelonRX
J3358	Ustekinumab, for intravenous injection, 1 mg	CarelonRX
J3380	Injection, vedolizumab, IV, 1 mg	CarelonRX
J3385	Injection, velaglucerase alfa, 100 units	CarelonRX
J3391	Injection, atidarsagene autotemcel, per treatment	Wellpoint
J3392	Injection, exagamglogene autotemcel, per treatment	Wellpoint
J3393	Injection, betibeglogene autotemcel, per treatment	Wellpoint
J3394	Injection, lovitibeglogene autotemcel, per treatment	Wellpoint
J3397	Injection, vestronidase alfa-vjbk, 1 mg	CarelonRX
J3398	Injection, voretigene neparavovec-rzyl, 1 billion vector genomes	Wellpoint
J3399	Injection, onasemnogene abeparavovec-xioi, per treatment, up to 5x10^15 vector genomes	Wellpoint
J3401	Beremagene geperpavec-svdt for topical administration, containing nominal 5 x 10^9 pfu/ml vector genomes, per 0.1 ml	CarelonRX
J3489	Injection, zoledronic acid, 1 mg	CarelonRX
J7170	Injection, emicizumab-kxwh, 0.5 mg	CarelonRX
J7171	Injection, ADAMTS13, recombinant-krhn, 10 IU	CarelonRX
J7172	Injection, marstacimab-hncq, 0.5 mg	CarelonRX
J7173	Injection, concizumab-mtci, 0.5 mg	CarelonRX
J7174	Injection, fitusiran, 0.04 mg	CarelonRX
J7175	Injection, factor x, (human), 1 i.u.	CarelonRX
J7177	Injection, human fibrinogen concentrate (Fibryga), 1 mg	CarelonRX
J7178	Injection, human fibrinogen concentrate, not otherwise specified, 1 mg	CarelonRX
J7179	Injection, von willebrand factor (recombinant), (vonvendi), 1 i.u. vwf:rco	CarelonRX
J7180	Injection, factor XIII (antihemophilic factor, human), 1 IU	CarelonRX
J7181	Injection, factor xiii a-subunit, (recombinant), per iu	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J7182	Injection, factor viii, (antihemophilic factor, recombinant), (novoeight), per iu	CarelonRX
J7183	Injection, von Willebrand factor complex (human), Wilate, 1 IU vWF:RCO	CarelonRX
J7185	Injection, Factor VIII (Antihemophilic Factor, Recombinant) (Xyntha), Per I.U.	CarelonRX
J7186	Injection, antihemophilic factor VIII/von Willebrand factor complex (human), per factor VIII i.u.	CarelonRX
J7187	Injection, von Willebrand factor complex (Humate-P), per IU vWF-RCO	CarelonRX
J7188	Injection, factor viii (antihemophilic factor, recombinant), (obizur), per i.u.	CarelonRX
J7189	Factor VIIa (antihemophilic Factor, recombinant), per 1 mcg	CarelonRX
J7190	Factor VIII	CarelonRX
J7191	Factor VIII (Porcine)	CarelonRX
J7192	Factor VIII (Antihemophilic Factor, Recombinant) Per I.U., Not Otherwise Specified	CarelonRX
J7193	Factor IX (antihemophilic factor, purified, non-recombinant) per IU	CarelonRX
J7194	Factor IX Complex	CarelonRX
J7195	Factor IX (antihemophilic factor, recombinant) per IU	CarelonRX
J7198	Anti-Inhibitor	CarelonRX
J7200	Injection, factor ix, (antihemophilic factor, recombinant), rixubis, per iu	CarelonRX
J7201	Injection, factor IX, Fc fusion protein, (recombinant), Alprolix, 1 IU	CarelonRX
J7202	Injection, factor ix, albumin fusion protein, (recombinant), idelvion, 1 i.u.	CarelonRX
J7203	Injection Factor IX, (antihemophilic factor, recombinant), glycopegylated, (Rebinyn), 1 IU	CarelonRX
J7204	Injection, Factor VIII, antihemophilic factor (recombinant), (Esperoct), glycopegylated-exei, per IU	CarelonRX
J7205	Injection, factor viii fc fusion (recombinant), per iu	CarelonRX
J7207	Injection, factor viii, (antihemophilic factor, recombinant), pegylated, 1 i.u.	CarelonRX
J7208	Injection, factor viii, (antihemophilic factor, recombinant), pegylated-auctl, (jivi), 1 i.u.	CarelonRX
J7209	Injection, factor viii, (antihemophilic factor, recombinant), (nuwiq), 1 i.u.	CarelonRX
J7210	Injection, Factor VIII, (antihemophilic factor, recombinant), (Afystyla), 1 IU	CarelonRX
J7211	Injection, Factor VIII, (antihemophilic factor, recombinant), (Kovaltry), 1 IU	CarelonRX
J7212	Factor viiia (antihemophilic factor, recombinant)-jncw (sevenfact), 1 microgram	CarelonRX
J7213	Injection, coagulation factor ix (recombinant), ixinity, 1 i.u.	CarelonRX
J7214	Injection, Factor VIII/von Willebrand factor complex, recombinant (Altuviiio), per Factor VIII IU	CarelonRX
J7311	Injection, fluocinolone acetonide, intravitreal implant (Retisert), 0.01 mg	CarelonRX
J7312	Injection, dexamethasone, intravitreal implant, 0.1 mg	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J7313	Injection, flucinolone acetonide, intravitreal implant (Iluvien), 0.01 mg	CarelonRX
J7314	Injection, flucinolone acetonide, intravitreal implant (Yutiq), 0.01 mg	CarelonRX
J7316	Injection, ocriplasmin, 0.125 mg	CarelonRX
J7330	Cultured Chondrocytes Impltnt	Carelon MBM
J7340	Carbidopa 5 mg/levodopa 20 mg enteral suspension, 100 ml	CarelonRX
J7351	Injection, bimatoprost, intracameral implant, 1 microgram	CarelonRX
J7352	Afamelanotide implant, 1 mg	CarelonRX
J7353	Anacaulase-bcdb, 8.8% gel, 1 gm	CarelonRX
J7354	Cantharidin for topical administration, 0.7%, single unit dose applicator (3.2 mg)	CarelonRX
J7355	Injection, travoprost, intracameral implant, 1 mcg	CarelonRX
J7356	Injection, foscarbidopa 0.25 mg/foslevodopa 5 mg	CarelonRX
J7402	Mometasone furoate sinus implant, (sinuva), 10 micrograms	Carelon MBM or Wellpoint
J7686	Treprostinil, inhalation solution, fda-approved final product, non-compounded, administered through dme, unit dose form, 1.74 mg	CarelonRX
J9011	Injection, datopotamab deruxtecan-dlnk, 1 mg	Carelon MBM
J9015	Injection, aldesleukin, per single use vial	Carelon MBM
J9019	Injection, asparaginase (erwinaze), 1,000 iu	Carelon MBM
J9021	Injection, asparaginase, recombinant, (rylaze), 0.1 mg	Carelon MBM
J9022	Injection, atezolizumab, 10 mg	Carelon MBM
J9023	Injection, avelumab, 10 mg	Carelon MBM
J9024	Injection, atezolizumab, 5 mg and hyaluronidase-tqjs	Carelon MBM
J9026	Injection, tarlatamab-dlle, 1 mg	Carelon MBM
J9028	Injection, nogapendekin alfa inbakcept-pmln, for intravesical use, 1 microgram	Carelon MBM
J9029	Intravesical instillation, nadofaragene firadenovec-vncg, per therapeutic dose	Carelon MBM or CarelonRX
J9032	Injection, belinostat, 10 mg	Carelon MBM
J9033	Injection, bendamustine hydrochloride, 1 mg	Carelon MBM
J9034	Injection, bendamustine hcl (bendeka), 1 mg	Carelon MBM
J9035	Bevacizumab injection	Carelon MBM or CarelonRX
J9036	Injection, bendamustine hydrochloride, (Belrapzo), 1 mg	Carelon MBM
J9038	Injection, axatilimab-csfr, 0.1 mg	Carelon MBM or CarelonRX
J9039	Injection, blinatumomab, 1 microgram	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J9042	Injection, brentuximab vedotin, 1 mg	Carelon MBM
J9043	Injection, cabazitaxel, 1 mg	Carelon MBM
J9047	Injection, carfilzomib, 1 mg	Carelon MBM
J9055	Cetuximab injection	Carelon MBM
J9056	Injection, bendamustine hydrochloride (vivimusta), 1 mg	Carelon MBM
J9057	Injection, copanlisib, 1 mg	Carelon MBM
J9061	Injection, amivantamab-vmjw, 2 mg	Carelon MBM
J9063	Injection, mirvetuximab soravtansine-gynx, 1 mg	Carelon MBM
J9064	Injection, cabazitaxel (Sandoz), not therapeutically equivalent to J9043, 1 mg	Carelon MBM
J9118	Injection, calaspargase pegol-mknl, 10 units	Carelon MBM
J9119	Injection, cemiplimab-rwlc, 1 mg	Carelon MBM
J9144	Injection, daratumumab, 10 mg and hyaluronidase-fihj	Carelon MBM
J9145	Injection, daratumumab, 10 mg	Carelon MBM
J9161	Injection, denileukin diftitox-cxdl, 1 mcg	Carelon MBM
J9173	Injection, durvalumab, 10 mg	Carelon MBM
J9176	Injection, elotuzumab, 1 mg	Carelon MBM
J9177	Injection, enfortumab vedotin-ejfv, 0.25 mg	Carelon MBM
J9179	Injection, eribulin mesylate, 0.1 mg	Carelon MBM
J9202	Goserelin Acetate Implant	CarelonRX
J9203	Injection, gemtuzumab ozogamicin, 0.1 mg	Carelon MBM
J9207	Injection, ixabepilone, 1 mg	Carelon MBM
J9210	Injection, emapalumab-lzsg, 1 mg	CarelonRX
J9216	Injection, interferon, gamma-1B, 3 million units	Carelon MBM
J9217	Leuprolide Acetate Suspnsion	CarelonRX
J9218	Leuprolide Acetate Injeciton	CarelonRX
J9223	Injection, lurbinectedin, 0.1 mg	Carelon MBM
J9225	Histrelin implant (Vantas), 50 mg	CarelonRX
J9226	Histrelin implant (supprelin LA), 50 mg	CarelonRX
J9227	Injection, isatuximab-irfc, 10 mg	Carelon MBM
J9228	Injection, ipilimumab, 1 mg	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Carelon MBM
J9262	Injection, omacetaxine mepesuccinate, 0.01 mg	Carelon MBM
J9264	Injection, paclitaxel protein-bound particles, 1 mg	Carelon MBM
J9266	Injection, pegaspargase, per single dose vial	Carelon MBM
J9269	Injection, tagraxofusp-erzs, 10 micrograms	Carelon MBM
J9271	Injection, pembrolizumab, 1 mg	Carelon MBM
J9272	Injection, dostarlimab-gxly, 10 mg	Carelon MBM
J9273	Injection, tisotumab vedotin-tftv, 1 mg	Carelon MBM
J9274	Injection, tebentafusp-tebn, 1 microgram	Carelon MBM
J9275	Injection, cosibelimab-ipdl, 2 mg	Carelon MBM
J9276	Injection, zanidatamab-hrii, 2 mg	Carelon MBM
J9281	Mitomycin pyelocalyceal instillation, 1 mg	Carelon MBM
J9285	Injection, olaratumab, 10 mg	Carelon MBM
J9286	Injection, glofitamab-gxbm, 2.5 mg	Carelon MBM
J9289	Injection, nivolumab, 2 mg and hyaluronidase-nvhy	Carelon MBM
J9292	Injection, pemetrexed dipotassium, 10 mg	Carelon MBM
J9294	Injection, pemetrexed (Hospira), not therapeutically equivalent to J9305, 10 mg	Carelon MBM
J9296	Injection, pemetrexed (Accord), not therapeutically equivalent to J9305, 10 mg	Carelon MBM
J9297	Injection, pemetrexed (sandoz), not therapeutically equivalent to j9305, 10 mg	Carelon MBM
J9298	Injection, nivolumab and relatlimab-rmbw, 3 mg/1 mg	Carelon MBM
J9299	Injection, nivolumab, 1 mg	Carelon MBM
J9301	Injection, obinutuzumab, 10 mg	Carelon MBM
J9302	Injection, ofatumumab, 10 mg	Carelon MBM or CarelonRX
J9303	Injection, panitumumab, 10 mg	Carelon MBM
J9304	Injection, pemetrexed (pemfexy), 10 mg	Carelon MBM
J9305	Injection, pemetrexed, NOS,10 mg	Carelon MBM
J9306	Injection, pertuzumab, 1 mg	Carelon MBM
J9308	Injection, ramucirumab, 5 mg	Carelon MBM
J9309	Injection, polatuzumab vedotin-piql, 1 mg	Carelon MBM
J9312	Injection, rituximab, 10 mg	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Carelon MBM
J9314	Injection, pemetrexed (Teva), not therapeutically equivalent to J9305, 10 mg	Carelon MBM
J9316	Injection, pertuzumab, trastuzumab, and hyaluronidase-zxf, per 10 mg	Carelon MBM
J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Carelon MBM
J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Carelon MBM
J9319	Injection, romidepsin, lyophilized, 0.1 mg	Carelon MBM
J9321	Injection, epcoritamab-bysp, 0.16 mg	Carelon MBM
J9322	Injection, pemetrexed (BluePoint), not therapeutically equivalent to J9305, 10 mg	Carelon MBM
J9323	Injection, pemetrexed (hospira) not therapeutically equivalent to j9305, 10 mg	Carelon MBM
J9324	Injection, pemetrexed (pemrydi rtu), 10 mg	Carelon MBM
J9325	Injection, talimogene laherparepvec, per 1 million plaque forming units	Carelon MBM
J9329	Injection, tislelizumab-jsgr, 1mg	Carelon MBM
J9331	Injection, sirolimus protein-bound particles, 1 mg	Carelon MBM
J9332	Injection, efgartigimod alfa-fcab, 2mg	CarelonRX
J9333	Injection, rozanolixizumab-noli, 1 mg	CarelonRX
J9334	Injection, efgartigimod alfa, 2 mg and hyaluronidase-qvfc	CarelonRX
J9345	Injection, retifanlimab-dlwr, 1 mg	Carelon MBM
J9347	Injection, tremelimumab-actl, 1 mg	Carelon MBM
J9348	Injection, naxitamab-gqgk, 1 m	Carelon MBM
J9349	Injection, tafasitamab-cxix, 2 mg	Carelon MBM or CarelonRX
J9350	Injection, mosunetuzumab-axgb, 1 mg	Carelon MBM
J9351	Injection, topotecan, 0.1 mg	Carelon MBM
J9353	Injection, margetuximab-cmkb, 5 m	Carelon MBM
J9354	Injection, ado-trastuzumab emtansine, 1 mg	Carelon MBM
J9355	Injection, trastuzumab, excludes biosimilar, 10 mg	Carelon MBM
J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Carelon MBM
J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Carelon MBM
J9361	Injection, efbumenograstim alfa-vuxw, 0.5 mg	Carelon MBM or CarelonRX
J9376	Injection, pozelimab-bbfg, 1 mg	CarelonRX
J9380	Injection, teclistamab-cqyv, 0.5 mg	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
J9381	Injection, teplizumab-mzwv, 5 mcg	CarelonRX
J9382	Injection, zenocutuzumab-zbco, 1 mg	Carelon MBM
J9393	Injection, fulvestrant (Teva), not therapeutically equivalent to J9395, 25 mg	Carelon MBM
J9394	Injection, fulvestrant (fresenius kabi) not therapeutically equivalent to j9395, 25 mg	Carelon MBM
J9395	Injection, fulvestrant, 25 mg	Carelon MBM
J9400	Injection, ziv-aflibercept, 1 mg	Carelon MBM
K0010	Stnd Wt Frame Power Whlchr	Wellpoint
K0011	Stnd Wt Pwr Whlchr W Control	Wellpoint
K0012	Ltwt Portbl Power Whlchr	Wellpoint
K0013	Custom motorized/power wheelchair base	Wellpoint
K0014	Other Power Whlchr Base	Wellpoint
K0108	W/C Component-Accessory Nos	Wellpoint
K0606	Automatic external defibrillator, with integrated electrocardiogram analysis, garment type	Wellpoint
K0800	POWER OPERATED VEHICLE, GROUP 1 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0801	POWER OPERATED VEHICLE, GROUP 1 HEAVY DUTY, PATIENT WEIGHT CAPACITY, 301 TO 450 POUNDS	Wellpoint
K0802	POWER OPERATED VEHICLE, GROUP 1 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0806	POWER OPERATED VEHICLE, GROUP 2 STANDARD, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0807	POWER OPERATED VEHICLE, GROUP 2 HEAVY DUTY, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0808	POWER OPERATED VEHICLE, GROUP 2 VERY HEAVY DUTY, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0812	POWER OPERATED VEHICLE, NOT OTHERWISE CLASSIFIED	Wellpoint
K0813	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Wellpoint
K0814	POWER WHEELCHAIR, GROUP 1 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0815	POWER WHEELCHAIR, GROUP 1 STANDARD, SLING/SOLID SEAT AND BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0816	POWER WHEELCHAIR, GROUP 1 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACTIY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0820	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POU	Wellpoint
K0821	POWER WHEELCHAIR, GROUP 2 STANDARD, PORTABLE, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
K0822	POWER WHEELCHAIR, GROUP 2 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0823	POWER WHEELCHAIR, GROUP 2 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0824	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0825	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0826	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0827	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0828	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Wellpoint
K0829	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Wellpoint
K0830	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 30	Wellpoint
K0831	POWER WHEELCHAIR, GROUP 2 STANDARD, SEAT ELEVATOR, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Wellpoint
K0835	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Wellpoint
K0836	POWER WHEELCHAIR, GROUP 2 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Wellpoint
K0837	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Wellpoint
K0838	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0839	POWER WHEELCHAIR, GROUP 2 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Wellpoint
K0840	POWER WHEELCHAIR, GROUP 2 EXTRA HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUN	Wellpoint
K0841	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Wellpoint
K0842	POWER WHEELCHAIR, GROUP 2 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 3	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
K0843	POWER WHEELCHAIR, GROUP 2 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Wellpoint
K0848	POWER WHEELCHAIR, GROUP 3 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0849	POWER WHEELCHAIR, GROUP 3 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0850	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0851	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0852	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0853	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY, 451 TO 600 POUNDS	Wellpoint
K0854	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Wellpoint
K0855	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 601 POUNDS OR MORE	Wellpoint
K0856	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Wellpoint
K0857	POWER WHEELCHAIR, GROUP 3 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Wellpoint
K0858	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Wellpoint
K0859	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0860	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 60	Wellpoint
K0861	POWER WHEELCHAIR, GROUP 3 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Wellpoint
K0862	POWER WHEELCHAIR, GROUP 3 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Wellpoint
K0863	POWER WHEELCHAIR, GROUP 3 VERY HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO	Wellpoint
K0864	POWER WHEELCHAIR, GROUP 3 EXTRA HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 601 PO	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
K0868	POWER WHEELCHAIR, GROUP 4 STANDARD, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0869	POWER WHEELCHAIR, GROUP 4 STANDARD, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300 POUNDS	Wellpoint
K0870	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POUNDS	Wellpoint
K0871	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 451 TO 600 POUNDS	Wellpoint
K0877	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLUD	Wellpoint
K0878	POWER WHEELCHAIR, GROUP 4 STANDARD, SINGLE POWER OPTION, CAPTAINS CHAIR, PATIENT WEIGHT CAPACITY UP TO AND INCLUDING 300	Wellpoint
K0879	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 POU	Wellpoint
K0880	POWER WHEELCHAIR, GROUP 4 VERY HEAVY DUTY, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT 451 TO 600 POUNDS	Wellpoint
K0884	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCL	Wellpoint
K0885	POWER WHEELCHAIR, GROUP 4 STANDARD, MULTIPLE POWER OPTION, CAPTAINS CHAIR, WEIGHT CAPACITY UP TO AND INCLUDING 300 POUND	Wellpoint
K0886	POWER WHEELCHAIR, GROUP 4 HEAVY DUTY, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY 301 TO 450 P	Wellpoint
K0890	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, SINGLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INCLU	Wellpoint
K0891	POWER WHEELCHAIR, GROUP 5 PEDIATRIC, MULTIPLE POWER OPTION, SLING/SOLID SEAT/BACK, PATIENT WEIGHT CAPACITY UP TO AND INC	Wellpoint
K0898	POWER WHEELCHAIR, NOT OTHERWISE CLASSIFIED	Wellpoint
K0899	Power mobility device, not coded by DME PDAC or does not meet criteria	Wellpoint
K0900	Customized durable medical equipment, other than wheelchair	Wellpoint
K1004	Low frequency ultrasonic diathermy treatment device for home use, includes all components and accessories	Wellpoint
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	Wellpoint
K1027	Oral device/appliance used to reduce upper airway collapsibility, without fixed mechanical hinge, custom fabricated, includes fitting and adjustment	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
K1030	External recharging system for battery (internal) for use with implanted cardiac contractility modulation generator, replacement only	Carelon MBM or Wellpoint
K1036	Supplies and accessories (e.g., transducer) for low frequency ultrasonic diathermy treatment device, per month	Wellpoint
L0112	Cranial cervical orthosis, congenital torticollis type, with or without soft material	Wellpoint
L1499	Spinal Orthosis Nos	Wellpoint
L2999	Lower Extremity Orthosis Nos	Wellpoint
L3999	Upper Limb Orthosis Nos	Wellpoint
L8045	Auricular Prosthesis	Wellpoint
L8600	Implant Breast Silicone/Eq	Wellpoint
L8607	Injectable bulking agent for vocal cord medialization, 0.1 ml, includes shipping and necessary supplies	Carelon MBM or Wellpoint
L8608	Miscellaneous external component, supply or accessory for use with the argus ii retinal prosthesis system	Wellpoint
L8614	COCHLEAR DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Carelon MBM or Wellpoint
L8619	Cochlear Implant, External Speech Processor And Controller, Integrated System, Replacement	Carelon MBM or Wellpoint
L8627	Cochlear Implant, External Speech Processor, Component, Replacement	Carelon MBM or Wellpoint
L8628	Cochlear Implant, External Controller Component, Replacement	Carelon MBM or Wellpoint
L8678	Electrical stimulator supplies (external) for use with implantable neurostimulator, per month	Carelon MBM or Wellpoint
L8679	Implantable neurostimulator, pulse generator, any type	Carelon MBM or Wellpoint
L8680	Implantable neurostimulator electrode, each	Carelon MBM or Wellpoint
L8681	Patient programmer (external) for use with implantable programmable neurostimulator pulse generator, replacement only	Carelon MBM or Wellpoint
L8682	Implantable neurostimulator radiofrequency receiver	Carelon MBM or Wellpoint
L8683	Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver	Carelon MBM or Wellpoint
L8684	Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder	Carelon MBM or Wellpoint
L8685	Implantable neurostimulator pulse generator, single array, rechargeable, includes extension	Carelon MBM or Wellpoint
L8686	Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension	Carelon MBM or Wellpoint
L8687	Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension	Carelon MBM or Wellpoint
L8688	Implantable neurostimulator pulse generator, dual array, non-rechargeable, includes extension	Carelon MBM or Wellpoint
L8690	AUDITORY OSSEointegrated DEVICE, INCLUDES ALL INTERNAL AND EXTERNAL COMPONENTS	Carelon MBM or Wellpoint
L8691	Auditory osseointegrated device, external sound processor, excludes transducer/actuator, replacement only, each	Carelon MBM or Wellpoint
L8692	Auditory Osseointegrated Device, External Sound Processor, Used Without Osseointegration, Body Worn, Includes Headband O	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
L8693	Auditory osseointegrated device abutment, any length, replacement only	Carelon MBM or Wellpoint
L8694	Auditory osseointegrated device, transducer/actuator, replacement only, each	Carelon MBM or Wellpoint
L8699	Prosthetic Implant Nos	Wellpoint
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	Wellpoint
L8702	Powered upper extremity range of motion assist device, elbow, wrist, hand, finger, single or double upright(s), includes microprocessor, sensors, all components and accessorie	Wellpoint
Q0138	Injection, Ferumoxytol, For Treatment Of Iron Deficiency Anemia, 1 Mg (Non-Esr Use)	CarelonRX
Q2026	Injection, Radiesse, 0.1ml	Carelon MBM or Wellpoint
Q2028	Injection, sculptra, 0.5 mg	Carelon MBM or Wellpoint
Q2041	Axicabtagene ciloleucel, up to 200 million autologous anti-CD19 CAR positive T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Wellpoint
Q2042	Tisagenlecleucel, up to 600 million CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Wellpoint
Q2043	Sipuleucel-t, minimum of 50 million autologous cd54+ cells activated with pap-gm-csf, including leukapheresis and all other preparatory procedures, per infusion	Carelon MBM
Q2049	Injection, doxorubicin hydrochloride, liposomal, imported Lipodox, 10 mg	Carelon MBM
Q2050	Injection, doxorubicin hydrochloride, liposomal, not otherwise specified, 10 mg	Carelon MBM
Q2053	Brexucabtagene autoleucel, up to 200 million autologous anti-cd19 car positive viable t cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Wellpoint
Q2054	Lisocabtagene maraleucel, up to 110 million autologous anti-CD19 CAR-positive viable T cells, including leukapheresis and dose preparation procedures, per therapeutic dose	Wellpoint
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	Wellpoint
Q2056	Ciltacabtagene autoleucel, up to 100 million autologous b-cell maturation antigen (bcma) directed car-positive t cells, including leukapheresis and dose preparation procedures	Wellpoint
Q2057	Afamitresgene autoleucel, including leukapheresis and dose preparation procedures, per therapeutic dose	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q2058	Obecabtagene autoleucel, 10 up to 400 million cd19 car-positive viable t cells, including leukapheresis and dose preparation procedures, per infusion	Wellpoint
Q3001	Brachytherapy Radioelements	Carelon MBM
Q3027	Injection, interferon beta-1a, 1 mcg for intramuscular use	CarelonRX
Q3028	Injection, interferon beta-1a, 1 mcg for subcutaneous use	CarelonRX
Q4074	Iloprost, Inhalation Solution, Fda-Approved Final Product, Non-Compounded, Administered Through Dme, Unit Dose Form, Up	CarelonRX
Q4081	INJECTION, EPOETIN ALFA, 100 UNITS (FOR ESRD ON DIALYSIS)	Carelon MBM or CarelonRX
Q4100	Skin substitute, not otherwise specified	Carelon MBM or Wellpoint
Q4101	Apligraf, per square centimeter	Carelon MBM or Wellpoint
Q4102	Oasis wound matrix, per square centimeter	Carelon MBM or Wellpoint
Q4103	Oasis burn matrix, per square centimeter	Carelon MBM or Wellpoint
Q4104	Integra bilayer matrix wound dressing (bmwd), per square centimeter	Carelon MBM or Wellpoint
Q4105	Integra dermal regeneration template (DRT) or Integra Omnigraft dermal regeneration matrix, per sq cm	Carelon MBM or Wellpoint
Q4106	Dermagraft, per square centimeter	Carelon MBM or Wellpoint
Q4107	Graftjacket, per square centimeter	Carelon MBM or Wellpoint
Q4108	Integra matrix, per square centimeter	Carelon MBM or Wellpoint
Q4110	Primatrix, per square centimeter	Carelon MBM or Wellpoint
Q4111	Gammagraft, per square centimeter	Carelon MBM or Wellpoint
Q4112	Cymetra, injectable, 1cc	Carelon MBM or Wellpoint
Q4113	GRAFTJACKET XPRESS, injectable, 1cc	Carelon MBM or Wellpoint
Q4114	Integra flowable wound matrix, injectable, 1 cc	Carelon MBM or Wellpoint
Q4115	Alloskin, per square centimeter	Carelon MBM or Wellpoint
Q4116	Alloderm, per square centimeter	Carelon MBM or Wellpoint
Q4117	Hyalomatrix, per square centimeter	Carelon MBM or Wellpoint
Q4118	Matristem micromatrix, 1 mg	Carelon MBM or Wellpoint
Q4121	Theraskin, per square centimeter	Carelon MBM or Wellpoint
Q4122	Dermacell, per square centimeter	Carelon MBM or Wellpoint
Q4123	AlloSkin RT, per sq cm	Carelon MBM or Wellpoint
Q4124	OASIS ultra tri-layer wound matrix, per sq cm	Carelon MBM or Wellpoint
Q4125	Arthroflex, per sq cm	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4126	MemoDerm, DermaSpan, TranZgraft or InteguPly, per sq cm	Carelon MBM or Wellpoint
Q4127	Talymed, per sq cm	Carelon MBM or Wellpoint
Q4128	FlexHD, or AllopatchHD, per sq cm	Carelon MBM or Wellpoint
Q4130	Strattice TM, per sq cm	Carelon MBM or Wellpoint
Q4132	Grafix Core and GrafixPL Core, per sq cm	Carelon MBM or Wellpoint
Q4133	Grafix PRIME, GrafixPL PRIME, Stravix and StravixPL, per sq cm	Carelon MBM or Wellpoint
Q4134	Hmatrix, per square centimeter	Carelon MBM or Wellpoint
Q4135	Mediskin, per square centimeter	Carelon MBM or Wellpoint
Q4136	Ez-derm, per square centimeter	Carelon MBM or Wellpoint
Q4137	AmnioExcel, AmnioExcel Plus or BioDExcel, per sq cm	Carelon MBM or Wellpoint
Q4138	Biolfence dryflex, per square centimeter	Carelon MBM or Wellpoint
Q4139	Amniomatrix or biodmatrix, injectable, 1 cc	Carelon MBM or Wellpoint
Q4140	Biolfence, per square centimeter	Carelon MBM or Wellpoint
Q4141	Alloskin ac, per square centimeter	Carelon MBM or Wellpoint
Q4142	Xcm biologic tissue matrix, per square centimeter	Carelon MBM or Wellpoint
Q4143	Repriza, per square centimeter	Carelon MBM or Wellpoint
Q4145	Epifix, injectable, 1 mg	Carelon MBM or Wellpoint
Q4146	Tensix, per square centimeter	Carelon MBM or Wellpoint
Q4147	Architect extracellular matrix, per square centimeter	Carelon MBM or Wellpoint
Q4148	Neox Cord 1K, Neox Cord RT, or Clarix Cord 1K, per sq cm	Carelon MBM or Wellpoint
Q4149	Excellagen, 0.1 cc	Carelon MBM or Wellpoint
Q4150	Allowrap ds or dry, per square centimeter	Carelon MBM or Wellpoint
Q4151	Amnioband or guardian, per square centimeter	Carelon MBM or Wellpoint
Q4152	Dermapure, per square centimeter	Carelon MBM or Wellpoint
Q4153	Dermavest, per square centimeter	Carelon MBM or Wellpoint
Q4154	Biovance, per square centimeter	Carelon MBM or Wellpoint
Q4155	Neoxflo or clariflo, 1 mg	Carelon MBM or Wellpoint
Q4156	Neox 100 or Clarix 100, per sq cm	Carelon MBM or Wellpoint
Q4157	Revitalon, per square centimeter	Carelon MBM or Wellpoint
Q4158	Kerecis Omega3, per sq cm	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4159	Affinity, per square centimeter	Carelon MBM or Wellpoint
Q4160	Nushield, per square centimeter	Carelon MBM or Wellpoint
Q4161	Bio-connekt wound matrix, per square centimeter	Carelon MBM or Wellpoint
Q4162	WoundEx Flow, BioSkin Flow, 0.5 cc	Carelon MBM or Wellpoint
Q4163	WoundEx, BioSkin, per sq cm	Carelon MBM or Wellpoint
Q4164	Helicoll, per square centimeter	Carelon MBM or Wellpoint
Q4165	Keramatrix, per square centimeter	Carelon MBM or Wellpoint
Q4166	Cytal, per square centimeter	Carelon MBM or Wellpoint
Q4167	Truskin, per square centimeter	Carelon MBM or Wellpoint
Q4168	Amnioband, 1 mg	Carelon MBM or Wellpoint
Q4169	Artacent wound, per square centimeter	Carelon MBM or Wellpoint
Q4170	Cygnus, per square centimeter	Carelon MBM or Wellpoint
Q4171	Interfyl, 1 mg	Carelon MBM or Wellpoint
Q4173	Palingen or palingen xplus, per square centimeter	Carelon MBM or Wellpoint
Q4174	Palingen or promatrxi, 0.36 mg per 0.25 cc	Carelon MBM or Wellpoint
Q4175	Miroderm, per square centimeter	Carelon MBM or Wellpoint
Q4176	Neopatch or Therion, per sq cm	Carelon MBM or Wellpoint
Q4177	FlowerAmnioFlo, 0.1 cc	Carelon MBM or Wellpoint
Q4178	FlowerAmnioPatch, per sq cm	Carelon MBM or Wellpoint
Q4179	FlowerDerm, per sq cm	Carelon MBM or Wellpoint
Q4180	Revita, per sq cm	Carelon MBM or Wellpoint
Q4181	Amnio Wound, per sq cm	Carelon MBM or Wellpoint
Q4183	Surgigraft, per sq cm	Carelon MBM or Wellpoint
Q4184	Cellesta, per sq cm	Carelon MBM or Wellpoint
Q4185	Cellesta Flowable Amnion (25 mg per cc); per 0.5 cc	Carelon MBM or Wellpoint
Q4186	Epifix, per sq cm	Carelon MBM or Wellpoint
Q4187	Epicord, per sq cm	Carelon MBM or Wellpoint
Q4188	AmnioArmor, per sq cm	Carelon MBM or Wellpoint
Q4189	Artacent AC, 1 mg	Carelon MBM or Wellpoint
Q4190	Artacent AC, per sq cm	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4191	Restorigin, per sq cm	Carelon MBM or Wellpoint
Q4192	Restorigin, 1 cc	Carelon MBM or Wellpoint
Q4193	Coll-e-Derm, per sq cm	Carelon MBM or Wellpoint
Q4194	Novachor, per sq cm	Carelon MBM or Wellpoint
Q4195	PuraPly, per sq cm	Carelon MBM or Wellpoint
Q4196	PuraPly AM, per sq cm	Carelon MBM or Wellpoint
Q4197	PuraPly XT, per sq cm	Carelon MBM or Wellpoint
Q4198	Genesis Amniotic Membrane, per sq cm	Carelon MBM or Wellpoint
Q4199	Cygnus matrix, per square centimeter	Carelon MBM or Wellpoint
Q4200	SkinTE, per sq cm	Carelon MBM or Wellpoint
Q4201	Matrion, per sq cm	Carelon MBM or Wellpoint
Q4202	Keroxx (2.5g/cc), 1cc	Carelon MBM or Wellpoint
Q4203	Derma-Gide, per sq cm	Carelon MBM or Wellpoint
Q4204	XWRAP, per sq cm	Carelon MBM or Wellpoint
Q4205	Membrane graft or membrane wrap, per square centimeter	Carelon MBM or Wellpoint
Q4206	Fluid flow or fluid GF, 1 cc	Carelon MBM or Wellpoint
Q4208	Novafix, per square centimeter	Carelon MBM or Wellpoint
Q4209	Surgraft, per square centimeter	Carelon MBM or Wellpoint
Q4211	Amnion bio or Axobiomembrane, per square centimeter	Carelon MBM or Wellpoint
Q4212	Allogen, per cc	Carelon MBM or Wellpoint
Q4213	Ascent, 0.5 mg	Carelon MBM or Wellpoint
Q4214	Cellesta cord, per square centimeter	Carelon MBM or Wellpoint
Q4215	Axolotl ambient or axolotl cryo, 0.1 mg	Carelon MBM or Wellpoint
Q4216	Artacent cord, per square centimeter	Carelon MBM or Wellpoint
Q4217	Woundfix, BioWound, Woundfix Plus, BioWound Plus, Woundfix Xplus or BioWound Xplus, per square centimeter	Carelon MBM or Wellpoint
Q4218	Surgicord, per square centimeter	Carelon MBM or Wellpoint
Q4219	Surgigraft-dual, per square centimeter	Carelon MBM or Wellpoint
Q4220	BellaCell HD or Surederm, per square centimeter	Carelon MBM or Wellpoint
Q4221	Amniowrap2, per square centimeter	Carelon MBM or Wellpoint
Q4222	Progenamatrix, per square centimeter	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4224	Human Health Factor 10 Amniotic Patch (HHF10-P), per sq cm	Carelon MBM or Wellpoint
Q4225	Amniobind or dermabind tl, per square centimeter	Carelon MBM or Wellpoint
Q4226	MyOwn skin, includes harvesting and preparation procedures, per square centimeter	Carelon MBM or Wellpoint
Q4227	AmnioCoreTM, per sq cm	Carelon MBM or Wellpoint
Q4229	Cogenex Amniotic Membrane, per sq cm	Carelon MBM or Wellpoint
Q4230	Cogenex Flowable Amnion, per 0.5 cc	Carelon MBM or Wellpoint
Q4232	Corplex, per sq cm	Carelon MBM or Wellpoint
Q4233	SurFactor or NuDyn, per 0.5 cc	Carelon MBM or Wellpoint
Q4234	XCellerate, per sq cm	Carelon MBM or Wellpoint
Q4235	AMNIOREPAIR or AltiPly, per sq cm	Carelon MBM or Wellpoint
Q4236	carePATCH, per sq cm	Carelon MBM or Wellpoint
Q4237	Cryo-Cord, per sq cm	Carelon MBM or Wellpoint
Q4238	Derm-Maxx, per sq cm	Carelon MBM or Wellpoint
Q4239	Amnio-Maxx or Amnio-Maxx Lite, per sq cm	Carelon MBM or Wellpoint
Q4240	CoreCyte, for topical use only, per 0.5 cc	Carelon MBM or Wellpoint
Q4241	PolyCyte, for topical use only, per 0.5 cc	Carelon MBM or Wellpoint
Q4242	AmnioCyte Plus, per 0.5 cc	Carelon MBM or Wellpoint
Q4245	AmnioText, per cc	Carelon MBM or Wellpoint
Q4246	CoreText or ProText, per cc	Carelon MBM or Wellpoint
Q4247	Amniotext patch, per sq cm	Carelon MBM or Wellpoint
Q4248	Dermacyte Amniotic Membrane Allograft, per sq cm	Carelon MBM or Wellpoint
Q4249	Amnipliy, for topical use only, per square centimeter	Carelon MBM or Wellpoint
Q4250	Amnioamp-mp, per square centimeter	Carelon MBM or Wellpoint
Q4251	Vim, per sq cm	Carelon MBM or Wellpoint
Q4252	Vendaje, per sq cm	Carelon MBM or Wellpoint
Q4253	Zenith Amniotic Membrane, per sq cm	Carelon MBM or Wellpoint
Q4254	Novafix DL, per sq c	Carelon MBM or Wellpoint
Q4255	Reguard, for topical use only, per square centimeter	Carelon MBM or Wellpoint
Q4256	MLG-Complete, per sq cm	Carelon MBM or Wellpoint
Q4257	Relese, per sq cm	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4258	Enverse, per sq cm	Carelon MBM or Wellpoint
Q4259	Celera dual layer or celera dual membrane, per square centimeter	Carelon MBM or Wellpoint
Q4260	Signature apatch, per square centimeter	Carelon MBM or Wellpoint
Q4261	Tag, per square centimeter	Carelon MBM or Wellpoint
Q4262	Dual layer impax membrane, per square centimeter	Carelon MBM or Wellpoint
Q4263	Surgraft tl, per square centimeter	Carelon MBM or Wellpoint
Q4264	Cocoon membrane, per square centimeter	Carelon MBM or Wellpoint
Q4265	Neostim tl, per square centimeter	Carelon MBM or Wellpoint
Q4266	Neostim membrane, per square centimeter	Carelon MBM or Wellpoint
Q4267	Neostim dl, per square centimeter	Carelon MBM or Wellpoint
Q4268	Surgraft ft, per square centimeter	Carelon MBM or Wellpoint
Q4269	Surgraft xt, per square centimeter	Carelon MBM or Wellpoint
Q4270	Complete sl, per square centimeter	Carelon MBM or Wellpoint
Q4271	Complete ft, per square centimeter	Carelon MBM or Wellpoint
Q4272	Esano a, per square centimeter	Carelon MBM or Wellpoint
Q4273	Esano aaa, per square centimeter	Carelon MBM or Wellpoint
Q4274	Esano ac, per square centimeter	Carelon MBM or Wellpoint
Q4275	Esano aca, per square centimeter	Carelon MBM or Wellpoint
Q4276	Orion, per square centimeter	Carelon MBM or Wellpoint
Q4278	Epieffect, per square centimeter	Carelon MBM or Wellpoint
Q4279	Vendaje ac, per square centimeter	Carelon MBM or Wellpoint
Q4280	Xcell amnio matrix, per square centimeter	Carelon MBM or Wellpoint
Q4281	Barrera sl or barrera dl, per square centimeter	Carelon MBM or Wellpoint
Q4282	Cygnus dual, per square centimeter	Carelon MBM or Wellpoint
Q4283	Biovance tri-layer or biovance 3l, per square centimeter	Carelon MBM or Wellpoint
Q4284	Dermabind sl, per square centimeter	Carelon MBM or Wellpoint
Q4285	NuDYN DL or NuDYN DL MESH, per sq cm	Wellpoint
Q4286	NuDYN SL or NuDYN SLW, per sq cm	Wellpoint
Q4287	Dermabind dl, per square centimeter	Carelon MBM or Wellpoint
Q4288	Dermabind ch, per square centimeter	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4289	Revoshield + amniotic barrier, per square centimeter	Carelon MBM or Wellpoint
Q4290	Membrane Wrap-Hydro, per sq cm	Carelon MBM or Wellpoint
Q4291	Lamellas xt, per square centimeter	Carelon MBM or Wellpoint
Q4292	Lamellas, per square centimeter	Carelon MBM or Wellpoint
Q4293	Acesso dl, per square centimeter	Carelon MBM or Wellpoint
Q4294	Amnio quad-core, per square centimeter	Carelon MBM or Wellpoint
Q4295	Amnio tri-core amniotic, per square centimeter	Carelon MBM or Wellpoint
Q4296	Rebound matrix, per square centimeter	Carelon MBM or Wellpoint
Q4297	Emerge matrix, per square centimeter	Carelon MBM or Wellpoint
Q4298	Amnicore pro, per square centimeter	Carelon MBM or Wellpoint
Q4299	Amnicore prot, per square centimeter	Carelon MBM or Wellpoint
Q4300	Acesso tl, per square centimeter	Carelon MBM or Wellpoint
Q4301	Activate matrix, per square centimeter	Carelon MBM or Wellpoint
Q4302	Complete aca, per square centimeter	Carelon MBM or Wellpoint
Q4303	Complete aa, per square centimeter	Carelon MBM or Wellpoint
Q4304	Grafix plus, per square centimeter	Carelon MBM or Wellpoint
Q4305	American Amnion AC Tri-Layer, per sq cm	Wellpoint
Q4306	American Amnion AC, per sq cm	Wellpoint
Q4307	American Amnion, per sq cm	Wellpoint
Q4308	Sanopellis, per sq cm	Wellpoint
Q4309	VIA Matrix, per sq cm	Wellpoint
Q4310	Procenta, per 100 mg	Carelon MBM or Wellpoint
Q4311	Acesso, per sq cm	Wellpoint
Q4312	Acesso AC, per sq cm	Wellpoint
Q4313	DermaBind FM, per sq cm	Wellpoint
Q4314	Reeva FT, per sq cm	Wellpoint
Q4315	RegeneLink Amniotic Membrane Allograft, per sq cm	Wellpoint
Q4316	AmchoPlast, per sq cm	Wellpoint
Q4317	VitoGraft, per sq cm	Wellpoint
Q4318	E-Graft, per sq cm	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4319	SanoGraft, per sq cm	Wellpoint
Q4320	PelloGraft, per sq cm	Wellpoint
Q4321	RenoGraft, per sq cm	Wellpoint
Q4322	CaregraFT, per sq cm	Wellpoint
Q4323	alloPLY, per sq cm	Wellpoint
Q4324	AmnioTX, per sq cm	Wellpoint
Q4325	ACApatch, per sq cm	Wellpoint
Q4326	WoundPlus, per sq cm	Wellpoint
Q4327	DuoAmnion, per sq cm	Wellpoint
Q4328	MOST, per sq cm	Wellpoint
Q4329	Singlay, per sq cm	Wellpoint
Q4330	TOTAL, per sq cm	Wellpoint
Q4331	Axolotl Graft, per sq cm	Wellpoint
Q4332	Axolotl DualGraft, per sq cm	Wellpoint
Q4333	ArdeoGraft, per sq cm	Wellpoint
Q4334	Amnioplast 1, per square centimeter	Wellpoint
Q4335	Amnioplast 2, per square centimeter	Wellpoint
Q4336	Artacent c, per square centimeter	Wellpoint
Q4337	Artacent trident, per square centimeter	Wellpoint
Q4338	Artacent velos, per square centimeter	Wellpoint
Q4339	Artacent vericlen, per square centimeter	Wellpoint
Q4340	Simpligraft, per square centimeter	Wellpoint
Q4341	Simplimax, per square centimeter	Wellpoint
Q4342	Theramend, per square centimeter	Wellpoint
Q4343	Dermacyte ac matrix amniotic membrane allograft, per square centimeter	Wellpoint
Q4344	Tri-membrane wrap, per square centimeter	Wellpoint
Q4345	Matrix hd allograft dermis, per square centimeter	Wellpoint
Q4346	Shelter dm matrix, per square centimeter	Carelon MBM or Wellpoint
Q4347	Rampart dl matrix, per square centimeter	Carelon MBM or Wellpoint
Q4348	Sentry sl matrix, per square centimeter	Carelon MBM or Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q4349	Mantle dl matrix, per square centimeter	Carelon MBM or Wellpoint
Q4350	Palisade dm matrix, per square centimeter	Carelon MBM or Wellpoint
Q4351	Enclose tl matrix, per square centimeter	Carelon MBM or Wellpoint
Q4352	Overlay sl matrix, per square centimeter	Carelon MBM or Wellpoint
Q4353	Xceed tl matrix, per square centimeter	Carelon MBM or Wellpoint
Q4354	PalinGen Dual-Layer Membrane, per sq cm	Wellpoint
Q4355	Abiomend Xplus Membrane and Abiomend Xplus Hydromembrane, per sq cm	Wellpoint
Q4356	Abiomend Membrane and Abiomend Hydromembrane, per sq cm	Wellpoint
Q4357	XWRAP Plus, per sq cm	Wellpoint
Q4358	XWRAP Dual, per sq cm	Wellpoint
Q4359	ChoriPly, per sq cm	Wellpoint
Q4360	AmchoPlast FD, per sq cm	Wellpoint
Q4361	EPIXPRESS, per sq cm	Wellpoint
Q4362	CYGNUS Disk, per sq cm	Wellpoint
Q4363	Amnio Burgeon Membrane and Hydromembrane, per sq cm	Wellpoint
Q4364	Amnio Burgeon Xplus Membrane and Xplus Hydromembrane, per sq cm	Wellpoint
Q4365	Amnio Burgeon Dual-Layer Membrane, per sq cm	Wellpoint
Q4366	Dual Layer Amnio Burgeon X-Membrane, per sq cm	Wellpoint
Q4367	AmnioCore SL, per sq cm	Wellpoint
Q5098	Injection, ustekinumab-srlf (imuldosa), biosimilar, 1 mg	CarelonRX
Q5099	Injection, ustekinumab-stba (steqeyma), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5100	Injection, ustekinumab-kfce (yesintek), biosimilar, 1 mg	CarelonRX
Q5101	Injection, filgrastim-sndz, biosimilar, (zарxio), 1 microgram	Carelon MBM or CarelonRX
Q5103	Injection, infliximab-dyyb, biosimilar, (inflectra), 10 mg	CarelonRX
Q5104	Injection, infliximab-abda, biosimilar, (renflexis), 10 mg	CarelonRX
Q5105	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for ESRD on dialysis), 100 units	Carelon MBM or CarelonRX
Q5106	Injection, epoetin alfa-epbx, biosimilar, (Retacrit) (for non-ESRD use), 1000 units	Carelon MBM or CarelonRX
Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi), 10 mg	Carelon MBM or CarelonRX
Q5108	Injection, pegfilgrastim-jmdb (fulphila), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi), 10 mg	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q5110	Injection, filgrastim-aafi, biosimilar, (nivestym), 1 microgram	Carelon MBM or CarelonRX
Q5111	Injection, pegfilgrastim-cbqv (udenyc), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5112	Injection, trastuzumab-dttb, biosimilar, (Ontruzant), 10 mg	Carelon MBM
Q5113	Injection, trastuzumab-pkrb, biosimilar, (herzuma), 10 mg	Carelon MBM
Q5114	Injection, trastuzumab-dkst, biosimilar, (Ogivri), 10 mg	Carelon MBM
Q5115	Injection, rituximab-abbs, biosimilar, 10 mg	Carelon MBM or CarelonRX
Q5116	Injection, trastuzumab-qyyp, biosimilar, (trazimera), 10 mg	Carelon MBM
Q5118	Injection, bevacizumab-bvzr, biosimilar, (Zirabev), 10 mg	Carelon MBM or CarelonRX
Q5119	Injection, rituximab-pvvr, biosimilar, (RUXIENCE), 10 mg	Carelon MBM or CarelonRX
Q5120	Injection, pegfilgrastim-bmez (ziextenzo), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA), 10 mg	CarelonRX
Q5122	Injection, pegfilgrastim-apgf (nyvepria), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5123	Injection, rituximab-arrx, biosimilar, (riabni), 10 m	Carelon MBM or CarelonRX
Q5124	Injection, ranibizumab-nuna, biosimilar, (Byooviz), 0.1 mg	CarelonRX
Q5125	Injection, filgrastim-ayow, biosimilar, (releuko), 1 microgram	Carelon MBM or CarelonRX
Q5126	Injection, bevacizumab-maly, biosimilar, (alymsys), 10 mg	Carelon MBM or CarelonRX
Q5127	Injection, pegfilgrastim-fpgk (stimufend), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5128	Injection, ranibizumab-eqrn (cimerli), biosimilar, 0.1 mg	CarelonRX
Q5129	Injection, bevacizumab-adcd (vegzelma), biosimilar, 10 mg	Carelon MBM or CarelonRX
Q5130	Injection, pegfilgrastim-pbbk (fylnetra), biosimilar, 0.5 mg	Carelon MBM or CarelonRX
Q5133	Injection, tocilizumab-bavi (Tofidience), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5134	Injection, natalizumab-sztn (Tyruko), biosimilar, 1 mg	CarelonRX
Q5135	Injection, tocilizumab-aazg (tyenne), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5136	Injection, denosumab-bbdz (jubbonti/wyost), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5137	Injection, ustekinumab-auub (Wezlana), biosimilar, SC, 1 mg	CarelonRX
Q5138	Injection, ustekinumab-auub (Wezlana), biosimilar, IV, 1 mg	CarelonRX
Q5140	Injection, adalimumab-fkjp, biosimilar, 1 mg	CarelonRX
Q5141	Injection, adalimumab-aaty, biosimilar, 1 mg	CarelonRX
Q5142	Injection, adalimumab-ryvk biosimilar, 1 mg	CarelonRX
Q5143	Injection, adalimumab-adbm, biosimilar, 1 mg	CarelonRX

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
Q5144	Injection, adalimumab-aacf (idacio), biosimilar, 1 mg	CarelonRX
Q5145	Injection, adalimumab-afzb (abrilada), biosimilar, 1 mg	CarelonRX
Q5146	Injection, trastuzumab-strf (hercessi), biosimilar, 10 mg	Carelon MBM
Q5147	Injection, aflibercept-ayyh (Pavblu), biosimilar, 1 mg	CarelonRX
Q5148	Injection, filgrastim-txid (Nypozi), biosimilar, 1 mcg	Carelon MBM or CarelonRX
Q5149	Injection, aflibercept-abzv (Enzeevu), biosimilar, 1 mg	CarelonRX
Q5150	Injection, aflibercept-mrbb (Ahzantive), biosimilar, 1 mg	CarelonRX
Q5151	Injection, eculizumab-aagh (Ephysli), biosimilar, 2 mg	CarelonRX
Q5152	Injection, eculizumab-aeeb (Bkemv), biosimilar, 2 mg	CarelonRX
Q5153	Injection, aflibercept-yszy (opuviz), biosimilar, 1 mg	CarelonRX
Q5154	Injection, omalizumab-igec (Omlyclo), biosimilar, 5 mg	CarelonRX
Q5155	Injection, aflibercept-jbvf (Yesafili), biosimilar, 1 mg	CarelonRX
Q5156	Injection, tocolizumab-anoh (Avtozma), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5157	Injection, denosumab-bmwo (Stoboclo/Osenvelt), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5158	Injection, denosumab-bnht (Bomynta/Conexxence), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q5159	Injection, denosumab-dssb (Ospomyv/Xbryk), biosimilar, 1 mg	Carelon MBM or CarelonRX
Q9996	Injection, ustekinumab-ttwe (pyzchiva), subcutaneous, 1 mg	CarelonRX
Q9997	Injection, ustekinumab-ttwe (pyzchiva), intravenous, 1 mg	CarelonRX
Q9998	Injection, ustekinumab-aekn (selarsdi), biosimilar, 1 mg	CarelonRX
Q9999	Injection, ustekinumab-aauz (Otulfi), biosimilar, 1 mg	CarelonRX
S0013	Esketamine, nasal spray, 1 mg	CarelonRX
S0189	Testosterone pellet. 75 mg	CarelonRX
S0201	Partial Hospitalization Services, Less Than 24 Hours, Per Diem	Behavioral Health
S0353	Treatment planning and care coordination management for cancer initial treatment	Carelon MBM
S0354	Treatment planning and care coordination management for cancer established patient with a change of regimen	Carelon MBM
S1040	CRANIAL REMOLDING ORTHOSIS, PEDIATRIC, RIGID, WITH SOFT INTERFACE MATERIAL,	Wellpoint
S1091	Stent, non-coronary, temporary, with delivery system (propel)	Carelon MBM or Wellpoint
S2053	Transplantation Of Small Int	Wellpoint
S2054	Transplantation Of Multivisc	Wellpoint
S2055	Harvesting Of Donor Multivis	Wellpoint

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
S2060	Lobar Lung Transplantation	Wellpoint
S2061	Donor Lobectomy (Lung)	Wellpoint
S2065	Simultaneous pancreas kidney transplantation	Wellpoint
S2066	Breast reconstruction with gluteal artery perforator (GAP) flap, including	Wellpoint
S2067	Breast reconstruction of a single breast with "stacked" deep inferior	Wellpoint
S2068	Breast reconstruction with deep inferior epigastric perforator (DIEP) flap or superficial inferior epigastric artery (SIEA)	Wellpoint
S2080	Laser-assisted uvulopalatoplasty (LAUP)	Carelon MBM or Wellpoint
S2095	Transcatheter occlusion or embolization for tumor destruction, percutaneous, any method	Wellpoint
S2102	Islet Cell Tissue Transplant	Wellpoint
S2103	Adrenal Tissue Transplant	Wellpoint
S2112	Arthroscopy, knee, surgical for harvesting of cartilage (chondrocyte cells)	Carelon MBM
S2117	Arthroereisis, subtalar	Carelon MBM or Wellpoint
S2118	Metal-on-metal total hip resurfacing including acetabular and femoral components	Carelon MBM
S2120	Low Density Lipoprotein(Ldl)	Carelon MBM or Wellpoint
S2140	Cord Blood Harvesting	Wellpoint
S2142	Cord Blood-Derived Stem-Cell	Wellpoint
S2150	Bone marrow or blood-derived peripheral stem cell harvesting and transplantation, allogenic or autologous, including phe	Wellpoint
S2202	Echosclerotherapy	Carelon MBM or Wellpoint
S2230	Implantation of magnetic component of semi-implantable hearing device on ossicles in middle ear	Carelon MBM or Wellpoint
S2235	Implantation of auditory brain stem implant	Carelon MBM or Wellpoint
S2300	Arthroscopy, Shoulder, Surgi	Carelon MBM or Wellpoint
S2342	Nasal endoscopy for post-operative debridement following functional endoscopic sinus surgery, nasal and/or sinus cavity(	Carelon MBM or Wellpoint
S2348	Decompress disc RF lumbar	Carelon MBM or Wellpoint
S3800	Genetic testing for amyotrophic lateral sclerosis (ALS)	Carelon MBM
S3840	DNA analysis for germline mutations of the ret proto-oncogene	Carelon MBM
S3841	Genetic testing for retinoblastoma	Carelon MBM
S3842	Genetic testing for von hippel-lindau disease	Carelon MBM
S3844	DNA analysis of the connexin 26 gene (gjb2) for susceptibility to congenital, profound deafness	Carelon MBM
S3845	Genetic testing for alpha-thalassemia	Carelon MBM

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
S3846	Genetic testing for hemoglobin e beta-thalassemia	Carelon MBM
S3849	Genetic testing for niemann-pick disease	Carelon MBM
S3850	Genetic testing for sickle cell anemia	Carelon MBM
S3852	DNA analysis for apoe epsilon 4 allele for susceptibility to Alzheimer's disease	Carelon MBM
S3853	Genetic testing for myotonic muscular dystrophy	Carelon MBM
S3854	Gene expression profiling panel for use in the management of breast cancer treatment	Carelon MBM
S3861	Genetic testing, sodium channel, voltage-gated, Type V, alpha subunit (SCN5A) and variants for suspected brugada syndrom	Carelon MBM
S3865	Comprehensive gene sequence analysis for hypertrophic cardiomyopathy	Carelon MBM
S3866	Genetic analysis for a specific gene mutation for hypertrophic cardiomyopathy (HCM) in an individual with a known HCM mu	Carelon MBM
S3870	Comparative genomic hybridization (cgf) microarray testing for developmental delay, autism spectrum disorder and/or intellectual disability	Carelon MBM
S3900	Surface electromyography (EMG)	Carelon MBM or Wellpoint
S8030	Scleral application of tantalum ring(s) for localization of lesions for proton beam therapy	Carelon MBM
S8035	Magnetic Source Imaging	Carelon MBM
S8040	Topographic Brain Mapping	Carelon MBM or Wellpoint
S8092	Electron Beam Computed Tomog	Carelon MBM
S8130	Interferential current stimulator, 2 channel	Carelon MBM or Wellpoint
S8131	Interferential current stimulator, 4 channel	Carelon MBM or Wellpoint
S8930	Electrical stimulation of auricular acupuncture points; each 15 minutes of personal one-on-one contact with patient	Carelon MBM or Wellpoint
S9002	Intravaginal motion sensor system, provides biofeedback for pelvic floor muscle rehabilitation device	Wellpoint
S9056	Coma Stimulation Per Diem	Carelon MBM or Wellpoint
S9090	Vertebral Axial Decompressio	Wellpoint
S9364	Home infusion therapy, total parenteral nutrition (TPN) (do not use with home infusion codes S9365-S9368 using daily vol	Carelon MBM or Wellpoint
S9365	Home infusion therapy, total parenteral nutrition (TPN); one liter per day	Carelon MBM or Wellpoint
S9366	Home infusion therapy, total parenteral nutrition (TPN); more than one liter but no more than two liters per day	Carelon MBM or Wellpoint
S9367	Home infusion therapy, total parenteral nutrition (TPN); more than two liter but no more than three liters per day	Carelon MBM or Wellpoint
S9368	Home infusion therapy, total parenteral nutrition (TPN); more than three liter per day	Carelon MBM or Wellpoint
S9480	Intensive Outpatient Psychia	Behavioral Health

Prior Authorization Procedure Code Listing for Washington Individual Commercial Business		
Code	Code description	Responsible party
S9494	Home infusion therapy, antibiotic, antiviral, or antifungal therapy (do not use with home infusion codes for hourly dosi	Wellpoint
S9497	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every three hours	Wellpoint
S9500	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 24 hours	Wellpoint
S9501	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 12 hours	Wellpoint
S9502	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every 8 hours	Wellpoint
S9503	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every six hours	Wellpoint
S9504	Home infusion therapy, antibiotic, antiviral, or antifungal therapy; once every four hours	Wellpoint
S9960	Ambulance service, conventional air services, nonemergency transport, one way (fixed wing)	Wellpoint
S9961	Ambulance service, conventional air service, nonemergency transport, one way (rotary wing)	Wellpoint
T2036	Therapeutic camping, overnight, waiver; each session	Wellpoint
T2037	Therapeutic camping, day, waiver; each session	Wellpoint
V2787	Astigmatism correcting function of intraocular lens	Carelon MBM
V2788	Presbyopia correcting function of intraocular lens	Carelon MBM
V2790	Amniotic Membrane	Carelon MBM
V5095	Semi-Implantable Middle Ear Hearing Prosthesis	Carelon MBM or Wellpoint
V5298	Hearing Aid, Not Otherwise Classified	Carelon MBM or Wellpoint