



CCP/CCP HSA Prior Authorization List
Effective 5/01/2026

| ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN. BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES MUST BE REVIEWED BY EVERNORTH BEHAVIORAL HEALTH: 888-736-7009 | | CPT CODES BELOW REQUIRE PRIOR AUTH |
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| HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES | | |
| DISCHARGE SERVICES | | 99238-99239 |
| INITIAL CARE (NEW or ESTABLISHED PATIENT) | | 99221-99223 |
| PROLONGED SERVICES | | 99356-99357 |
| SUBSEQUENT HOSPITAL CARE | | 99231-99233 |
| CRITICAL CARE SERVICES | | 99291-99292 |
| NEWBORN | | 99460-99480 |
| NURSING FACILITY SERVICES | | 99304-99318 |
| ADMISSION/DISCHARGE SAME DAY | | 99234-99236 |
| COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES | | |
| ADJACENT TISSUE TRANSFER/ REARRANGEMENT PROCEDURES | | 14000-14350 |
| CANTHOPLASTY | | 67950 |
| CORRECTION OF LID RETRACTION | | 67911 |
| DERMATOLOGICAL PROCEDURES | | 96910-96922 |
| UV LIGHT THERAPY | | 96900 |
| PHOTOCHEMOTHERAPY | | 96910-96913 |
| LASER TREATMENT | | 96920-96922 |
| EYELID, EXCISION, AND REPAIR | | 67961-67966 |
| FOOT and TOES RECONSTRUCTION | | 28238, 28280-28360 |
| BARIATRIC SURGERY/GASTRIC RESTRICTIVE PROCEDURES | | 43644-43648, 43770-43775, 43842-43865, 43881-43882, 43888 |
| HAND AND FINGERS, RECONSTRUCTION/REPAIR/RELEASE | | 26541-26596 |
| HEAD (SKULL, FACE, TMJ) RECONSTRUCTION/REPAIR/REVISION | | 21120-21296, 21029 |
| HUMERUS AND ELBOW RECONSTRUCTION | | 24301-24498 |
| KERATOPROSTHESIS | | 65770 |
| KNEE, ARTHROPLASTY, TOTAL | | 27437-27447 |
| LIP, REPAIR | | 40650-40761 |
| MASTECTOMY PROC/REPAIR, RECONSTRUCTION | | 19300-19396 |

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| MASTOID SURGERY/ REVISION | 69601-69605 |
| REPAIR, REVISION, AND/OR RECONSTRUCTION PROCEDURES ON THE NECK (SOFT TISSUE) & THORAX | 21685-21750 |
| REPAIR PROCEDURES ON THE NOSE | 30400-30630 |
| STRABISMUS SURGERY | 67311-67318 |
| PALATOPLASTY FOR CLEFT PALATE | 42200-42281 |
| PELVIS and HIP RECONSTRUCTION | 27097-27187 |
| PENILE REPAIR | 54300-54440 |
| SKIN FLAPS AND GRAFTS | 15570-15847 |
| TESTICULAR PROSTHESIS INSERTION | 54660 |
| DIAGNOSTIC IMAGING AND LAB TESTING | |
| CARDIAC EVENT MONITORING (30 DAY); CARDIAC EVENT MONITORING FOR 48 HOURS OR LESS - DOES NOT REQUIRE AUTH | 93228-93272 |
| CTA AND CALCIUM SCORING | 75571-75574 |
| GENETIC TESTING (NO AUTHORIZATION IS REQUIRED FOR STANDARD GENETIC TESTS PERFORMED ON THE PREGNANT ENROLLEE) | 81105-81419, 81421-81479, 81490- 81527, 81529- 81599, 88230-88299, 88360-88368, S3800- S3870, Require PA. 81220, 81243, and 81401 do not require prior authorization, if the claim has a dx of O00.0- O9A.53 |
| GROWTH EVALUATION & TREATMENT FOR HORMONE THERAPY | 80438 |
| PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION | 78429-78434, 78459, 78491-78492, 78608-78609, 78811-78816 |
| SLEEP STUDY | 95782-95783 95800-95811 |

| DURABLE MEDICAL EQUIPMENT (DME) *MEDICAL AND SURGICAL SUPPLIES DO NOT REQUIRE AUTH* | |
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| BONE GROWTH STIMULATOR | E0760 |
| CLINITRON AND ELECTRIC BEDS | E0250-E0270, E0290-E0304, E0316 |
| CPAP AND BIPAP MACHINES | E0424-E0455, E0460-E0461, E0465-E0467, E0470-E0472, E0482-E0484, E0485-E0486, E0601, E0618-E0619, K0738, S8120-S8121 |
| CUSTOM ORTHOTICS NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION | C1813, L0112- L4631 |
| COCHLEAR IMPLANT | S2230, S2235 |
| POST MASTECTOMY CAMISOLE | S8460 |
| DIABETIC SHOES | A5500-A5514 |
| ELECTRIC WHEELCHAIRS/SCOOTERS | K0010-K0014 |
| MOTORIZED/POWER WHEELCHAIR / POWER OPERATED VEHICLES | K0800-K0899 |
| CUSTOM PEDIATRIC WHEELCHAIR | E1230-E1239 |
| WHEELCHAIR ACCESSORIES | E0950-E1036, E2300-E2398, K0108 |
| INSULIN PUMPS AND SUPPLIES | A4230-A4231, A9274, A9276-A9278, E0784, S5565-S5571, S9145 |
| LIMB AND TORSO PROSTHETICS | L5000-L8699 |
| PATIENT LIFTS | E0621, E0630-E0635 |
| WOUND VAC PUMPS | E2402 |

| ELECTIVE INVASIVE PROCEDURES | |
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| CAPSULE ENDOSCOPY | 91110-91112 |
| CHEMODENERVE ECCRINE GLANDS | 64650, 64653 |
| CESAREAN DELIVERY | 59509-59525 |
| CIRCUMCISION (AUTH REQUIRED IF AGE > 1YR) | 54150-54163 |
| DENERVATION, CHEMODENERVATION OF MUSCLE | 64612-64640 |
| EPIDURAL INJECTION FOR LYSIS OF ADHESIONS | 62263-62264 |
| EPIDURAL INJECTION FOR PAIN | 62280-62282, 62320-62327, 64479-64484 |
| HORMONE PELLETT IMPLANT | 11980, S0189 |
| HYPERBARIC TREATMENT- WOUND CARE CENTER ONLY | 99183 |
| ARTHROSCOPY of TMJ | 29800, 29804 |
| ORAL SPLINT | 21085 |
| ORAL SURGERY | 21040, 41800-41874, 40899 |
| SPIDER VEIN THERAPY | 36468-36483, 37650-37785, 93971 |
| TOTAL DISC ARTHROPLASTY- Artificial Disc | 22856-22865 |
| VIRTUAL CT COLONOSCOPY | 74261-74263 |
| HOME HEALTH CARE | |
| All Home Health Care, including Therapies, require authorization. | |
| HOME VISITS AT AN ALF | 99324-99337, 99341-99350 |
| HOME HEALTH PROCEDURES | 99500-99602 |
| HOME RESPIRATORY THERAPY | S5180-S5181 |
| HOME INFUSION THERAPY | S5035-S5036, S5497- S5502, S5522-S5523 |
| HOME WOUND CARE | S9097 |
| HOME PHOTOTHERAPY | S9098 |
| HOME HEALTH NURSE AND AIDE | S9122-S9127, S9128- S9131, S9208-S9214, S9325-S9379, S9381, S9474, S9494, S9497, S9529, S9537, S9538, S9542, S9558-S9590, S9810, G0493-G0496, T1021, T1030-T1031 |

| HOSPICE | |
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| HOSPICE AT ALF/SNF | Q5002-Q5004, Q5007, Q5009 |
| HOSPICE INPATIENT | Q5005, Q5006, Q5009, Q5010, T2044-T2046, Revenue Codes: 0656, 0125, 0135, 0145, 0155, 0235, 0658, 0659 |
| HOSPICE OUTPATIENT/HOME | S9125-S9126, T2042- T2043, Q5001, Q5009 Revenue Codes: 0651-0652 |
| MATERNITY | |
| OBSTETRICAL CARE- (Global Authorization, which includes Prenatal Care Visits, All Sonograms, and Postpartum Visits provided by OB/GYN) | 59000-59899, 74775, 76801-76828 |
| NUTRITION SERVICES | |
| ENTERAL NUTRITION- ALL ENTERALS REQUIRE AN AUTHORIZATION | B4102-B4103, B4149- B4150, B4152-B4155, B4157, B4159, B4160- B4161 |
| MEDICAL NUTRITION THERAPY SERVICES | 97802-97804 |
| DIABETES MANAGEMENT TRAINING | G0108-G0109 |

| TRANSPLANT | |
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| ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS | 15002-15278, 15769, 15771-15774, 20926, 20936-20938, 32850-32856, 65780, 38230-38243, 33927-33945, 38204-38215, 44132-44137, 44715-44721, 47133-47147, 48160, 48550-48556, 50300-50380, 50546-50547, 58999, 65710-65757, 65780-65782 G0342, G0343, S2102 |
| TRANSPORTATION | |
| TRANSPORTATION NON-EMERGENT | A0426, A0428 |
| TRANSPORTATION AIR | A0430- A0431, A0435, A0999 |

| REVISION LOG | EFFECTIVE DATE |
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| UPDATE HOME HEALTH: S CODES TO REMOVE S9500-S9504 | 5/1/26 |