



**MMCP/MCHP Prior Authorization List**  
Effective 5/01/2026

| <b>ALL SERVICES RENDERED BY OUT-OF-NETWORK PROVIDERS<br/>REQUIRE PRIOR AUTHORIZATION FROM THE HEALTH PLAN.</b>        |  | <b>CPT CODES BELOW<br/>REQUIRE PRIOR AUTH</b>                         |
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| <b>BEHAVIORAL HEALTH AND SUBSTANCE USE SERVICES MUST BE<br/>REVIEWED BY EVERNORTH BEHAVIORAL HEALTH: 888-736-7009</b> |  |   |
| <b>HOSPITAL INPATIENT AND OBSERVATION CARE SERVICES</b>   |  |   |
| 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   |
| <b>COSMETIC/ PLASTIC/ RECONSTRUCTIVE PROCEDURES</b>   |  |   |
| 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,<br>43770-43775,<br>43842-43865,<br>43881-43882,<br>43888 |
| HAND AND FINGERS, RECONSTRUCTION/REPAIR/RELEASE   |  | 26541-26596   |
| HEAD (SKULL, FACE, TMJ)<br>RECONSTRUCTION/REPAIR/REVISION   |  | 21120-21296,<br>21029   |
| HUMERUS AND ELBOW RECONSTRUCTION  |  | 24301-24498   |
| KERATOPROSTHESIS  |  | 65770   |
| KNEE, ARTHROPLASTY, TOTAL   |  | 27437-27447   |
| LIP, REPAIR   |  | 40650-40761   |

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| MASTECTOMY PROC/REPAIR, RECONSTRUCTION   | 19300-19396  |
| 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  |
| <b>DIAGNOSTIC IMAGING AND LAB TESTING</b>  |  |
| CT SCAN- ALL CT SCANS REQUIRE AUTHORIZATION  | 70450-70498,<br>71250- 71275,<br>72125-72133,<br>72191-72194,<br>73200-73206,<br>73700-73706,<br>74150-74178,<br>74261-74263,<br>75635,<br>76376-76377,<br>76380,<br>76497, 77078  |
| CTA AND CALCIUM SCORING  | 75571-75574  |
| GENETIC TESTING (NO AUTHORIZATION IS REQUIRED FOR STANDARD GENETIC TESTS PERFORMED ON THE PREGNANT ENROLLEE) | 81105-81419,<br>81421- 81479,<br>81490-81527,<br>81529-81599<br>88230-88299,<br>88360-88368,<br>S3800-S3870,<br>REQUIRE PA<br><br>81220, 81243, 81401,<br>81420<br>DO NOT RE<br>REQUIRE PRIOR AUTH<br>IF CLAIM HAS A DX<br>OF O00.0 - O9A.53 |
| GROWTH EVALUATION & TREATMENT FOR HORMONE THERAPY  | 80438  |

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| MRI- ALL MRIS REQUIRE AUTHORIZATION  | 70336,<br>70540-70543,<br>70551-70559,<br>71550-71552,<br>72141-72158,<br>72195-72197,<br>73218-73223,<br>73718-73723,<br>74181-74183,<br>75557-75565,<br>76390-76391,<br>76498,<br>77021-77022,<br>77058-77059,<br>77084, 0159T |
| MRA  | 70544-70549,<br>71555,<br>72159, 72198, 73225,<br>73725, 74185   |
| PET SCAN- ALL PET SCANS REQUIRE AUTHORIZATION  | 78429-78434,<br>78459,<br>78491-78492,<br>78608-78609,<br>78811-78816  |
| SLEEP STUDY- (ONLY A CARDIOLOGIST, PULMONOLOGIST, NEUROLOGISTS, OTOLARYNGOLOGISTS, & DR. ASHWIN MEHTA (SLEEP MEDICINE SPECIALIST) CAN ORDER SLEEP STUDIES FOR THE SELF-INSURED PLANS | 95782-95783  |
| <b>DURABLE MEDICAL EQUIPMENT (DME)</b>   |  |
| BONE GROWTH STIMULATOR   | E0760  |
| CLINITRON AND ELECTRIC BEDS  | E0250-E0270,<br>E0290-E0304,<br>E0316  |
| CPAP AND BIPAP MACHINES  | E0424-E0455,<br>E0460-E0461,<br>E0465-E0467,<br>E0470-E0472,<br>E0482-E0484,<br>E0485-E0486,<br>E0601,<br>E0618-E0619,<br>K0738,<br>S8120-S8121  |
| CUSTOM ORTHOTICS<br>NO AUTH NEEDED FOR L8699 RELATED TO STERILIZATION  | C1813,<br>L0112- L4631   |
| COCHLEAR IMPLANT   | S2230, S2235   |
| POST MASTECTOMY CAMISOLE   | S8460  |

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| DIABETIC SHOES  | A5500-A5514   |
| ELECTRIC WHEELCHAIRS/SCOOTERS                           | K0010-K0014   |
| MOTORIZED/POWER WHEELCHAIR /<br>POWER OPERATED VEHICLES | K0800-K0899   |
| CUSTOM PEDIATRIC WHEELCHAIR                             | E1230-E1239   |
| WHEELCHAIR ACCESSORIES                                  | E0950-E1036,<br>E2300-E2398,<br>K0108                                     |
| INSULIN PUMPS AND SUPPLIES                              | A4230-A4231,<br>A9274,<br>A9276-A9278,<br>E0784,<br>S5565-S5571,<br>S9145 |
| LIMB AND TORSO PROSTHETICS                              | L5000-L8699   |
| PATIENT LIFTS   | E0621, E0630 - E0635  |
| WOUND VAC PUMPS   | E2402   |
| <b>ELECTIVE INVASIVE PROCEDURES</b>                     |   |
| CAPSULE ENDOSCOPY                                       | 91110-91112   |
| CESAREAN DELIVERY                                       | 59509-59525   |
| CHEMODENERVE ECCRINE GLANDS                             | 64650, 64653  |
| 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,<br>62320-62327,<br>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,<br>41800-41874,<br>40899   |
| SPIDER VEIN THERAPY                                     | 36468-36483,<br>93971   |
| TOTAL DISC ARTHROPLASTY- ARTIFICIAL DISC                | 22856-22865   |

| <b>HOME HEALTH CARE</b><br><b>ALL HOME HEALTH CARE, INCLUDING THERAPIES REQUIRE AUTHORIZATION</b>                                      |  |
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| HOME VISITS AT AN ALF  | 99324-99337,<br>99341-99350  |
| HOME HEALTH PROCEDURES   | 99500-99602  |
| HOME RESPIRATORY THERAPY   | S5035-S5036  |
| HOME INFUSION THERAPY  | S5180-S5181  |
| HOME WOUND CARE  | S5497-S5502  |
| HOME PHOTOTHERAPY  | S5522-S5523  |
| HOME HEALTH NURSE AND AIDE   | S9122-S9127,<br>S9128- S9131,<br>S9208-S9214,<br>S9325-S9379,<br>S9381, S9474,<br>S9494, S9497, S9529,<br>S9537, S9538, S9542,<br>S9558-S9590, S9810,<br>G0493-G0496,<br>T1021,<br>T1030-T1031 |
| <b>HOSPICE</b>   |  |
| HOSPICE AT ALF/SNF   | Q5002-Q5004,<br>Q5007, Q5009   |
| HOSPICE INPATIENT  | Q5005, Q5006, Q5009,<br>Q5010,<br>T2044-T2046<br><br>REVENUE CODES :<br>0656, 0125, 0135, 0145,<br>0155, 0235, 0658, 0659  |
| HOSPICE OUTPATIENT/HOME  | S9125-S9126,<br>T2042- T2043,<br>Q5001, Q5009<br><br>REVENUE CODES :<br>0651-0652  |
| <b>MATERNITY</b>   |  |
| OBSTETRICAL CARE- (GLOBAL AUTHORIZATION, WHICH INCLUDES PRENATAL CARE VISITS, ALL SONOGRAMS, AND POSTPARTUM VISITS PROVIDED BY OBG/YN) | 59000-59899,<br>74775,<br>76801-76828  |

| NUTRITION/ENTERAL SERVICES  |   |
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| ENTERAL NUTRITION -<br>ALL ENTERALS REQUIRE AN AUTHORIZATION  | B4102-B4103,<br>B4149- B4150,<br>B4152-B4155,<br>B4157,<br>B4159,<br>B4160- B4161   |
| DIABETES MANAGEMENT TRAINING  | G0108-G0109   |
| TRANSPLANT  |   |
| ALL TRANSPLANT SERVICES, INCLUDING EVALUATIONS  | 15002-15278,<br>15769,<br>15771-15774,<br>20926,<br>20936-20938,<br>32850-32856,<br>65780,<br>38230-38243,<br>33927-33945,<br>38204-38215,<br>44132-44137,<br>44715-44721,<br>47133-47147,<br>48160,<br>48550-48556,<br>50300-50380,<br>50546-50547,<br>58999,<br>65710-65757,<br>65780-65782,<br>G0342,<br>G0343,<br>S2102 |
| TRANSPLANT CELLULAR THERAPY (TCT)   | 38225-38228   |
| TRANSPORTATION  |   |
| TRANSPORTATION NON-EMERGENT   | A0426, A0428  |
| TRANSPORTATION AIR  | A0430- A0431,<br>A0435, A0999   |
| REVISION LOG  | EFFECTIVE DATE  |
| CORRECTION: ELECTIVE AND INVASIVE PROCEDURES –<br>CPT CODE RANGE: SPIDER VEIN THERAPY (36468-36483)           | 6/20/24   |
| DELETED: PRIOR AUTHORIZATION REQUIREMENT FOR CPT<br>CODES: 93228-93272, 95782-95783, 64612-64640, 74261-74263 | 5/1/25  |
| ADDED: -TRANSPLANT CELLULAR THERAPY (TCT):<br>38225-38228   | 3/1/26  |
| UPDATE HOME HEALTH: S CODES TO REMOVE S9500-S9504   | 5/1/26  |