

Authorization Categories	Code	Description	Comments
Services and devices considered experimental/investigational/unproven	0001U	Red blood cell antigen typing	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0002U	Oncology (colorectal), quantitative assessment	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0003U	Oncology (ovarian) biochemical assays	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0005U	Onco prst8 3 gene ur alg	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	0006M	Oncology (hepatic), mRNA expression levels of 161	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	0007M	Oncology (gastrointestinal neuroendocrine tumors)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	0007U	Drug test(s), presumptive, with definitive confirm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0008U	Helicobacter pylori detection and antibiotic resis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0009U	Oncology (breast cancer), ERBB2 (HER2)	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0010U	Infectious disease (bacterial), strain typing	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0011U	Prescription drug monitoring, evaluation of drugs	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0012U	Germline disorders, gene rearrangement	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0013U	Oncology (solid organ neoplasia), gene rearrangeme	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0014U	Hematology (hematolymphoid neoplasia), gene rearra	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0016U	Oncology (hematolymphoid neoplasia), RNA	UM Required/Auth List
Dental - anesthesia for dental services	00170	ANESTH PROCEDURE ON MOUTH	PA required for anesthesia with dental procedures.
Services and devices considered experimental/investigational/unproven	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0018M	Measurement of renal transplant donor CD154+T cell	UM Required/Auth List
Genetic/genomic testing	0018U	Oncology (thyroid), microRNA profiling by RT-PCR	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	0019U	Oncology, RNA, gene expression by whole transcript	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0021U	Oncology (prostate), detection of 8 autoantibodies	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0022U	Targeted genomic sequence analysis panel non small	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0023U	Oncology (acute myelogenous leukemia)	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0024U	Glycosylated acute phase proteins (GlycA), nuclear	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0025U	Tenofovir, by liquid chromatography with tandem	UM Required/Auth List
Genetic/genomic testing	0026U	Oncology (thyroid), DNA and mRNA of 112 genes	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	0027U	JAK2 gene analysis, targeted sequence analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0029U	Drug metabolism(adverse) targeted sequence...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0030U	Drug metabolism(warfarin)targeted sequence...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0031U	CYP1A2 gene analysis, copy number variants, common	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0032U	COMT gene analysis, c.472G>A (rs4680) variant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0033U	HTR2A gene analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0034U	TPMT gene analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0035U	Detection prion protein by quaking-induced convers	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0036U	Exome sequence analyses	UM Required/Auth List
Genetic/genomic testing	0037U	Targeted genomic sequence analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0039U	DNA antibody, double stranded, high avidity	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0040U	Translocation analysis, major breakpoint,...	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0042T	CT PERFUSION W/CONTRAST CBF	UM Required/Auth List
Genetic/genomic testing	0045U	Onc brst dux carc is 12 gene	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0046U	Flt3 gene itd variants quan	UM Required/Auth List
Genetic/genomic testing	0047U	Onc prst8 mrna 17 gene alg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0048U	Onc sld org neo dna 468 gene	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0049U	Npm1 gene analysis quan	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0050U	Trgt gen seq dna 194 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0052U	Lpoprtn bld w/5 maj classes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0054U	Rx mntr 14+ drugs & sbsts	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0055T	BONE SURGERY USING COMPUTER	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0060U	Twz zyg gen seq alys chrms2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0064U	Antibody, Treponema pallidum, total and rapid plas	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0065U	Syphilis test, non-treponemal antibody, immunoassa	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0071T	U/S LEIOMYOMATA ABLATE <200	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0072T	U/S LEIOMYOMATA ABLATE >200	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0075T	PERQ STENT/CHEST VERT ART	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0076T	S&I STENT/CHEST VERT ART	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0080U	Oncology (lung), mass spectrometric analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0082U	Drug test(s), definitive, 90 or more drugs or subs	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0083U	Oncology, response to chemotherapy drugs using mot	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0084U	Rbc dna gnotyp 10 bld groups	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0085T	BREATH TEST HEART REJECT	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0086U	Nfct ds bact&fng org id 6+	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0087U	Crđ hrt trnspl mma 1283 gen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0088U	Trnsplj kdn algrft rej 1494	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0089U	Onc mlnma prame & linc00518	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0090U	Onc cutan mlnma mma 23 gene	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0091U	Onc clrct scr whl bld alg	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0092U	Onc lng 3 prtn bmrk plsm alg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0093U	Rx mntr 65 com drugs urine	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0094U	Genome rapid sequence alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0095U	INFLM EE ELISA ALYS ALG	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0096U	Hpv hi risk types male urine	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0097U	Gi pathogen 22 targets	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0101T	EXTRACORP SHOCKWV TX HI ENRG	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0101U	Hered colon ca do 15 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0102T	EXTRACORP SHOCKWV TX ANESTH	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0102U	Hered brst ca rld do 17 gen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0103U	Hered ova ca pnl 24 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0105U	Neph ckd mult eclia tum nec	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0106U	Gstr emptg 7 timed brth spec	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0107U	C diff tox ag detc j ia stool	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0108U	Gi barrett esoph 9 prtn bmrk	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0109U	Id aspergillus dna 4 species	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0110U	Rx mntr 1+oral onc rx&sbsts	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0111U	Onc colon ca kras&nras alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0112U	ladi 16s&18s rna genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0113U	Onc prst8 pca3&tprss2-erg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0114U	Gi barretts esoph vim&ccna1	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0115U	Respir iadna 18 viral&2 bact	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0116U	Rx mntr nzm ia 35+oral flu	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0117U	Pain mgmt 11 endogenous anal	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0118U	Trnsply don-drv cll-fr dna	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0119U	Crđ ceramides liq chrom plsm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0120U	Onc b cll lymphm mma 58 gen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0121U	Sc dis vcam-1 whole blood	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0122U	Sc dis p-selectin whl blood	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0123U	Mchnl fragility rbc prflg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0126T	CHD RISK IMT STUDY	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0129U	Hered brst ca rltđ do panel	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0130U	Hered colon ca do mma pnl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0131U	Hered brst ca rltđ do pnl 13	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0132U	Hered ova ca rltđ do pnl 17	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0133U	Hered prst8 ca rltđ do 11	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0134U	Hered pan ca mma pnl 18 gen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0135U	Hered gyn ca mma pnl 12 gen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0136U	Atm mma seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0137U	Palb2 mma seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0138U	Brca1 brca2 mma seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0140U	Nfct ds fungi dna 15 trgt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0141U	Nfct ds bact&fng gram pos	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0142U	Nfct ds bact&fng gram neg	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0143U	Drug assay 120+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0144U	Drug assay 160+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0145U	Drug assay 65+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0146U	Drug assay 80+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0147U	Drug assay 85+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0148U	Drug assay 100+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0149U	Drug assay 60+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0150U	Drug assay 120+ rx/metabl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0151U	Nfct bct/vir resp nfctj 33	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0152U	Nfct bct fng prst dna >1000	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0153U	Onc breast mma 101 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0154U	Fgfr3 gene analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0155U	Pik3ca gene analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0156U	Copy number sequence alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0157U	Apc mma seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0158U	Mlh1 mma seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0159U	Msh2 mrna seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0160U	Msh6 mrna seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0161U	Pms2 mrna seq alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0162U	Hered colon ca trgt mrna pnl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0163T	LUMB ARTIF DISKECTOMY ADDL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0163U	Onc clrct scr 3 prtn alg	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0164T	REMOVE LUMB ARTIF DISC ADDL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0164U	Gi ibs ia anti-cdtb&vinculin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0165T	REVISE LUMB ARTIF DISC ADDL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0165U	Peanut allg spec asmt 64 epi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0166U	Liver ds 10 biochem asy srm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0167U	Chornc gonadotropin hcg ia	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0169U	Nudt15&tpmt gene com vrmt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0170U	Neuro asd rna next gen seq	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0171U	Trgt gen seq alys pnl dna 23	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0172U	Onc sld tum alys brca1 brca2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0173U	Psyc gen alys panel 14 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0174U	Onc solid tumor 30 prtn trgt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0175U	Psyc gen alys panel 15 genes	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0176U	Cdtb&vinculin igg antb ia	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0177U	Onc brst ca dna pik3ca 11	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0178U	Peanut allg asmt epi clin rx	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0179U	Onc nonsm cll lng ca alys 23	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0180U	Abo gnotyp abo 7 exons	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0181U	Co gnotyp aqp1 exon 1	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0182U	Crom gnotyp cd55 exons 1-10	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0183U	Di gnotyp slc4a1 exon 19	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0184U	Do gnotyp art4 exon 2	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0185U	Fut1 gnotyp fut1 exon 4	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0186U	Fut2 gnotyp fut2 exon 2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0187U	Fy gnotyp ackr1 exons 1-2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0188U	Ge gnotyp gypc exons 1-4	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0189U	Gypa gnotyp ntrns 1 5 exon 2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0190U	Gypb gnotyp ntrns 1 5 seux 3	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0191U	In gnotyp cd44 exons 2 3 6	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0192U	Jk gnotyp slc14a1 exon 9	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0193U	Jr gnotyp abcg2 exons 2-26	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0194U	Kel gnotyp kel exon 8	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0195U	Klf1 targeted sequencing	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0196U	Lu gnotyp bcam exon 3	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0197U	Lw gnotyp icam4 exon 1	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0198T	OCULAR BLOOD FLOW MEASURE	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0198U	Rhd&rhce gntyp rhd1-10&rhce5	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0199U	Sc gnotyp ermap exons 4 12	UM Required/Auth List
Back surgery including spinal fusion, laminectomy, etc.	0200T	PERQ SACRAL AUGMT UNILAT INJ	This service has been deemed E&I except for Medicare plans.
Services and devices considered experimental/investigational/unproven	0200U	Xk gnotyp xk exons 1-3	UM Required/Auth List
Back surgery including spinal fusion, laminectomy, etc.	0201T	PERQ SACRAL AUGMT BILAT INJ	This service has been deemed E&I except for Medicare plans.
Services and devices considered experimental/investigational/unproven	0201U	Yt gnotyp ache exon 2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0202T	POST VERT ARTHRPLST 1 LUMBAR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0204U	Onc thyr mrna xprsn alys 593	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0207T	CLEAR EYELID GLAND W/HEAT	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0216T	NJX PARAVERT W/US LUMB/SAC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0219T	PLMT POST FACET IMPLT CERV	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0220T	PLMT POST FACET IMPLT THOR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0221T	PLMT POST FACET IMPLT LUMB	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0227U	Drug assay, presumptive, 30 or more drugs or meta	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0228U	Oncology (prostate), multianalyte molecular profil	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0229U	BCAT1 (Branched chain amino acid transaminase 1) o	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0230U	AR (androgen receptor) (eg, spinal and bulbar musc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0231U	CACNA1A (calcium voltage-gated channel subunit alp	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0232T	NJX PLATELET PLASMA	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0232U	CSTB (cystatin B) (eg, progressive myoclonic epile	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analy	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syn	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0236U	SMN1 (survival of motor neuron 1, telomeric) and S	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0237U	Cardiac ion channelopathies (eg, Brugada syndrome,	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0238U	Oncology (Lynch syndrome), genomic DNA sequence an	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0239U	Targeted genomic sequence analysis panel, solid or	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0242U	Trgt gen seq alysnl 55-74	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0243U	Hypertension (preeclampsia)	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0244U	Oncology (solid organ), DNA, comprehensive gen...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0245U	Oncology (thyroid), mutation analysis of 10	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0246U	Red blood cell antigen typing, DNA	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0247U	Obstetrics (preterm birth), insulin-like growth	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0248U	Oncology (brain), spheroid cell culture?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0249U	Oncology (breast), semiquantitative analysis?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0251U	Hepcidin-25, enzyme-linked immunosorbent assay?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0252U	Fetal aneuploidy short tandem-repeat?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0253U	Reproductive medicine, RNA gene expression...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0254U	Reproductive medicine, analysis of 24 chromosomes?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0255U	Andrology (infertility), sperm-capacitation...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0256U	TMA/TMAO profile,MS/MS,urine, with analysis...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0257U	VLCAD leukocyte enzyme activity, whole blood	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0258U	Psoriasis, mRNA, gene expression profiling...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0259U	Chronic kidney disease, nuclear magnetic resonance	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0260U	Rare diseases, identification of copy number...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0261U	Colorectal cancer image analysis with AI...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0262U	Oncology(solid tumor), gene expression profiling	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0263U	Autism spectrum disorder (ASD), measurement...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0264U	Rare diseases, identification of copy number...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0265U	Rare disorders, whole genome sequence analysis...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0266U	Unexplained constitutional or other disorders...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0267U	Rare disorders, identification of copy number...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0268U	Hematology (aHUS), genomic sequence analysis...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0269U	Hematology, autosomal dominant congenial...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0270U	Hematology, congenial coagulation disorders...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0271T	REV/REMLV CRTD SNS DEV GEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0271U	Hematology, congenial neutropenia, genomic...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0272U	Hematology, genetic bleeding disorders, genomic...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0273U	Hematology, genetic hyperfibrinolysis, delayed...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0274T	PERQ LAMOT/LAM CRV/THRC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0274U	Hematology, genetic platelet disorders, genomic...	UM Required/Auth List
Back surgery including spinal fusion, laminectomy, etc.	0275T	PERQ LAMOT/LAM LUMBAR	This service has been deemed E&I except for Medicare plans.
Services and devices considered experimental/investigational/unproven	0275U	Hematology, heparin-induced thrombocytopenia...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0276U	Hematology, inherited thrombocytopenia, genomic...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0277U	Hematology, genetic platelet function disorder...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0278U	Hematology, genetic thrombosis, genomic sequence...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0279U	Hematology, von Willebrand disease/factor and...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0280U	Hematology, von Willebrand disease/factor and...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0281U	Hematology, von Willebrand disease/propeptide...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0282U	Red blood cell antigen typing, DNA, genotyping...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0283U	Von Willebrand factor, type 2B, platelet-binding...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0284U	Von Willebrand factor, type 2N, factor VIII...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0285U	Oncology, response to radiation, cell-free DNA,...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (...)	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0287U	Oncology (thyroid), DNA and mRNA,...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0288U	Oncology (lung), mRNA, quantitative PCR...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0289U	Neurology (Alzheimer disease), mRNA, gene...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0290U	Pain management, mRNA, gene expression...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0291U	Psychiatry (mood disorders), mRNA, gene...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0292U	Psychiatry (stress disorders), mRNA, gene...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0293U	Psychiatry (suicidal ideation), mRNA, gene...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0294U	Longevity and mortality risk, mRNA, gene...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0295U	Oncology (breast ductal carcinoma in situ),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0296U	Oncology (oral and/or oropharyngeal cancer),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0297U	Oncology (pan tumor), whole genome sequencing...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0298U	Oncology (pan tumor), whole transcriptome...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0299U	Oncology (pan tumor), whole genome optical...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0300U	Oncology (pan tumor), whole genome sequencing...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0301U	Infectious agent detection by nucleic acid (DNA...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0302U	Infectious agent detection by nucleic acid (DNA...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0303U	Hematology, red blood cell (RBC) adhesion to...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0304U	Hematology, red blood cell (RBC) adhesion to...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0305U	Hematology, red blood cell (RBC) functionality...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0306U	Onc MRD next-gen trgt seq analysis, DNA, initial	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0307U	Onc MRD next-gen trgt seq analysis, DNA, subseq	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0308U	CAD analysis of 3 proteins, plasma, risk score...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0309U	Cardiovascular disease, analysis of 4 proteins...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0310U	PED vasculitis, Kawasaki disease, analysis of bio...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0311U	Infections disease, quantitative antimicrobial...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0312T	LAPS IMPLTJ NSTIM VAGUS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0312U	Autoimmune diseases, analysis of IgG autoantibody	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0313T	LAPS RMVL NSTIM ARRAY VAGUS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0313U	Oncology, DNA and mRNA next-generation sequencing	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0314T	LAPS RMVL VGL ARRY & PLS GEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0314U	Oncology, mRNA gene expression profiling by RT-PCR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0315T	RMVL VAGUS NERVE PLS GEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0315U	Oncology, mRNA gene expression profiling by RT-PCR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0316T	REPLC VAGUS NERVE PLS GEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0316U	Borrelia burgdorferi (Lyme disease), OspA protein	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0317T	ELEC ALYS VAGUS NRV PLS GEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0317U	Oncology, four-probe FISH assay, whole blood...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0318U	PED (congenital epigenetic disorders), whole genom	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0319U	Renal transplant RNA pretransplant peripheral...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0320U	Renal transplant RNA posttransplant peripheral...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0321U	Infectious agent detection by nucleic acid (DNA...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0322U	Neurology (ASD), quantitative measurements of 14...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0323U	Infectious agent detection by nucleic acid (DNA...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0324U	Oncology (ovarian), spheroid cell culture, 4-drug	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0325U	Oncology (ovarian), spheroid cell culture, poly...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0326U	Targeted genomic sequence analysis panel, solid	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA seq	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0328U	Drug assay, definitive, 120 or more drugs...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0329T	Monitoring of intraocular pressure for 24 hours or	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0329U	Oncology (neoplasia), exome and transcriptome...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0330T	Tear film imaging, unilateral or bilateral, with i	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0330U	Infectious agent detection by nucleic acid (DNA...	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0331T	Myocardial sympathetic innervation imaging, planar	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0331U	Oncology (hematolymphoid neoplasia), optical...	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0332T	Heart symp image plnr spect	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0333T	Visual evoked potential, screening of visual acuit	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0335T	Insertion of sinus tarsi implant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0338T	Trnscth renal symp denrv unl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0339T	Trnscth renal symp denrv bil	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0342T	Thxp apheresis w/hdl delip	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	0345T	Transcath mtral vive repair	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0347T	Placement of interstitial device(s)	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0348T	Radiologic examination, radiostereometric analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0349T	Radiologic examination, radiostereometric analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0350T	Radiologic examination, radiostereometric analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0351T	Optical coherence tomography of breast	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0352T	Optical coherence tomography of breast	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0353T	Optical coherence tomography of breast	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0354T	Optical coherence tomography of breast	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0358T	Bioelectrical impedance analysis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0378T	Visual field assmnt rev/rprt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0379T	Vis field assmnt tech	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0381T	Ext h rate epi sz 14 days	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0382T	Ext h rate sz 14 day ri only	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0383T	Ext h rate sz up to 30 days	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0384T	Ex h rate sz 30 day ri only	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0385T	Ex h rate for sz ovr 30 day	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0386T	Ex h rate sz 30+ day ri only	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0397T	Endoscopic retrograde cholangiopancreatography (ER	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0398T	Magnetic resonance image guided high intensity foc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0403T	Preventive behavior change, intensive program of p	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0408T	Insertion or replacement of permanent cardiac cont	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0409T	Insj/rplc car modulj pls gn	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0410T	Insertion or replacement of permanent cardiac cont	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0411T	Insertion or replacement of permanent cardiac cont	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0412T	Removal of permanent cardiac contractility modulat	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0413T	Removal of permanent cardiac contractility modulat	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0414T	Removal and replacement of permanent cardiac contr	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0415T	Repositioning of previously implanted cardiac cont	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0416T	Relocation of skin pocket for implanted cardiac co	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0417T	Programming device evaluation (in person) with ite	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0418T	Eval w analysis car modul syst	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0419T	Dstrj neurofibroma xtmsv	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0420T	Dstrj neurofibroma xtmsv	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0421T	Transurethral waterjet ablation of prostate, inclu	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0422T	Tactile breast imaging by computer-aided tactile s	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0424T	Insertion or replacement of neurostimulator system	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0425T	Insertion or replacement of neurostimulator system	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0426T	Insertion or replacement of neurostimulator syste	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0427T	Insertion or replacement of neurostimulator system	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0428T	Removal of neurostimulator system for treatment of	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0429T	Removal of neurostimulator system for treatment of	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0430T	Removal of neurostimulator system for treatment of	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0431T	Removal and replacement of neurostimulator system	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0432T	Repositioning of neurostimulator system for treatm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0433T	Repositioning of neurostimulator system for treatm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0434T	Interro eval npgs apnea	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0435T	Prog eval npgs apnea	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0436T	Programming device evaluation of implanted neurost	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0437T	Implantation of non-biologic or synthetic implant	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0439T	Myocardial contrast perfusion echocardiography	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0440T	Ablation, percutaneous, cryoablation,	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0441T	Ablation, percutaneous, cryoablation,	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0442T	Ablation, percutaneous, cryoablation, includes ima	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0443T	Real time spectral analysis of prostate tissue by	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0444T	Initial placement of a drug-eluting ocular insert	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0445T	Subsequent placement of a drug-eluting ocular inse	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0446T	Creation of subcutaneous pocket w insertion of glu	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0447T	Removal of glucose sensor via incision	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0448T	Removal of glucose sensor and insertion of new sen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0464T	Testing for glaucoma w report	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0465T	Suprachoroidal injection of pharmacologic agent	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0469T	Rta polarize scan oc scr bi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0470T	Oct skn img acquisj i&r 1st	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0471T	Oct skn img acquisj i&r addl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0472T	Prgmg io rta eltrd ra	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0473T	Device evaluation and interrogation of intra-ocula	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0474T	Insj aqueous drg dev io rsvr	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0475T	Rec ftl car sgl 3 ch i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0476T	Rec ftl car sgl elec tr data	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0477T	Rec ftl car sgl xrtj alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0478T	Recording of fetal magnetic cardiac signal	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0479T	Fxjl abl lsr 1st 100 sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0480T	Fxjl abl lsr ea addl 100sqcm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0481T	Njx autol wbc concentrate	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0483T	Tmvi percutaneous approach	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0484T	Tmvi transthoracic exposure	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0485T	Oct mid ear i&r unilateral	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0486T	Oct mid ear i&r bilateral	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0487T	Trvg biomchn mapg w/reprt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0488T	Diabetes prev online/elec	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0489T	Regn cell tx scldr hands	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0490T	Regn cell tx scldr h mlt inj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0491T	Abl lsr opn wnd 1st 20 sqcm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0492T	Abl lsr opn wnd addl 20 sqcm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0493T	Near ifr spectrsc of wounds	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0494T	Prep & cannulj cdvr don lung	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0495T	Mntr cdvr don lng 1st 2 hrs	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0496T	Mntr cdvr don lng ea addl hr	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0497T	Xtrnl pt act ecg in-off conn	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0498T	Xtrnl pt act ecg r&i pr 30 d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0499T	Cysto f/urtl strix/stenosis	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	0501T	Cor ffr derived cor cta data	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	0502T	Cor ffr data prep & transmis	UM Required/Auth List

Cardiology services (check code for PA requirement) reviewed by eviCore	0503T	Cor ffr alys gnrj ffr mdl	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	0504T	Cor ffr data review i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0505T	Ev fempop artl revsc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0506T	Mac pgmt opt dns meas hfp	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0507T	Near ifr 2img mibmn gland i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0508T	Pls echo us b1 dns meas tib	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0509T	Electroretinography (ERG) with int	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0510T	Removal of sinus tarsi implant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0511T	Removal and reinsertion of sinus t	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0512T	Extracorporeal shock wave for inte	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0513T	Extracorporeal shock wave for inte	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0514T	Intraoperative visual axis identif	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0515T	Insertion of wireless cardiac stim	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0516T	Insertion of wireless cardiac stim	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0517T	Insertion of wireless cardiac stim	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0518T	Removal of only pulse generator co	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0519T	Removal and replacement of wireles	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0520T	Removal and replacement of wireles	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0521T	Interrogation device evaluation (i	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0522T	Programming device evaluation (in	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0523T	Intraprocedural coronary fractiona	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0524T	Endovenous catheter directed chemi	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0525T	Insertion or replacement of intrac	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0526T	Insertion or replacement of intrac	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0527T	Insertion or replacement of intrac	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0528T	Programming device evaluation (in	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0529T	Interrogation device evaluation (i	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0530T	Removal of intracardiac ischemia m	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0531T	Removal of intracardiac ischemia m	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0532T	Removal of intracardiac ischemia m	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0533T	Continuous recording of movement d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0534T	Continuous recording of movement d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0535T	Continuous recording of movement d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0536T	Continuous recording of movement d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0537T	Chimeric antigen receptor T-cell (UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0538T	Chimeric antigen receptor T-cell (UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0539T	Chimeric antigen receptor T-cell (UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0540T	Chimeric antigen receptor T-cell (UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0541T	Myocardial imaging by magnetocardi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0542T	Myocardial imaging by magnetocardi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0543T	Ta mv rpr w/artif chord tend	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0544T	Tcat mv annulus rcnstj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0545T	Tcat tv annulus rcnstj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0546T	Rf spectrsc ntraop mrgn asmt	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0552T	Low-level laser therapy	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0553T	Perq tcat iliac anast implt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0559T	Antmc mdl 3d print 1st cmpnt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0560T	Antmc mdl 3d print ea addl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0561T	Antmc guide 3d print 1st gd	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0562T	Antmc guide 3d print ea addl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0563T	Evac meibomian gland heat bi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0564T	Onc chemo rx cytotox csc 14	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0565T	Autol cell implt adps hrvg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0566T	Autol cell implt adps njx	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0567T	Perm flp tube occls w/implt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0568T	Intro mix saline&air f/ssg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0569T	Ttvr perq appr 1st prosth	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0570T	Ttvr perq ea addl prosth	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0571T	Insj/rplcmt icds ss eltrd	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0572T	Insertion ss dfb electrode	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0573T	Removal ss dfb electrode	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0574T	Repos prev ss impl dfb eltrd	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0575T	Pgrmg dev eval icds ss ip	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0576T	Interrog dev eval icds ss ip	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0577T	Ephys eval icds ss	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0578T	Rem interrog dev eval icds phys	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0579T	Rem interrog dev icds tech	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0580T	Rmvl ss impl dfb pg only	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0581T	Abltj mal brst tum perq crtx	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0582T	Trurl abltj mal prst8 tiss	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0583T	Tmpst auto tube dlvr sys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0584T	Perq islet cell transplant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0585T	Laps islet cell transplant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0586T	Open islet cell transplant	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0587T	Perq impltj/rplcmt isdns ptn	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0588T	Revision/removal isdns ptn	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0589T	Elec alys smpl prgrmg iins	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0590T	Elec alys cplx prgrmg iins	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0591T	Hlth&wb coaching indiv 1st	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0592T	Hlth&wb coaching indiv f-up	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0593T	Hlth&wb coaching group	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0594T	Osteot hum xtrnl lngth dev	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0596T	Temp fml iu vlv-pmp 1st insj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0597T	Temp fml iu valve-pmp rplcmt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0598T	Ncntc r-t fluor wnd img 1st	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0599T	Ncntc r-t fluor wnd img ea	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0600T	Ire abltj 1+tum organ perq	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0601T	Ire abltj 1+tumors open	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0602T	Transdermal gfr measurements	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0603T	Transdermal gfr monitoring	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0604T	Rem oct rta dev setup&educaj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0605T	Rem oct rta techn sprt min 8	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0606T	Rem oct rta phys/ghp ea 30d	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0607T	Rem mntr pulm flu mntr setup	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0608T	Rem mntr pulm flu mntr alys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0609T	Mrs disc pain acquisj data	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0610T	Mrs disc pain transmis data	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0611T	Mrs disc pain alg alys data	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0612T	Mrs discogenic pain i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0613T	Perq tcatt intratr septl sht	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0614T	Rmvl&rplcmt ss impl dfb pg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0615T	Eye mvmt alys w/o calbrj i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0616T	Insertion of iris prosthesis	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0617T	Insj iris prosth w/rmvl&insj	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0618T	Insj iris prosth sec io lens	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0619T	Cysto w/prst8 commissurotomy	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0620T	Endovascular venous arterialization, tibial or per	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0621T	Trabeculostomy ab interno by laser	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0622T	Trabeculostomy ab interno by laser; with use of op	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0623T	Automated quantification and characterization of c	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0624T	Automated quantification and characterization of c	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0625T	Automated quantification and characterization of c	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0626T	Automated quantification and characterization of c	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0627T	Percutaneous injection of allogeneic cellular and/	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0628T	Percutaneous injection of allogeneic cellular and/	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0629T	Percutaneous injection of allogeneic cellular and/	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0630T	Percutaneous injection of allogeneic cellular and/	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0631T	Transcutaneous visible light hyperspectral imaging	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0632T	Percutaneous transcatheter ultrasound ablation of	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0633T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0634T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0635T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0636T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0637T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0638T	Computed tomography, breast, including 3D renderin	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0639T	Wireless skin sensor thermal anisotropy measuremen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0640T	Noncontact near-infrared spectroscopy studies?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0641T	Noncontact near-infrared spectroscopy studies?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0642T	Noncontact near-infrared spectroscopy studies?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0643T	Transcatheter left ventricular restoration device?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0644T	Transcatheter removal or debulking?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0645T	Transcatheter implantation of coronary sinus---	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0646T	Transcatheter tricuspid valve implantation?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0647T	Insertion of gastrostomy tube, percutaneous?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0648T	Quantitative magnetic resonance for analysis?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0649T	Quantitative magnetic resonance for analysis?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0650T	Programming device evaluation (remote)?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0651T	Magnetically controlled capsule endoscopy?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0652T	Esophagogastroduodenoscopy, flexible, transnasal?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0653T	Esophagogastroduodenoscopy, flexible, transnasal?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0654T	Esophagogastroduodenoscopy, flexible, transnasal?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0655T	Transperineal focal laser ablation?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0656T	Vertebral body tethering, anterior?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0657T	Vertebral body tethering, anterior?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0658T	Electrical impedance spectroscopy?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0659T	Transcatheter intracoronary infusion?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0660T	Implantation of anterior segment intraocular?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0661T	Removal and reimplantation of anterior segment?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0662T	Scalp cooling, mechanical, initial measurement?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0663T	Scalp cooling, mechanical, placement?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0664T	Donor hysterectomy, open, from cadaver donor	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0665T	Donor hysterectomy, open, from living donor	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0666T	Donor hysterectomy, laparoscopic?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0667T	Donor hysterectomy, recipient uterus allograft?	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0668T	Backbench standard preparation, uterine allograft?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0669T	Backbench reconstruction, uterine allograft?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0670T	Backbench reconstruction, uterine allograft?	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0671T	Insertion of anterior segment aqueous drainage...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0672T	Endovaginal cryogen-cooled, monopolar...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0673T	Ablation, benign thyroid nodule(s),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0674T	Laparoscopic insertion of new or replacement of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0675T	Laparoscopic insertion of new or replacement of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0676T	Laparoscopic insertion of new or replacement of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0677T	Laparoscopic repositioning of diaphragmatic...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0678T	Laparoscopic repositioning of diaphragmatic...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0679T	Laparoscopic removal of diaphragmatic lead(s),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0680T	Insertion or replacement of pulse generator...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0681T	Relocation of pulse generator only, permanent...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0682T	Removal of pulse generator only, permanent...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0683T	Programming device evaluation (in-person) with...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0684T	Peri-procedural device evaluation (in-person)...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0685T	Interrogation device evaluation (in-person)...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0686T	Histotripsy (ie, non-thermal ablation via...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0687T	Treatment of amblyopia using an online digital...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0688T	Treatment of amblyopia using an online digital...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0689T	Quantitative ultrasound tissue characterization...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0690T	Quantitative ultrasound tissue characterization...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0691T	Automated analysis of an existing computed...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0692T	Therapeutic ultrafiltration	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0693T	Comprehensive full body computer-based...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0694T	3-dimensional volumetric imaging and...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0695T	Body surface-activation mapping of pacemaker or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0696T	Body surface-activation mapping of pacemaker or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0697T	Quantitative magnetic resonance for analysis of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0698T	Quantitative magnetic resonance for analysis of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0699T	Injection, posterior chamber of eye, medication	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0700T	Molecular fluorescent imaging of suspicious...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0701T	Molecular fluorescent imaging of suspicious...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0702T	Remote therapeutic monitoring of a standardized...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0703T	Remote therapeutic monitoring of a standardized...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0704T	Remote treatment of amblyopia using an eye...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0705T	Remote treatment of amblyopia using an eye...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0706T	Remote treatment of amblyopia using an eye...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0707T	Injection(s), bone-substitute material (eg...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0708T	Intradermal cancer immunotherapy; preparation...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0709T	Intradermal cancer immunotherapy; each...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0710T	Noninvasive arterial plaque analysis using...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0711T	Noninvasive arterial plaque analysis using...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0712T	Noninvasive arterial plaque analysis using...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0713T	Noninvasive arterial plaque analysis using...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0714T	Transperineal laser ablation of benign prostatic..	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0715T	Percutaneous transluminal coronary lithotripsy	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0716T	Cardiac acoustic waveform recording with automated	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0717T	ADRC therapy for partial thickness rotator cuff...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0718T	ADRC therapy for partial thickness rotator cuff...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0719T	Posterior vertebral joint replacement,lumbar spine	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0720T	Percutaneous electrical nerve field stimulation...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0721T	Quantitative computed tomography (CT) tissue...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0722T	Quantitative computed tomography (CT) tissue...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0723T	QMRCP without diagnostic MRI of same anatomy...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0724T	QMRCP with diagnostic MRI of same anatomy	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0725T	Vestibular device implantation, unilateral	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0726T	Removal of implanted vestibular device, unilateral	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0727T	Removal and replacement of implanted vestibular...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0728T	Diagnostic analysis of vestibular implant, unilate	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0729T	Diagnostic analysis of vestibular implant, unilate	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0730T	Trabeculotomy by laser, including optical coherenc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0731T	Augmentative AI-based facial phenotype analysis...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0732T	Immunotherapy administration with electroporation	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0733T	Remote body and limb kinematic measurement-based...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	0734T	Remote body and limb kinematic measurement-based...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0735T	Preparation of tumor cavity, with placement of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0736T	Colonic lavage, 35 or more liters of water...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	0737T	Xenograft implantation into the articular surface	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11950	TX CONTOUR DEFECTS 1 CC/<	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11951	TX CONTOUR DEFECTS 1.1-5.0CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11952	TX CONTOUR DEFECTS 5.1-10CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	11954	TX CONTOUR DEFECTS >10.0 CC	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15780	DERMABRASION TOTAL FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15781	DERMABRASION SEGMENTAL FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15782	DERMABRASION OTHER THAN FACE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15783	DERMABRASION SUPRFL ANY SITE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15786	ABRASION LESION SINGLE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15788	CHEMICAL PEEL FACE EPIDERM	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Cosmetic: procedures which may be considered cosmetic	15789	CHEMICAL PEEL FACE DERMAL	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Cosmetic: procedures which may be considered cosmetic	15820	REVISION OF LOWER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15821	REVISION OF LOWER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15822	REVISION OF UPPER EYELID	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15823	REVISION OF UPPER EYELID	UM Required/Auth List
Abdominoplasty	15830	EXC SKIN ABD	UM Required/Auth List
Abdominoplasty	15847	EXC SKIN ABD ADD-ON	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15876	SUCTION LIPECTOMY HEAD&NECK	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15877	SUCTION LIPECTOMY TRUNK	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15878	SUCTION LIPECTOMY UPR EXTREM	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	15879	SUCTION LIPECTOMY LWR EXTREM	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17106	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17107	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	17108	DESTRUCTION OF SKIN LESIONS	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	19300	REMOVAL OF BREAST TISSUE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	19303	MAST SIMPLE COMPLETE	PA required unless female and has breast cancer related diagnosis. Effective 9/1/22: PA for Cigna-linked plans
Cosmetic: procedures which may be considered cosmetic	19316	SUSPENSION OF BREAST	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19318	REDUCTION OF LARGE BREAST	UM Required/Auth List

Cosmetic: procedures which may be considered cosmetic	19325	ENLARGE BREAST WITH IMPLANT	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19328	REMOVAL OF BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19330	REMOVAL OF IMPLANT MATERIAL	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19340	IMMEDIATE BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19342	DELAYED BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19350	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19355	CORRECT INVERTED NIPPLE(S)	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19357	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19361	BREAST RECONSTR W/LAT FLAP	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19364	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19367	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19368	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19369	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19370	SURGERY OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19371	REMOVAL OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19380	REVISE BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	19396	DESIGN CUSTOM BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.
Musculo-skeletal, joint, and pain management services	20930	SP BONE ALGRFT MORSEL ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20931	SP BONE ALGRFT STRUCT ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20936	SP BONE AGRFT LOCAL ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20937	SP BONE AGRFT MORSEL ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20938	SP BONE AGRFT STRUCT ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20974	ELECTRICAL BONE STIMULATION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	20975	ELECTRICAL BONE STIMULATION	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21120	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21121	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21122	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21123	RECONSTRUCTION OF CHIN	UM Required/Auth List
Orthognathic surgery	21125	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Orthognathic surgery	21127	AUGMENTATION LOWER JAW BONE	UM Required/Auth List
Orthognathic surgery	21141	LEFORT I-1 PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21142	LEFORT I-2 PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21143	LEFORT I-3/> PIECE W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21145	LEFORT I-1 PIECE W/ GRAFT	UM Required/Auth List
Orthognathic surgery	21146	LEFORT I-2 PIECE W/ GRAFT	UM Required/Auth List
Orthognathic surgery	21147	LEFORT I-3/> PIECE W/ GRAFT	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21175	RECONSTRUCT ORBIT/FOREHEAD	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Orthognathic surgery	21188	RECONSTRUCTION OF MIDFACE	UM Required/Auth List

Orthognathic surgery	21193	RECONST LWR JAW W/O GRAFT	UM Required/Auth List
Orthognathic surgery	21194	RECONST LWR JAW W/GRAFT	UM Required/Auth List
Orthognathic surgery	21195	RECONST LWR JAW W/O FIXATION	UM Required/Auth List
Orthognathic surgery	21196	RECONST LWR JAW W/FIXATION	UM Required/Auth List
Orthognathic surgery	21198	RECONSTR LWR JAW SEGMENT	UM Required/Auth List
Orthognathic surgery	21199	RECONSTR LWR JAW W/ADVANCE	UM Required/Auth List
Orthognathic surgery	21206	RECONSTRUCT UPPER JAW BONE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	21208	AUGMENTATION OF FACIAL BONES	UM Required/Auth List
Orthognathic surgery	21210	FACE BONE GRAFT	UM Required/Auth List
Orthognathic surgery	21215	LOWER JAW BONE GRAFT	UM Required/Auth List
Orthognathic surgery	21240	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21242	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21243	RECONSTRUCTION OF JAW JOINT	UM Required/Auth List
Orthognathic surgery	21245	RECONSTRUCTION OF JAW	UM Required/Auth List
Orthognathic surgery	21246	RECONSTRUCTION OF JAW	UM Required/Auth List
Orthognathic surgery	21247	RECONSTRUCT LOWER JAW BONE	UM Required/Auth List
Orthognathic surgery	21248	RECONSTRUCTION OF JAW	UM Required/Auth List
Orthognathic surgery	21249	RECONSTRUCTION OF JAW	UM Required/Auth List
Spinal fusion	22220	INCIS W/DISCECTOMY CERVICAL	UM Required/Auth List
Spinal fusion	22224	INCIS W/DISCECTOMY LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22510	Perq cervicothoracic inject	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22511	Perq lumbosacral injection	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22512	Vertebroplasty addl inject	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22513	Perq vertebral augmentation	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22514	Perq vertebral augmentation	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22515	Perq vertebral augmentation	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22526	IDET SINGLE LEVEL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22527	IDET 1 OR MORE LEVELS	UM Required/Auth List
Spinal fusion	22532	LAT THORAX SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22533	LAT LUMBAR SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22534	LAT THOR/LUMB ADDL SEG	UM Required/Auth List
Spinal fusion	22548	NECK SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22551	NECK SPINE FUSE&REMOV BEL C2	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22552	ADDL NECK SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22554	NECK SPINE FUSION	UM Required/Auth List
Spinal fusion	22556	THORAX SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22558	LUMBAR SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22585	ADDITIONAL SPINAL FUSION	UM Required/Auth List
Spinal fusion	22586	PRESCLR FUSE W/ INSTR L5/S1	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22600	NECK SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22612	LUMBAR SPINE FUSION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22614	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22630	LUMBAR SPINE FUSION	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	22632	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22633	LUMBAR SPINE FUSION COMBINED	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22634	SPINE FUSION EXTRA SEGMENT	UM Required/Auth List
Spinal fusion	22800	POST FUSION <6 VERT SEG	UM Required/Auth List
Spinal fusion	22802	POST FUSION 7-12 VERT SEG	UM Required/Auth List
Spinal fusion	22804	POST FUSION 13/> VERT SEG	UM Required/Auth List
Spinal fusion	22808	ANT FUSION 2-3 VERT SEG	UM Required/Auth List
Spinal fusion	22810	ANT FUSION 4-7 VERT SEG	UM Required/Auth List
Spinal fusion	22812	ANT FUSION 8/> VERT SEG	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22841	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22842	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22843	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22844	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22845	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22846	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22847	INSERT SPINE FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22848	INSERT PELV FIXATION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22853	Insert of interbody biomech device to interv disc	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22854	Insert of intervertebral biomech device for device	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22856	CERV ARTIFIC DISKECTOMY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22857	LUMBAR ARTIF DISKECTOMY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22858	Second level cer diskectomy	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22859	Insert of intervertebral biomech device without in	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22861	REVISE CERV ARTIFIC DISC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	22862	REVISE LUMBAR ARTIF DISC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	22867	Insert of interlaminar/interspinous process stabli	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	22868	Insert of interlaminar/interspinous process stabli	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	22869	Insert of interlaminar/interspinous process stabli	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	22870	Insert of interlaminar/interspinous process stabli	UM Required/Auth List
Spinal fusion	22899	SPINE SURGERY PROCEDURE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23000	REMOVAL OF CALCIUM DEPOSITS	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23020	RELEASE SHOULDER JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23120	PARTIAL REMOVAL COLLAR BONE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23130	REMOVE SHOULDER BONE PART	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	23410	REPAIR ROTATOR CUFF ACUTE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23412	REPAIR ROTATOR CUFF CHRONIC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23415	RELEASE OF SHOULDER LIGAMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23420	REPAIR OF SHOULDER	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23430	REPAIR BICEPS TENDON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23440	REMOVE/TRANSPLANT TENDON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23450	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23455	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23460	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23462	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23465	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23466	REPAIR SHOULDER CAPSULE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23470	RECONSTRUCT SHOULDER JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23472	RECONSTRUCT SHOULDER JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23473	REVIS RECONST SHOULDER JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	23474	REVIS RECONST SHOULDER JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27096	INJECT SACROILIAC JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27125	PARTIAL HIP REPLACEMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27130	TOTAL HIP ARTHROPLASTY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27132	TOTAL HIP ARTHROPLASTY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27134	REVISE HIP JOINT REPLACEMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27137	REVISE HIP JOINT REPLACEMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27138	REVISE HIP JOINT REPLACEMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27332	REMOVAL OF KNEE CARTILAGE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27333	REMOVAL OF KNEE CARTILAGE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27334	REMOVE KNEE JOINT LINING	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27335	REMOVE KNEE JOINT LINING	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27403	REPAIR OF KNEE CARTILAGE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27412	AUTOCHONDROCYTE IMPLANT KNEE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27415	OSTEOCHONDRAL KNEE ALLOGRAFT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27416	OSTEOCHONDRAL KNEE AUTOGRAFT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27418	REPAIR DEGENERATED KNEECAP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27420	REVISION OF UNSTABLE KNEECAP	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	27422	REVISION OF UNSTABLE KNEECAP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27424	REVISION/REMOVAL OF KNEECAP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27425	LAT RETINACULAR RELEASE OPEN	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27427	RECONSTRUCTION KNEE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27428	RECONSTRUCTION KNEE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27429	RECONSTRUCTION KNEE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27430	REVISION OF THIGH MUSCLES	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27438	REVISE KNEECAP WITH IMPLANT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27440	REVISION OF KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27441	REVISION OF KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27442	REVISION OF KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27443	REVISION OF KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27446	REVISION OF KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27447	TOTAL KNEE ARTHROPLASTY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27486	REVISE/REPLACE KNEE JOINT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	27487	REVISE/REPLACE KNEE JOINT	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Services and devices considered experimental/investigational/unproven	28890	HI ENRGY ESWT PLANTAR FASCIA	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29805	SHOULDER ARTHROSCOPY DX	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29806	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29807	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29819	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29820	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29821	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29822	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29823	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29824	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29825	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29826	SHOULDER ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29827	ARTHROSCOP ROTATOR CUFF REPR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29828	ARTHROSCOPY BICEPS TENODESIS	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29860	HIP ARTHROSCOPY DX	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29861	HIP ARTHRO W/FB REMOVAL	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	29862	HIP ARTHRO W/DEBRIDEMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29863	HIP ARTHRO W/SYNOVECTOMY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29866	AUTGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29867	ALLGRFT IMPLNT KNEE W/SCOPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29868	MENISCAL TRNSPL KNEE W/SCPE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29870	KNEE ARTHROSCOPY DX	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29871	KNEE ARTHROSCOPY/DRAINAGE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29873	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29874	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29875	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29876	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29877	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29879	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29880	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29881	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29882	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29883	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29884	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29885	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29886	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29887	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29888	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29889	KNEE ARTHROSCOPY/SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29914	HIP ARTHRO W/FEMOROPLASTY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29915	HIP ARTHRO ACETABULOPLASTY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	29916	HIP ARTHRO W/LABRAL REPAIR	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30400	RECONSTRUCTION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30410	RECONSTRUCTION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30420	RECONSTRUCTION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30430	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30435	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30450	REVISION OF NOSE	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	30460	REVISION OF NOSE	UM Required/Auth List

Cosmetic: procedures which may be considered cosmetic	30468	Repair of nasal valve collapse with subcutaneous/s	This service has been deemed E&I except for Medicare plans.
Services and devices considered experimental/investigational/unproven	31660	BRONCH THERMOPLSTY 1 LOBE	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	31661	BRONCH THERMOPLSTY 2/> LOBES	UM Required/Auth List
Lung volume reduction surgery	32491	LUNG VOLUME REDUCTION	UM Required/Auth List
Lung volume reduction surgery	32672	THORACOSCOPY FOR LVRS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32851	LUNG TRANSPLANT SINGLE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32852	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32853	LUNG TRANSPLANT DOUBLE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32854	LUNG TRANSPLANT WITH BYPASS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	32994	Ablate pulm tumor perq crybl	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	33267	Exclusion of left atrial appendage, open, any...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	33268	Exclusion of left atrial appendage, open,...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	33269	Exclusion of left atrial appendage,...	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33274	Transcatheter insertion or replace	This service has been deemed E&I except for Medicare plans.
Services and devices considered experimental/investigational/unproven	33275	Transcatheter removal of permanent	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	33289	Transcatheter implantation of wire	UM Required/Auth List
Left Atrial Occlusion Procedure (Watchman)	33340	Perc transcath closure of left atrial appendage	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33361	REPLACE AORTIC VALVE PERQ	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33362	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33363	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33364	REPLACE AORTIC VALVE OPEN	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33365	REPLACE AORTIC VALVE OPEN	UM Required/Auth List

Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33366	Transcatheter aortic valve replacement (TAVR/TAVI)	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33418	Repair tcat mitral valve	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33477	Implant tcat pulm vlv perq	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33927	Impltj tot rplcmt hrt sys	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33935	TRANSPLANTATION HEART/LUNG	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33945	TRANSPLANTATION OF HEART	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33975	IMPLANT VENTRICULAR DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33976	IMPLANT VENTRICULAR DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33979	INSERT INTRACORPOREAL DEVICE	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33981	REPLACE VAD PUMP EXT	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33982	REPLACE VAD INTRA W/O BP	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33983	REPLACE VAD INTRA W/BP	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33990	INSERT VAD ARTERY ACCESS	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33991	INSERT VAD ART&VEIN ACCESS	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	33995	Insertion of ventricular assist device, percutaneo	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	34839	Plnning pt spec fenest graft	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36465	Njx noncmpnd sclrsnt 1 vein	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36466	Njx noncmpnd sclrsnt mlt vn	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36470	INJECTION THERAPY OF VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36471	INJECTION THERAPY OF VEINS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	36473	Endovenous ablt n thpy of incomp vein; first vein	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	36474	Endovenous ablt n thpy of incomp vein; subsequent v	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36475	ENDOVENOUS RF 1ST VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	36478	ENDOVENOUS LASER 1ST VEIN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	36482	Endoven ther chem adhes 1st	This service has been deemed E&I except for Medicare plans
Services and devices considered experimental/investigational/unproven	36483	Endoven ther chem adhes sbsq	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37500	ENDOSCOPY LIGATE PERF VEINS	UM Required/Auth List

Varicose veins: surgical treatment and/or sclerotherapy	37700	REVISE LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37718	LIGATE/STRIP SHORT LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37722	LIGATE/STRIP LONG LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37735	REMOVAL OF LEG VEINS/LESION	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37760	LIGATE LEG VEINS RADICAL	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37761	LIGATE LEG VEINS OPEN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37765	STAB PHLEB VEINS XTR 10-20	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37766	PHLEB VEINS - EXTREM 20+	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37780	REVISION OF LEG VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37785	LIGATE/DIVIDE/EXCISE VEIN	UM Required/Auth List
Varicose veins: surgical treatment and/or sclerotherapy	37799	VASCULAR SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38206	HARVEST AUTO STEM CELLS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38207	CRYOPRESERVE STEM CELLS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38208	THAW PRESERVED STEM CELLS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38209	WASH HARVEST STEM CELLS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38210	T-CELL DEPLETION OF HARVEST	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38211	TUMOR CELL DEplete OF HARVST	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38212	RBC DEPLETION OF HARVEST	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38213	PLATELET DEplete OF HARVEST	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38214	VOLUME DEplete OF HARVEST	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38215	HARVEST STEM CELL CONCENTRTE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38240	TRANSPLT ALLO HCT/DONOR	UM Required/Auth List

Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38241	TRANSPLT AUTOL HCT/DONOR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	43210	Esophagogastroduodenoscopy	UM Required/Auth List
Weight loss (bariatric) surgeries	43644	LAP GASTRIC BYPASS/ROUX-EN-Y	UM Required/Auth List
Weight loss (bariatric) surgeries	43645	LAP GASTR BYPASS INCL SMLL I	UM Required/Auth List
Gastric pacing/stimulation	43647	LAP IMPL ELECTRODE ANTRUM	UM Required/Auth List
Gastric pacing/stimulation	43648	LAP REVISE/REMV ELTRD ANTRUM	UM Required/Auth List
Non-specific, miscellaneous, and unlisted procedures	43659	LAPAROSCOPE PROC STOM	UM Required/Auth List
Weight loss (bariatric) surgeries	43770	LAP PLACE GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43771	LAP REVISE GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43772	LAP RMVL GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43773	LAP REPLACE GASTR ADJ DEVICE	UM Required/Auth List
Weight loss (bariatric) surgeries	43774	LAP RMVL GASTR ADJ ALL PARTS	UM Required/Auth List
Weight loss (bariatric) surgeries	43775	LAP SLEEVE GASTRECTOMY	UM Required/Auth List
Weight loss (bariatric) surgeries	43845	GASTROPLASTY DUODENAL SWITCH	UM Required/Auth List
Weight loss (bariatric) surgeries	43846	GASTRIC BYPASS FOR OBESITY	UM Required/Auth List
Weight loss (bariatric) surgeries	43847	GASTRIC BYPASS INCL SMALL I	UM Required/Auth List
Weight loss (bariatric) surgeries	43848	REVISION GASTROPLASTY	UM Required/Auth List
Gastric pacing/stimulation	43881	IMPL/REDO ELECTRD ANTRUM	UM Required/Auth List
Weight loss (bariatric) surgeries	43886	REVISE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43887	REMOVE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43888	CHANGE GASTRIC PORT OPEN	UM Required/Auth List
Weight loss (bariatric) surgeries	43999	STOMACH SURGERY PROCEDURE	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44135	INTESTINE TRANSPLNT CADAVER	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44136	INTESTINE TRANSPLANT LIVE	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	44705	PREPARE FECAL MICROBIOTA	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	47135	TRANSPLANTATION OF LIVER	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48160	PANCREAS REMOVAL/TRANSPLANT	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48554	TRANSPL ALLOGRAFT PANCREAS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	49013	Prpertl pel pack hemrrg trma	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	49014	Reexploration pelvic wound	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	49906	FREE OMENTAL FLAP MICROVASC	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50360	TRANSPLANTATION OF KIDNEY	UM Required/Auth List

Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50365	TRANSPLANTATION OF KIDNEY	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50380	REIMPLANTATION OF KIDNEY	UM Required/Auth List
Gender reassignment surgery ? PA only for ICD-10: F64.x, Z87.890	53430	RECONSTRUCTION OF URETHRA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Services and devices considered experimental/investigational/unproven	53451	Periurethral transperineal adjustable balloon...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	53452	Periurethral transperineal adjustable balloon...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	53453	Periurethral transperineal adjustable balloon...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	53454	Periurethral transperineal adjustable balloon...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	53854	Transurethral destruction of prost	UM Required/Auth List
Gender reassignment surgery ? PA only for ICD-10: F64.x, Z87.890	54125	REMOVAL OF PENIS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	54405	INSERT MULTI-COMP PENIS PROS	Requires PA for gender dysphoria ICD-10: F64.x, Z87.890, and NOT covered for other ICD-10
Gender reassignment surgery	54520	REMOVAL OF TESTIS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	54660	REVISION OF TESTIS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	54690	LAPAROSCOPY ORCHIECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	55175	REVISION OF SCROTUM	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	55180	REVISION OF SCROTUM	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Services and devices considered experimental/investigational/unproven	55880	Ablation of malignant prostate tissue, transrectal	UM Required/Auth List
Gender reassignment surgery	55970	SEX TRANSFORMATION M TO F	UM Required/Auth List
Gender reassignment surgery	55980	SEX TRANSFORMATION F TO M	UM Required/Auth List
Gender reassignment surgery	56625	COMPLETE REMOVAL OF VULVA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	56800	REPAIR OF VAGINA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	56805	REPAIR CLITORIS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	56810	REPAIR OF PERINEUM	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57106	REMOVE VAGINA WALL PARTIAL	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.

Gender reassignment surgery	57107	REMOVE VAGINA TISSUE PART	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57110	REMOVE VAGINA WALL COMPLETE	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57111	REMOVE VAGINA TISSUE COMPL	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57291	CONSTRUCTION OF VAGINA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57292	CONSTRUCT VAGINA WITH GRAFT	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	57335	REPAIR VAGINA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Services and devices considered experimental/investigational/unproven	57465	Computer-aided mapping of cervix uteri during colp	UM Required/Auth List
Gender reassignment surgery	58150	TOTAL HYSTERECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58180	PARTIAL HYSTERECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58260	VAGINAL HYSTERECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58262	VAG HYST INCLUDING T/O	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58275	HYSTERECTOMY/REVISE VAGINA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58280	HYSTERECTOMY/REVISE VAGINA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58285	EXTENSIVE HYSTERECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58290	VAG HYST COMPLEX	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58291	VAG HYST INCL T/O COMPLEX	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58541	LSH UTERUS 250 G OR LESS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58542	LSH W/T/O UT 250 G OR LESS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58543	LSH UTERUS ABOVE 250 G	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58544	LSH W/T/O UTERUS ABOVE 250 G	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58550	LAPARO-ASST VAG HYSTERECTOMY	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58552	LAPARO-VAG HYST INCL T/O	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.

Gender reassignment surgery	58553	LAPARO-VAG HYST COMPLEX	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58554	LAPARO-VAG HYST W/T/O COMPL	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58570	TLH UTERUS 250 G OR LESS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58571	TLH W/T/O 250 G OR LESS	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58572	TLH UTERUS OVER 250 G	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58573	TLH W/T/O UTERUS OVER 250 G	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58661	LAPAROSCOPY REMOVE ADNEXA	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Gender reassignment surgery	58720	REMOVAL OF OVARY/TUBE(S)	Requires PA ONLY for gender dysphoria ICD-10: F64.x, Z87.890. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Fetal Surgery	59897	FETAL INVAS PX W/US	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	61736	Laser interstitial thermal therapy (LITT) of...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	61737	Laser interstitial thermal therapy (LITT) of...	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61790	TREAT TRIGEMINAL NERVE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61791	TREAT TRIGEMINAL TRACT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61796	SRS CRANIAL LESION SIMPLE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61797	SRS CRAN LES SIMPLE ADDL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61798	SRS CRANIAL LESION COMPLEX	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61799	SRS CRAN LES COMPLEX ADDL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	61800	APPLY SRS HEADFRAME ADD-ON	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Deep brain stimulator placement	61863	IMPLANT NEUROELECTRODE	UM Required/Auth List
Deep brain stimulator placement	61867	IMPLANT NEUROELECTRODE	UM Required/Auth List
Vagal nerve stimulators	61885	INSRT/REDO NEUROSTIM 1 ARRAY	UM Required/Auth List
Vagal nerve stimulators	61886	IMPLANT NEUROSTIM ARRAYS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62263	EPIDURAL LYSIS MULT SESSIONS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62264	EPIDURAL LYSIS ON SINGLE DAY	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62280	TREAT SPINAL CORD LESION	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62281	TREAT SPINAL CORD LESION	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62282	TREAT SPINAL CANAL LESION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62287	PERCUTANEOUS DISKECTOMY	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62290	INJECT FOR SPINE DISK X-RAY	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	62291	INJECT FOR SPINE DISK X-RAY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62292	INJECTION INTO DISK LESION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62320	Inject, cerv or thoracic w/o imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62321	Inject, cerv or thoracic w imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62322	Inject, lumbar or sacra; w/out imaging guidance	No PA required for Dx G12.xx
Musculo-skeletal, joint, and pain management services	62323	Inject, lumbar or sacra; w imaging guidance	No PA required for Dx G12.xx
Musculo-skeletal, joint, and pain management services	62324	Inject, cervical or thoracic w/o imaging guidance	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62325	Inject, cont infusion, cerv or thoracic w imaging	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62326	Inject, cont infusion, lumb or sacral w/o imaging	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62327	Inject, cont infusion, lumb or sacral w imaging gu	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62350	IMPLANT SPINAL CANAL CATH	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62351	IMPLANT SPINAL CANAL CATH	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62360	INSERT SPINE INFUSION DEVICE	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62361	IMPLANT SPINE INFUSION PUMP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62362	IMPLANT SPINE INFUSION PUMP	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	62380	Endo decomp of spinal cord, nerve root(s)	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63001	REMOVE SPINE LAMINA 1/2 CRVL	UM Required/Auth List
Spinal fusion	63003	REMOVE SPINE LAMINA 1/2 THRC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63005	REMOVE SPINE LAMINA 1/2 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63012	REMOVE LAMINA/FACETS LUMBAR	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	63015	REMOVE SPINE LAMINA >2 CRVCL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63017	REMOVE SPINE LAMINA >2 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63020	NECK SPINE DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63030	LOW BACK DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63035	SPINAL DISK SURGERY ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63040	LAMINOTOMY SINGLE CERVICAL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63042	LAMINOTOMY SINGLE LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63043	LAMINOTOMY ADDL CERVICAL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63044	LAMINOTOMY ADDL LUMBAR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63045	REMOVE SPINE LAMINA 1 CRVL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63046	REMOVE SPINE LAMINA 1 THRC	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Musculo-skeletal, joint, and pain management services	63047	REMOVE SPINE LAMINA 1 LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63048	REMOVE SPINAL LAMINA ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63050	CERVICAL LAMINOPLSTY 2/> SEG	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63051	C-LAMINOPLASTY W/GRAFT/PLATE	UM Required/Auth List
Spinal fusion	63055	DECOMPRESS SPINAL CORD THRC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63056	DECOMPRESS SPINAL CORD LMBR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63057	DECOMPRESS SPINE CORD ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63075	NECK SPINE DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63076	NECK SPINE DISK SURGERY	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63081	REMOVE VERT BODY DCMPRN CRVL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63082	REMOVE VERTEBRAL BODY ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63650	IMPLANT NEUROELECTRODES	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63655	IMPLANT NEUROELECTRODES	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	63685	INSRT/REDO SPINE N GENERATOR	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64454	Njx aa&/strd gncrl nrv brnch	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64479	INJ FORAMEN EPIDURAL C/T	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64480	INJ FORAMEN EPIDURAL ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64483	INJ FORAMEN EPIDURAL L/S	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64484	INJ FORAMEN EPIDURAL ADD-ON	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64490	INJ PARAVERT F JNT C/T 1 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64491	INJ PARAVERT F JNT C/T 2 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64492	INJ PARAVERT F JNT C/T 3 LEV	UM Required/Auth List

Musculo-skeletal, joint, and pain management services	64493	INJ PARAVERT F JNT L/S 1 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64494	INJ PARAVERT F JNT L/S 2 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64495	INJ PARAVERT F JNT L/S 3 LEV	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64510	N BLOCK STELLATE GANGLION	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64520	N BLOCK LUMBAR/THORACIC	UM Required/Auth List
Deep brain stimulator placement	64553	IMPLANT NEUROELECTRODES	UM Required/Auth List
Sacral nerve stimulator	64561	IMPLANT NEUROELECTRODES	UM Required/Auth List
Vagal nerve stimulators	64568	INC FOR VAGUS N ELECT IMPL	UM Required/Auth List
Sacral nerve stimulator	64581	IMPLANT NEUROELECTRODES	UM Required/Auth List
Obstructive Sleep Apnea Procedures	64582	Open implantation of hypoglossal nerve...	UM Required/Auth List
Obstructive Sleep Apnea Procedures	64583	Revision or replacement of hypoglossal nerve...	UM Required/Auth List
Sacral nerve stimulator	64590	INSRT/REDO PN/GASTR STIMUL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64624	Dstrj nulyt agt gncr nrv	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64625	Rf abltj nrv nrvvtg si jt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64628	Thermal destruction of intraosseous...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	64629	Thermal destruction of intraosseous...	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64633	DESTROY CERV/THOR FACET JNT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64634	DESTROY C/TH FACET JNT ADDL	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64635	DESTROY LUMB/SAC FACET JNT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	64636	DESTROY L/S FACET JNT ADDL	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	67900	REPAIR BROW DEFECT	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	67901	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67902	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67903	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67904	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67906	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67908	REPAIR EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	67909	REVISE EYELID DEFECT	No PA required for members who are 20 years of age and younger with one of the following diagnosis codes: Q10.0, Q10.1, Q10.2, Q10.3
Cosmetic: procedures which may be considered cosmetic	69300	REVISE EXTERNAL EAR	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.

Services and devices considered experimental/investigational/unproven	69705	Nasopharyngoscopy, surgical, with dilation of eust	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	69706	Nasopharyngoscopy, surgical, with dilation of eust	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69710	IMPLANT/REPLACE HEARING AID	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69714	IMPLANT TEMPLE BONE WSTIMUL	UM Required/Auth List
Bone-anchored hearing aids (BAHA)	69716	Implantation, osseointegrated implant, skull;...	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70336	MAGNETIC IMAGE JAW JOINT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70450	CT HEAD/BRAIN W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70460	CT HEAD/BRAIN W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70470	CT HEAD/BRAIN W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70480	CT ORBIT/EAR/FOSSA W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70481	CT ORBIT/EAR/FOSSA W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70482	CT ORBIT/EAR/FOSSA W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70486	CT MAXILLOFACIAL W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70487	CT MAXILLOFACIAL W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70488	CT MAXILLOFACIAL W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70490	CT SOFT TISSUE NECK W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70491	CT SOFT TISSUE NECK W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70492	CT SFT TSUE NCK W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70496	CT ANGIOGRAPHY HEAD	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70498	CT ANGIOGRAPHY NECK	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70540	MRI ORBIT/FACE/NECK W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70542	MRI ORBIT/FACE/NECK W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70543	MRI ORBT/FAC/NCK W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70544	MR ANGIOGRAPHY HEAD W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70545	MR ANGIOGRAPHY HEAD W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70546	MR ANGIOGRAPH HEAD W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70547	MR ANGIOGRAPHY NECK W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70548	MR ANGIOGRAPHY NECK W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70549	MR ANGIOGRAPH NECK W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70551	MRI BRAIN STEM W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70552	MRI BRAIN STEM W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70553	MRI BRAIN STEM W/O & W/DYE	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70554	FMRI BRAIN BY TECH	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70555	FMRI BRAIN BY PHYS/PSYCH	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71250	CT THORAX W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71260	CT THORAX W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71270	CT THORAX W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71275	CT ANGIOGRAPHY CHEST	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71550	MRI CHEST W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71551	MRI CHEST W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71552	MRI CHEST W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	71555	MRI ANGIO CHEST W OR W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72125	CT NECK SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72126	CT NECK SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72127	CT NECK SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72128	CT CHEST SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72129	CT CHEST SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72130	CT CHEST SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72131	CT LUMBAR SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72132	CT LUMBAR SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72133	CT LUMBAR SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72141	MRI NECK SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72142	MRI NECK SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72146	MRI CHEST SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72147	MRI CHEST SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72148	MRI LUMBAR SPINE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72149	MRI LUMBAR SPINE W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72156	MRI NECK SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72157	MRI CHEST SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72158	MRI LUMBAR SPINE W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72159	MR ANGIO SPINE W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72191	CT ANGIOGRAPH PELV W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72192	CT PELVIS W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72193	CT PELVIS W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72194	CT PELVIS W/O & W/DYE	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72195	MRI PELVIS W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72196	MRI PELVIS W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72197	MRI PELVIS W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	72198	MR ANGIO PELVIS W/O & W/DYE	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	72285	DISCOGRAPHY CERV/THOR SPINE	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	72295	X-RAY OF LOWER SPINE DISK	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73200	CT UPPER EXTREMITY W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73201	CT UPPER EXTREMITY W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73202	CT UPPR EXTREMITY W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73206	CT ANGIO UPR EXTRM W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73218	MRI UPPER EXTREMITY W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73219	MRI UPPER EXTREMITY W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73220	MRI UPPR EXTREMITY W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73221	MRI JOINT UPR EXTREM W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73222	MRI JOINT UPR EXTREM W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73223	MRI JOINT UPR EXTR W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73225	MR ANGIO UPR EXTR W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73700	CT LOWER EXTREMITY W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73701	CT LOWER EXTREMITY W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73702	CT LWR EXTREMITY W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73706	CT ANGIO LWR EXTR W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73718	MRI LOWER EXTREMITY W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73719	MRI LOWER EXTREMITY W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73720	MRI LWR EXTREMITY W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73721	MRI JNT OF LWR EXTRE W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73722	MRI JOINT OF LWR EXTR W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73723	MRI JOINT LWR EXTR W/O&W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73725	MR ANG LWR EXT W OR W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74150	CT ABDOMEN W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74160	CT ABDOMEN W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74170	CT ABDOMEN W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74174	CT ANGIO ABD&PELVIS W/O&W/DYE	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74175	CT ANGIO ABDOM W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74176	CT ABD & PELVIS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74177	CT ABD & PELV W/CONTRAST	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74178	CT ABD & PELV 1/> REGNS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74181	MRI ABDOMEN W/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74182	MRI ABDOMEN W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74183	MRI ABDOMEN W/O & W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74185	MRI ANGIO ABDOM W ORW/O DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74261	CT COLONOGRAPHY DX	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74262	CT COLONOGRAPHY DX W/DYE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74263	CT COLONOGRAPHY SCREENING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74712	Mri fetal sngl/1st gestation	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74713	Mri fetal ea addl gestation	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75557	CARDIAC MRI FOR MORPH	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75559	CARDIAC MRI W/STRESS IMG	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75561	CARDIAC MRI FOR MORPH W/DYE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75563	CARD MRI W/STRESS IMG & DYE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75571	CT HRT W/O DYE W/CA TEST	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75572	CT HRT W/3D IMAGE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75573	CT HRT W/3D IMAGE CONGEN	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	75574	CT ANGIO HRT W/3D IMAGE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	75635	CT ANGIO ABDOMINAL ARTERIES	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76376	3D RENDER W/INTRP POSTPROCES	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76377	3D RENDER W/INTRP POSTPROCES	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76380	CAT SCAN FOLLOW-UP STUDY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76390	MR SPECTROSCOPY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76391	Magnetic resonance (eg, vibration)	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76497	CT PROCEDURE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76498	MRI PROCEDURE	If Oncology Treatment - Refer to OncoHealth; IF NOT - refer to eviCore

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	76873	ECHOGRAP TRANS R PROS STUDY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76979	Ultrasound, targeted dynamic micro	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77014	CT SCAN FOR THERAPY GUIDE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77021	Magnetic resonance imaging guidance for needle...	If Oncology Treatment - Refer to OncoHealth; IF NOT - refer to eviCore
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77022	Magnetic resonance imaging guidance for, and...	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77046	Magnetic resonance imaging, breast	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77047	Magnetic resonance imaging, breast	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77048	Magnetic resonance imaging, breast	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77049	Magnetic resonance imaging, breast	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77078	CT BONE DENSITY AXIAL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77084	MAGNETIC IMAGE BONE MARROW	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	77089	Trabecular bone score (TBS), structural condition	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	77090	Trabecular bone score (TBS), structural condition	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	77091	Trabecular bone score (TBS), structural condition	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	77092	Trabecular bone score (TBS), structural condition	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77261	RADIATION THERAPY PLANNING	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77262	RADIATION THERAPY PLANNING	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77263	RADIATION THERAPY PLANNING	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77280	SET RADIATION THERAPY FIELD	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77285	SET RADIATION THERAPY FIELD	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77290	SET RADIATION THERAPY FIELD	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77293	Respirator motion mgmt simul	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77295	SET RADIATION THERAPY FIELD	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77299	RADIATION THERAPY PLANNING	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77300	RADIATION THERAPY DOSE PLAN	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77301	RADIOTHERAPY DOSE PLAN IMRT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77306	Telethx isodose plan simple	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77307	Telethx isodose plan cplx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77316	Brachytx isodose plan simple	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77317	Brachytx isodose intermed	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77318	Brachytx isodose complex	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77321	SPECIAL TELETX PORT PLAN	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77331	SPECIAL RADIATION DOSIMETRY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77332	RADIATION TREATMENT AID(S)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77333	RADIATION TREATMENT AID(S)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77334	RADIATION TREATMENT AID(S)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77336	RADIATION PHYSICS CONSULT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77338	DESIGN MLC DEVICE FOR IMRT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77370	RADIATION PHYSICS CONSULT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77371	SRS MULTISOURCE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77372	SRS LINEAR BASED	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77373	SBRT DELIVERY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77385	Ntsty modul rad tx dlvr smpl	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77386	Ntsty modul rad tx dlvr cplx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77387	Guidance for localization of target volume for...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77399	EXTERNAL RADIATION DOSIMETRY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77401	RADIATION TREATMENT DELIVERY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77402	RADIATION TREATMENT DELIVERY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77407	RADIATION TREATMENT DELIVERY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77412	RADIATION TREATMENT DELIVERY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77417	RADIOLOGY PORT FILM(S)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77423	NEUTRON BEAM TX COMPLEX	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77424	IO RAD TX DELIVERY BY X-RAY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77425	IO RAD TX DELIVER BY ELCTRNS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77427	RADIATION TX MANAGEMENT X5	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77431	RADIATION THERAPY MANAGEMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77432	STEREOTACTIC RADIATION TRMT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77435	SBRT MANAGEMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77469	IO RADIATION TX MANAGEMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77470	SPECIAL RADIATION TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77499	RADIATION THERAPY MANAGEMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77520	PROTON TRMT SIMPLE W/O COMP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77522	PROTON TRMT SIMPLE W/COMP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77523	PROTON TRMT INTERMEDIATE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77525	PROTON TREATMENT COMPLEX	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77600	HYPERTHERMIA TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77605	HYPERTHERMIA TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77610	HYPERTHERMIA TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77615	HYPERTHERMIA TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77620	HYPERTHERMIA TREATMENT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77750	INFUSE RADIOACTIVE MATERIALS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77761	APPLY INTRCAV RADIAT SIMPLE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77762	APPLY INTRCAV RADIAT INTERM	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77763	APPLY INTRCAV RADIAT COMPL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77767	Hdr rdncl skn surf brachytx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77768	Hdr rdncl skn surf brachytx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77770	Hdr rdncl ntrstl/icav brchtx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77771	Hdr rdncl ntrstl/icav brchtx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77772	Hdr rdncl ntrstl/icav brchtx	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77778	APPLY INTERSTIT RADIAT COMPL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77789	APPLY SURFACE RADIATION	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77790	RADIATION HANDLING	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	77799	RADIUM/RADIOISOTOPE THERAPY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any radiotherapy protocol containing this billing code will be subject to prior authorization.
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78012	THYROID UPTAKE MEASUREMENT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78013	THYROID IMAGING W/BLOOD FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78014	THYROID IMAGING W/BLOOD FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78015	THYROID MET IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78016	THYROID MET IMAGING/STUDIES	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78018	THYROID MET IMAGING BODY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78020	THYROID MET UPTAKE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78070	PARATHYROID PLANAR IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78071	PARATHYRD PLANAR WWO SUBTRJ	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78072	PARATHYRD PLANAR W/SPECT&CT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78075	ADRENAL CORTEX & MEDULLA IMG	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78102	BONE MARROW IMAGING LTD	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78103	BONE MARROW IMAGING MULT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78104	BONE MARROW IMAGING BODY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78140	RED CELL SEQUESTRATION	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78185	SPLEEN IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78195	LYMPH SYSTEM IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78201	LIVER IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78202	LIVER IMAGING WITH FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78215	LIVER AND SPLEEN IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78216	LIVER & SPLEEN IMAGE/FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78226	HEPATOBIILIARY SYSTEM IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78227	HEPATOBI SYST IMAGE W/DRUG	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78230	SALIVARY GLAND IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78231	SERIAL SALIVARY IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78232	SALIVARY GLAND FUNCTION EXAM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78258	ESOPHAGEAL MOTILITY STUDY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78261	GASTRIC MUCOSA IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78262	GASTROESOPHAGEAL REFLUX EXAM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78264	GASTRIC EMPTYING STUDY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78265	Gastric emptying imag study	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78266	Gastric emptying imag study	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78278	ACUTE GI BLOOD LOSS IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78290	MECKELS DIVERT EXAM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78291	LEVEEN/SHUNT PATENCY EXAM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78300	BONE IMAGING LIMITED AREA	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78305	BONE IMAGING MULTIPLE AREAS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78306	BONE IMAGING WHOLE BODY	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78315	BONE IMAGING 3 PHASE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78414	NON-IMAGING HEART FUNCTION	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78428	CARDIAC SHUNT IMAGING	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78430	Myocrd img pet rst/strs w/ct	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Cardiology services (check code for PA requirement) reviewed by eviCore	78431	Myocrd img pet rst&strs ct	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Cardiology services (check code for PA requirement) reviewed by eviCore	78432	Myocrd img pet 2rtracer	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	78434	Aqmbf pet rest & rx stress	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78445	VASCULAR FLOW IMAGING	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78451	HT MUSCLE IMAGE SPECT SING	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78452	HT MUSCLE IMAGE SPECT MULT	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78453	HT MUSCLE IMAGE PLANAR SING	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78454	HT MUSC IMAGE PLANAR MULT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78457	VENOUS THROMBOSIS IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78458	VEN THROMBOSIS IMAGES BILAT	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78459	Myocrd img pet single study	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78466	HEART INFARCT IMAGE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78468	HEART INFARCT IMAGE (EF)	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78469	HEART INFARCT IMAGE (3D)	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78472	GATED HEART PLANAR SINGLE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78473	GATED HEART MULTIPLE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78481	HEART FIRST PASS SINGLE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78483	HEART FIRST PASS MULTIPLE	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78491	Myocrd img pet 1std rst/strs	UM Required/Auth List
Cardiology services (check code for PA requirement) reviewed by eviCore	78492	Myocrd img pet mlt rst&strs	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78494	HEART IMAGE SPECT	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78496	HEART FIRST PASS ADD-ON	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78499	CARDIOVASCULAR NUCLEAR EXAM	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78579	LUNG VENTILATION IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78580	LUNG PERFUSION IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78582	LUNG VENTILAT&PERFUS IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78597	LUNG PERFUSION DIFFERENTIAL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78598	LUNG PERF&VENTILAT DIFERENTL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78600	BRAIN IMAGE < 4 VIEWS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78601	BRAIN IMAGE W/FLOW < 4 VIEWS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78605	BRAIN IMAGE 4+ VIEWS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78606	BRAIN IMAGE W/FLOW 4 + VIEWS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78608	BRAIN IMAGING (PET)	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78609	BRAIN IMAGING (PET)	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78610	BRAIN FLOW IMAGING ONLY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78630	CEREBROSPINAL FLUID SCAN	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78635	CSF VENTRICULOGRAPHY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78645	CSF SHUNT EVALUATION	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78650	CSF LEAKAGE IMAGING	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78660	NUCLEAR EXAM OF TEAR FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78699	NERVOUS SYSTEM NUCLEAR EXAM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78700	KIDNEY IMAGING MORPHOL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78701	KIDNEY IMAGING WITH FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78707	K FLOW/FUNCT IMAGE W/O DRUG	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78708	K FLOW/FUNCT IMAGE W/DRUG	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78709	K FLOW/FUNCT IMAGE MULTIPLE	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78725	KIDNEY FUNCTION STUDY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78730	URINARY BLADDER RETENTION	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78740	URETERAL REFLUX STUDY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78761	TESTICULAR IMAGING W/FLOW	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78800	Rp loclcz tum 1 area 1 d img	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78801	Rp loclcz tum 2+area 1+d img	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78802	Rp loclcz tum whbdy 1 d img	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78803	Rp loclcz tum spect 1 area	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78804	Rp loclcz tum whbdy 2+d img	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78811	PET IMAGE LTD AREA	UM Required/Auth List

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78812	PET IMAGE SKULL-THIGH	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78813	PET IMAGE FULL BODY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78814	PET IMAGE W/CT LMTD	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78815	PET IMAGE W/CT SKULL-THIGH	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78816	PET IMAGE W/CT FULL BODY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78831	Rp loclzj tum spect 2 areas	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78832	Rp loclzj tum spect w/ct 2	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	80145	Drug assay adalimumab	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	80230	Drug assay infliximab	UM Required/Auth List
Genetic/genomic testing	81161	DMD DUP/DELET ANALYSIS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81163	BRCA1 (BRCA1, DNA repair associate	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81164	BRCA1 (BRCA1, DNA repair associate	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81165	BRCA1 (BRCA1, DNA repair associate	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81166	BRCA1 (BRCA1, DNA repair associate	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81167	BRCA2 (BRCA2, DNA repair associate	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81170	Abl1 gene	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81201	APC GENE FULL SEQUENCE	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81202	APC GENE KNOWN FAM VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81203	APC GENE DUP/DELET VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81206	BCR/ABL1 GENE MAJOR BP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81207	BCR/ABL1 GENE MINOR BP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81208	BCR/ABL1 GENE OTHER BP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81210	BRAF GENE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)	UM Required/Auth List
Genetic/genomic testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg,...	UM Required/Auth List
Genetic/genomic testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg,...	UM Required/Auth List
Genetic/genomic testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg,...	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81218	Cebpa gene full sequence	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81219	Calr gene com variants	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81220	CFTR GENE COM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81221	CFTR GENE KNOWN FAM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81222	CFTR GENE DUP/DELET VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81223	CFTR GENE FULL SEQUENCE	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81224	CFTR GENE INTRON POLY T	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81225	CYP2C19 GENE COM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81226	CYP2D6 GENE COM VARIANTS	UM Required/Auth List
Genetic/genomic testing	81228	CYTOGEN MICRARRAY COPY NMBR	UM Required/Auth List
Genetic/genomic testing	81229	CYTOGEN M ARRAY COPY NO&SNP	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Services and devices considered experimental/investigational/unproven	81230	Cyp3a4 gene common variants	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81231	Cyp3a5 gene common variants	UM Required/Auth List
Genetic/genomic testing	81232	Dpyd gene common variants	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81233	BTK (Bruton's tyrosine kinase) (eg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81235	EGFR GENE COM VARIANTS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81236	EZH2 (enhancer of zeste 2 polycomb	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81237	EZH2 (enhancer of zeste 2 polycomb	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81238	F9 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81243	FMR1 GENE DETECTION	UM Required/Auth List
Genetic/genomic testing	81244	FMR1 (fragile X mental retardation 1) (eg...	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81245	FLT3 GENE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81246	Flt3 gene analysis	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81247	G6pd gene alyscmn variant	UM Required/Auth List
Genetic/genomic testing	81259	Hba1/hba2 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81261	IGH GENE REARRANGE AMP METH	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81262	IGH GENE REARRANG DIR PROBE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81263	IGH VARI REGIONAL MUTATION	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81264	IGK REARRANGEABN CLONAL POP	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81270	JAK2 GENE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81272	Kit gene targeted seq analys	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81273	Kit gene analys d816 variant	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81275	KRAS GENE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81276	Kras gene addl variants	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81287	MGMT (O-6-methylguanine-DNA methyltransferase)...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81288	Mlh1 gene	UM Required/Auth List
Genetic/genomic testing	81292	MLH1 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81293	MLH1 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81294	MLH1 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81295	MSH2 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81296	MSH2 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81297	MSH2 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81298	MSH6 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81299	MSH6 GENE KNOWN VARIANTS	UM Required/Auth List
Genetic/genomic testing	81300	MSH6 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81301	MICROSATELLITE INSTABILITY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81302	MECP2 GENE FULL SEQ	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81303	MECP2 GENE KNOWN VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81304	MECP2 GENE DUP/DELET VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81305	MYD88 (myeloid differentiation pri	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81310	NPM1 GENE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81311	Nras gene variants exon	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81313	Pca3/klk3 antigen	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81314	Pdgfra gene	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81315	PML/RARALPHA COM BREAKPOINTS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81316	PML/RARALPHA 1 BREAKPOINT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81317	PMS2 GENE FULL SEQ ANALYSIS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81318	PMS2 KNOWN FAMILIAL VARIANTS	UM Required/Auth List
Genetic/genomic testing	81319	PMS2 GENE DUP/DELET VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81321	PTEN GENE FULL SEQUENCE	UM Required/Auth List
Genetic/genomic testing	81322	PTEN GENE KNOWN FAM VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81323	PTEN GENE DUP/DELET VARIANT	UM Required/Auth List
Genetic/genomic testing	81328	Slco1b1 gene com variants	UM Required/Auth List
Genetic/genomic testing	81329	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis.
Genetic/genomic testing	81335	Tpmt gene com variants	UM Required/Auth List
Genetic/genomic testing	81336	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.

Genetic/genomic testing	81337	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81350	Ugt1a1 gene common variants	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81400	MOLECULAR PATHOLOGY PROCEDURE LEVEL 1	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81401	MOLECULAR PATHOLOGY PROCEDURE LEVEL 2	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81402	MOPATH PROCEDURE LEVEL 3	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81403	MOLECULAR PATHOLOGY PROCEDURE LEVEL 4	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81404	Menacwyd/menacwycrm vacc im	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81405	MOLECULAR PATHOLOGY PROCEDURE LEVEL 6	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81406	MOPATH PROCEDURE LEVEL 7	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81407	MOLECULAR PATHOLOGY PROCEDURE LEVEL 8	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81408	MOPATH PROCEDURE LEVEL 9	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81410	Aortic dysfunction/dilation	UM Required/Auth List
Genetic/genomic testing	81411	Aortic dysfunction/dilation	UM Required/Auth List
Genetic/genomic testing	81412	Ashkenazi Jewish associated disorders	UM Required/Auth List
Genetic/genomic testing	81413	Cardiac ion channelopath; must incl at least 10 ge	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81414	Cardiac ion channelopath; must incl at least 2 gen	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81415	Exome sequence analysis	UM Required/Auth List
Genetic/genomic testing	81417	Exome re-evaluation	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81422	Fetal chromosomal microdeletion(s) genomic sequenc	UM Required/Auth List
Genetic/genomic testing	81425	Genome sequence analysis	UM Required/Auth List
Genetic/genomic testing	81427	Genome re-evaluation	UM Required/Auth List
Genetic/genomic testing	81430	Hearing loss sequence analys	UM Required/Auth List
Genetic/genomic testing	81431	Hearing loss dup/del analys	UM Required/Auth List
Genetic/genomic testing	81432	Hereditary breast cancer-related disorders	UM Required/Auth List
Genetic/genomic testing	81433	Hereditary breast cancer-related disorders	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81435	Hereditary colon cancer	UM Required/Auth List
Genetic/genomic testing	81436	Hereditary colon ca synd	UM Required/Auth List
Genetic/genomic testing	81437	Hereditary neuroendocrine tumor disorders	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81438	Hereditary neuroendocrine tumor disorders	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81439	Inherited cardiomyopathy, must incl at least 5 gen	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81442	Noonan spectrum disorders	UM Required/Auth List
Genetic/genomic testing	81443	Genetic testing for severe inherit	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Genetic/genomic testing	81445	Targeted genomic seq analys	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81448	Hrdtry perph neurphy panel	UM Required/Auth List

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81450	Targeted genomic seq analys	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81455	Targeted genomic seq analys	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Services and devices considered experimental/investigational/unproven	81470	X-linked intellectual dblt	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81471	X-linked intellectual dblt	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81479	UNLISTED MOLECULAR PATHOLOGY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Services and devices considered experimental/investigational/unproven	81493	Coronary artery disease, mRNA, gene expression	UM Required/Auth List
Genetic/genomic testing	81504	Oncology (tissue of origin), microarray gene expre	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequ	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81518	Oncology (breast), mRNA, gene expr	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81519	Oncology breast mma	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81525	Oncology (colon), mRNA, gene expression profiling	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Services and devices considered experimental/investigational/unproven	81529	Oncology (cutaneous melanoma), mRNA, gene expressi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81535	Oncology gynecologic	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81536	Oncology gynecologic	UM Required/Auth List
Genetic/genomic testing	81538	Oncology (lung), mass spectrometric 8-protein sign	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	81539	Onc (prostate cancer), biochem assay of 4 protein	UM Required/Auth List
Genetic/genomic testing	81540	Oncology (tumor of unknown origin),	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81542	Onc prostate mrna 22 cnt gen	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	81552	Onc uveal mlnma mrna 15 gene	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	81554	Pulmonary disease (idiopathic pulmonary fibrosis [UM Required/Auth List
Services and devices considered experimental/investigational/unproven	81560	Transplantation medicine (allograft rejection...	UM Required/Auth List
Genetic/genomic testing	81595	Cardiology (heart transplant),	UM Required/Auth List
Genetic/genomic testing	81599	UNLISTED MAAA	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	82523	COLLAGEN CROSSLINKS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	83521	Immunoglobulin light chains (ie, kappa, lambda)...	UM Required/Auth List

Genetic/genomic testing	84999	CLINICAL CHEMISTRY TEST	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	86015	Actin (smooth muscle) antibody (ASMA), each	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	86036	Antineutrophil cytoplasmic antibody (ANCA); screen	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	86037	Antineutrophil cytoplasmic antibody (ANCA); titer	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88184	FLOWCYTOMETRY/ TC 1 MARKER	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88185	FLOWCYTOMETRY/TC ADD-ON	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88187	FLOWCYTOMETRY/READ 2-8	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88188	FLOWCYTOMETRY/READ 9-15	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88189	FLOWCYTOMETRY/READ 16 & >	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	88267	CHROMOSOME ANALYS PLACENTA	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Genetic/genomic testing	88269	CHROMOSOME ANALYS AMNIOTIC	PA required for ALL dx EXCEPT Perinatal related diagnosis. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88271	CYTOGENETICS DNA PROBE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88272	CYTOGENETICS 3-5	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88273	CYTOGENETICS 10-30	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88274	CYTOGENETICS 25-99	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88275	CYTOGENETICS 100-300	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88280	CHROMOSOME KARYOTYPE STUDY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88283	CHROMOSOME BANDING STUDY	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88285	CHROMOSOME COUNT ADDITIONAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88289	CHROMOSOME STUDY ADDITIONAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88291	CYTO/MOLECULAR REPORT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Genetic/genomic testing	88299	CYTOGENETIC STUDY	UM Required/Auth List
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88367	INSITU HYBRIDIZATION AUTO	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88368	INSITU HYBRIDIZATION MANUAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88369	M/phmtrc alyshishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88373	M/phmtrc alyshishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88374	M/phmtrc alyshishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88377	M/phmtrc alyshishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process
Monoclonal Antibody Antivirals	90378	RSV MAB IM 50MG	UM Required/Auth List
Vaccines	90586	BCG VACCINE INTRAVESICAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Services and devices considered experimental/investigational/unproven	90587	Dengue vaccine, quadrivalent, live, 3 dose schedul	UM Required/Auth List
GI imaging with capsule endoscopy	91110	GI TRACT CAPSULE ENDOSCOPY	UM Required/Auth List
GI imaging with capsule endoscopy	91111	ESOPHAGEAL CAPSULE ENDOSCOPY	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	91112	GI WIRELESS CAPSULE MEASURE	UM Required/Auth List
GI imaging with capsule endoscopy	91113	Gastrointestinal tract imaging, intraluminal...	UM Required/Auth List
Orthoptic and vision therapy	92065	ORTHOPTIC/PLEOPTIC TRAINING	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	92145	Corneal hysteresis deter	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	92548	Cdp-sot 6 cond w/i&r	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	92549	Cdp-sot 6 cond w/i&r mct&adt	UM Required/Auth List
Ventricular assist devices (VAD) or Artificial Heart	92970	CARDIOASSIST INTERNAL	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	93050	Art pressure waveform analys	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	93264	Remote monitoring of a wireless pu	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	93590	Perc transcath closure of paravalvular leak; mitra	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	93591	Perc transcathclosure of paravalvular leak; aortic	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	93592	Perc transcath close of parav leak; each addl oc	UM Required/Auth List
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	93799	CARDIOVASCULAR PROCEDURE	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	95905	MOTOR &/ SENS NRVE CNDJ TEST	UM Required/Auth List
Intraoperative Neurophysiological	95940	IONM IN OPERATNG ROOM 15 MIN	PA for BSWHP contracted providers for Cigna-linked plans effective
Intraoperative Neurophysiological	95941	IONM REMOTE/>1 PT OR PER HR	This service has been deemed E&I except for Medicare plans.
Neuropsychological and psychological testing	96130	Psychological testing evaluation s	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please
Neuropsychological and psychological testing	96131	Psychological testing evaluation s	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please
Neuropsychological and psychological testing	96136	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please
Neuropsychological and psychological testing	96137	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22. For Medicaid lines: Authorization is ONLY required when exceeding the Medicaid benefit limit. Please
Neuropsychological and psychological testing	96138	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Neuropsychological and psychological testing	96139	Psychological or neuropsychologica	Authorization is ONLY required when exceeding 6 hours (4 hours for pre-procedural testing). PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Home health services, including all	99374	HOME HEALTH CARE SUPERVISION	UM Required/Auth List
Home health services, including all	99600	HOME VISIT NOS	UM Required/Auth List
Fixed wing or jet medical transports	A0430	AMB SERVICE CONVNTION AIR SRVC	UM Required/Auth List
Services and devices considered	A6000	NON-CNTC WND WARMING WND COVR	UM Required/Auth List
Antineoplastic Agents	A9513	Lutetium Lu 177, dotatate, therapeutic, 1 mCi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	A9542	INDIUM IN-111 IBRITUMOMAB TIUXETAN DX TO 5 MCI	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	A9543	YTTRIUM Y-90 IBRITUMOMAB TIUXETAN TX TO 40 MCI	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Services and devices considered	A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO	UM Required/Auth List
Antineoplastic Agents	A9590	Iodine I-131, iobenguane, 1 mCi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Radioactive Agents	A9606	Radium ra223 dichloride ther	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	A9607	Lutetium Lu 177 vipivotide tetraxetan, therapeutic	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Formula (enteral) Amino-acid based	B4153	ENTRAL FORMULA NUTIONALLY CMPL HYDROLYZED PROTS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Formula (enteral) Amino-acid based	B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	C1734	Orthopedic/device/drug matrix for opposing...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C1761	Catheter, transluminal intravascular...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C1824	Generator, cardiac contractility modulation (...)	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C1825	Generator, neurostimulator (implantable),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C1841	C1841	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C2596	Probe, image guided, robotic, waterjet ablation	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C2624	Wireless pressure sensor	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8902	MR ANGIO WITHOUT CONTRAST FOLLOWED W/CONTRAST ABD	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8905	MR IMAG W/O CONTRAST FOLLOWED W/CONTRAST BRST; UNI	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8908	MR IMAG W/O CONTRAST FOLLOWED W/CONTRAST BRST; BIL	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8911	MR ANGIO WITHOUT CONTRAST FOLLOWED W/CONTRAST CHST	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8914	MR ANGIO W/O CONTRAST FOLLOWED W/CONTRAST LOW EXTRM	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8920	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8931	MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8932	MR ANGIOGRAPHY W/O CONTRAST SPINAL CANAL CONTENTS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8933	MR ANGIO NO CONTRAST FOLLOWED W/CONTRAST SP CANAL CNTN	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8936	MR ANGIO W/O CONTRAST FOLLOWED W/CONTRAST UP EXT	UM Required/Auth List

Antithrombotic Agents, Miscellaneous	C9047	Injection, caplacizumab-yhdp	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9081	Idcabtagene vicleucel, up to 460 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9082	Injection, dostarlimab-gxly, 100 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9083	Injection, amivantamab-vmjw, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9084	Injection, loncastuximab tesirine-lpyl, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg	UM Required/Auth List
Anti-infective Agents	C9086	Injection, anifrolumab-fnia, 1 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis	C9090	Injection, plasminogen, human-tvmh, 1 mg	UM Required/Auth List
Antineoplastic Agents	C9091	Injection, sirolimus protein-bound particles, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Anti-infective Agents	C9093	Injection, ranibizumab, via intravitreal implant	UM Required/Auth List
Antineoplastic Agents	C9095	Injection, tebentafusp-tebn, 1 mcg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	C9096	Injection, filgrastim-ayow, biosimilar, (Releuko),	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Eye, Ear, Nose, and Throat (EENT) Preparations	C9097	Injection, faricimab-svoa, 0.1 mg	UM Required/Auth List
Antineoplastic Agents	C9098	Ciltacabtagene autoleucel, up to 100 million BCMA...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9142	Injection, bevacizumab-maly, biosimilar, (Alymsys)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. If NOT an OH dx then NO PA. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	C9257	INJECTION BEVACIZUMAB 0.25 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antidotes	C9293	INJECTION GLUCARPIDASE 10 UNITS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	C9358	DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9360	DERMAL SUBST NEONATAL BOVINE ORIGN PER 0.5 SQ CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM	UM Required/Auth List
Unclassified Drugs or Biologicals	C9399	UNCLASSIFIED DRUGS OR BIOLOGICALS	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Services and devices considered experimental/investigational/unproven	C9734	Focused ultrasound ablation/therapeutic interventi	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9739	Cystourethroscopy, with insertion of transprostat	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9751	Bronchoscopy, rigid or flexible, transbronchial...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9752	Destruction of intraosseous basivertebral nerve...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9753	Destruction of intraosseous basivertebral nerve...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9756	Fluorescence lymph map w/ICG	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9757	Laminotomy (hemilaminectomy), with...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9758	Blinded procedure for NYHA Class III/IV heart...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9759	Transcatheter intraoperative blood vessel...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9762	Cardiac magnetic resonance imaging for...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9763	Cardiac magnetic resonance imaging for...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9764	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9765	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9766	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9767	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9769	Cystourethroscopy, with insertion of temporary...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9771	Nasal/sinus endoscopy, cryoablation nasal...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	C9772	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9773	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9774	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9775	Revascularization, endovascular, open or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9777	Esophageal mucosal integrity testing by...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9779	Endoscopic submucosal dissection (ESD),...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	C9780	Insertion of central venous catheter...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0218	WATER CIRCULATING COLD PAD WITH PUMP	UM Required/Auth List
Oxygen and related equipment	E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK	UM Required/Auth List
Oxygen and related equipment	E0439	STATION LQD O2 SYS RENT; FLWMTR HUMIDFR NEBULZR	UM Required/Auth List
Oxygen and related equipment	E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR	UM Required/Auth List
Ventilators and related equipment	E0457	CHEST SHELL	UM Required/Auth List
Ventilators and related equipment	E0471	RESP ASST DEVC BI-LEVL PRSS CAPABILITY W/BACK-UP	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES	UM Required/Auth List
High frequency chest wall oscillation air-pulse generator system; including vest, hose, and related equipment	E0483	HI FREQ CHST WALL OSCILLAT AIR-PULSE GEN SYS EA	UM Required/Auth List
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY	UM Required/Auth List
Compression devices (select)	E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS	UM Required/Auth List
Compression devices (select)	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS	UM Required/Auth List
Bone stimulators	E0747	OSTOGNS STIM ELEC NONINVASV OTH THAN SP APPLIC	UM Required/Auth List
Osteogenesis stimulator, electrical, noninvasive, spinal applications	E0748	OSTOGNS STIMULATOR ELEC NONINVASV SPINAL APPLIC	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL	UM Required/Auth List
Bone stimulators	E0760	OSTOGNS STIM LOW INTENS ULTRASOUND NON-INVASV	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ	UM Required/Auth List

Novocure? (Optune?) Alternating Electrical Fields Therapy for glioblastoma	E0766	Elec stim cancer treatment	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0770	FES TRANSQ STIM NERV&MUSC GRP Cmpl SYS NOS	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE	UM Required/Auth List
Oxygen and related equipment	E1390	O2 CONC 1 DEL PORT 85%>O2 CONC AT PRSC FLW RATE	UM Required/Auth List
Oxygen and related equipment	E1391	O2 CONC 2 DEL PORT 85%>O2 CONC PRSC FLW RATE EA	UM Required/Auth List
Oxygen and related equipment	E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL	UM Required/Auth List
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0156	SRVC HH/HOSPICE AIDE IN HH/HOSPICE SET EA 15 MIN	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Home health services, including all requests for hourly nursing	G0162	SKILLED SERVICE RN M&E PLAN OF CARE; EA 15 MINS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COV R INDICATS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0252	PET IMAG INIT DX BREST CA&SURG PLAN NOT COV MCR	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	G0260	INJ PROC SI JNT;ANES STEROID&TX AGT&ARTHROGRPH	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	G0276	Pld/placebo control clin tr	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0299	Hhs/hospice of m ea 15 min	UM Required/Auth List
Home health services, including all requests for hourly nursing	G0300	HHS/hospice of lpn ea 15 min	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G0339	IMAGE GUID ROBOTIC ACCEL BASE SRS Cmpl TX 1 SESS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G0340	IMAGE GUID ROBOTIC ACCL SRS FRAC TX LES 2-5 SESS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Cosmetic: procedures which may be considered cosmetic	G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME	UM Required/Auth List
Intraoperative Neurophysiological Monitoring	G0453	CONT IO NEUROPHYSIOL MON OUTSD OR-PT EA 15 MIN	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G0458	LOW DOSE RATE PROSTATE BRACHYTX SRVC COMPOS RATE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.
Services and devices considered experimental/investigational/unproven	G0460	Autologous platelet rich plasma for chronic wounds	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	G2000	Blinded administration of convulsive therapy proce	UM Required/Auth List
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G6001	Echo guidance radiotherapy	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.

Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G6015	Radiation tx delivery imrt	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G6016	Delivery comp imrt	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G6017	Intrafraction track motion	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0011	ALCOHOL &/ DRUG SERVICES; ACUTE DTOX RES PROG IP	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN	UM Required/Auth List
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H2036	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM	UM Required/Auth List
Disease-Modifying Antirheumatic Agents	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS	UM Required/Auth List
Disease-Modifying Antirheumatic Agents	J0135	INJECTION ADALIMUMAB 20 MG	UM Required/Auth List
Central Nervous System Agents	J0172	Injection, aducanumab-awwa, 2 mg	UM Required/Auth List
EENT Drugs, Miscellaneous	J0178	INJECTION AFLIBERCEPT 1 MG	UM Required/Auth List
EENT Drugs, Miscellaneous	J0179	Injection, brolicizumab-dbl, 1 mg	UM Required/Auth List
Enzymes	J0180	INJECTION AGALSIDASE BETA 1 MG	UM Required/Auth List
Gastrointestinal drugs	J0185	Injection, aprepitant, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immunomodulatory Agents	J0202	Injection, alemtuzumab	UM Required/Auth List
Protective Agents	J0207	INJECTION AMIFOSTINE 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg	UM Required/Auth List
Enzymes	J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS	UM Required/Auth List
Enzymes	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG	UM Required/Auth List
Other Miscellaneous Therapeutic Agents	J0222	Injection, patisiran, 0.1 mg	UM Required/Auth List
Other Miscellaneous Therapeutic Agents	J0223	Injection, givosiran, 0.5 mg	UM Required/Auth List
Smooth Muscle Relaxants	J0224	Injection, leuprolide acetate for depot...	UM Required/Auth List
Respiratory Tract Agents, Miscellaneous	J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG	UM Required/Auth List

Respiratory Tract Agents, Miscellaneous	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG	UM Required/Auth List
Aminoglycosides	J0291	Injection, plazomicin, 5 mg	UM Required/Auth List
Immunosuppressive Agents	J0485	INJECTION BELATACEPT 1 MG	UM Required/Auth List
Anti-infective Agents	J0491	Injection, anifrolumab-fnia, 1 mg	UM Required/Auth List
Interleukin Antagonists	J0517	Injection, benralizumab, 1 mg	UM Required/Auth List
Antitoxins And Immune Globulins	J0565	Inj, bezlotoxumab, 10 mg	UM Required/Auth List
Enzymes	J0567	Injection, cerliponase alfa, 1 mg	UM Required/Auth List
Electrolytic,Caloric,Water Balance Misc,	J0584	Injection, burosumab-twza, 1 mg	UM Required/Auth List
Complement Inhibitors	J0593	Injection, lanadelumab-flyo, 1 mg (code may be...	UM Required/Auth List
Antineoplastic Agents	J0594	INJECTION BUSULFAN 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Formation, Coagulation, and Thrombosis agents	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS	UM Required/Auth List
Heavy Metal Antagonists	J0600	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG	UM Required/Auth List
Other Miscellaneous Therapeutic Agents	J0638	INJECTION CANAKINUMAB 1 MG	UM Required/Auth List
Antidotes	J0641	Injection, levoleucovorin calcium, 0.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antidotes	J0642	Injection, Levoleucovorin (kxapzory), 0.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Anti-infective Agents	J0699	Injection, cefiderocol, 10 mg	UM Required/Auth List
Anti-infective Agents	J0739	Injection, cabotegravir, 1 mg	UM Required/Auth List
Anti-infective Agents	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J0791	Injection, crizanlizumab-tmca, 5 mg	UM Required/Auth List
Pituitary	J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS	UM Required/Auth List
Hematopoietic Agents	J0881	INJECTION DARBEPOETIN ALFA 1 MCG NON-ESRD USE	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	J0885	INJECTION EPOETIN ALFA FOR NON-ESRD 1000 UNITS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J0894	INJECTION DECITABINE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	J0896	Injection, luspatercept-aamt, 0.25 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Bone Resorption Inhibitors	J0897	INJECTION DENOSUMAB 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Protective Agents	J1190	INJECTION DEXRAZOXANE HYDROCHLORIDE PER 250 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Complement Inhibitors	J1290	INJECTION ECALLANTIDE 1 MG	UM Required/Auth List

Complement Inhibitors	J1300	INJECTION ECULIZUMAB 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Central Nervous System Agents	J1301	Injection, edaravone, 1 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis	J1302	Injection, sutimlimab-jome, 10 mg	UM Required/Auth List
Complement Inhibitors	J1303	Injection, ravulizumab-cwvz, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Cardiovascular Drugs	J1305	Injection, evinacumab-dgnb, 5 mg	UM Required/Auth List
Cardiovascular Drugs	J1306	Injection, inclisiran, 1 mg	UM Required/Auth List
Enzymes	J1322	Elosulfase alfa, injection	UM Required/Auth List
Autonomic Drugs	J1426	Injection, casimersen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1427	Injection, viltolarsen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1428	Inj, eteplirsen, 10 mg	UM Required/Auth List
Autonomic Drugs	J1429	Injection, golodirsen, 10 mg	UM Required/Auth List
Disease-Modifying Antirheumatic Agents	J1438	INJECTION ETANERCEPT 25 MG	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J1442	Inj, filgrastim g-csf 1mcg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Formation, Coagulation, and Thrombosis agents	J1447	Inj tbo filgrastim 1 microg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Formation, Coagulation, and Thrombosis agents	J1448	Injection, trilaciclib, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Neurokinin-1 Receptor Antagonists	J1453	INJECTION FOSAPREPITANT 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
GI Drugs, Miscellaneous	J1454	Injection, fosnetupitant 235 mg and...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	J1458	INJECTION GALSULFASE 1 MG	UM Required/Auth List
Blood Derivatives	J1459	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immune globulins	J1551	Injection, immune globulin (Cutaquig), 100 mg	UM Required/Auth List
Antitoxins And Immune Globulins	J1554	Injection, immune globulin (asceniv), 500 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antitoxins And Immune Globulins	J1555	Inj cuvitr, 100 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1556	Inj, imm glob bivigam, 500mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1557	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antitoxins And Immune Globulins	J1558	Injection, immune globulin (xembify), 100 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antitoxins And Immune Globulins	J1559	INJECTION IMMUNE GLOBULIN HIZENTRA 100 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1560	INJECTION GAMMA GLOB INTRAMUSCULAR OVER 10 CC	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1561	INJECTION IMMUNE GLOBULIN NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1562	INJECTION IMMUNE GLOBULIN VIVAGLBIN 100 MG	UM Required/Auth List
Blood Derivatives	J1566	INJ IG IV LYPHILIZED NOT OTHERWISE SPEC 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1568	INJ IG OCTOGAM IV NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1569	INJ IG GAMMAGARD LIQ IV NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1572	INJ IMMUNE GLOBULIN IV NONLYOPHILIZED 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antitoxins And Immune Globulins	J1575	Hyqvia 100mg immunoglobulin	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Derivatives	J1599	INJ IG IV NONLYOPHILIZED E.G. LIQUID NOS 500 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Skin And Mucous Membrane Agents, Misc.	J1628	Injection, guselkumab, 1 mg	UM Required/Auth List
Antidepressants, Miscellaneous	J1632	Injection, brexanolone, 1 mg	UM Required/Auth List
Gonadotropins	J1675	INJECTION HISTRELIN ACETATE 10 MICROGRAMS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	J1743	INJECTION IDURSULFASE 1 MG	UM Required/Auth List
Complement Inhibitors	J1744	INJECTION ICATIBANT 1 MG	UM Required/Auth List
HIV Entry And Fusion Inhibitors	J1746	Injection, ibalizumab-uiyk, 10 mg	UM Required/Auth List
Enzymes	J1786	INJECTION IMIGLUCERASE 10 UNITS	UM Required/Auth List
Immunomodulatory Agents	J1823	Injection, inebilizumab-cdon, 1 mg	UM Required/Auth List
Somatostatin Agonists	J1930	INJECTION LANREOTIDE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	J1931	INJECTION LARONIDASE 0.1 MG	UM Required/Auth List
Hormones and Synthetic Substitutes	J1932	Injection, lanreotide, (Cipla), 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J1951	Prothrombin complex concentrate (human),...	UM Required/Auth List

Gonadotropins	J1952	Leuprolide injectable, camcevi, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Interleukin Antagonists	J2182	Injection, mepolizumab, 1 mg	UM Required/Auth List
Antisense Oligonucleotides	J2326	Inj, nusinersen, 0.1mg	UM Required/Auth List
Immunomodulatory Agents	J2350	Injection, ocrelizumab, 1 mg	UM Required/Auth List
Somatostatin Agonists	J2353	INJ OCTREOTIDE DEPOT FORM IM INJ 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	J2355	INJECTION OPRELVEKIN 5 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Respiratory Tract Agents	J2356	Injection, tezepelumab-ekko, 1 mg	UM Required/Auth List
Respiratory Tract Agents, Miscellaneous	J2357	INJECTION OMALIZUMAB 5 MG	UM Required/Auth List
Anti-infective Agents	J2406	Injection, oritavancin (Kymyrsa), 10 mg	UM Required/Auth List
Cell Stimulants And Proliferants	J2425	INJECTION PALIFERMIN 50 MICROGRAMS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gastrointestinal drugs	J2469	INJECTION PALONOSETRON HCL 25 MCG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Somatostatin Agonists	J2502	Inj, pasireotide long acting	UM Required/Auth List
EENT Drugs, Miscellaneous	J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG	UM Required/Auth List
Enzymes	J2504	INJECTION PEGADEMASE BOVINE 25 IU	UM Required/Auth List
Hematopoietic Agents	J2505	INJECTION PEGFILGRASTIM 6 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Formation, Coagulation, and Thrombosis agents	J2506	Injection, pegfilgrastim, excludes biosimilar,...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antigout Agents	J2507	INJECTION PEGLOTICASE 1 MG	UM Required/Auth List
Hematopoietic Agents	J2562	INJECTION PLERIXAFOR 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Eye, Ear, Nose, and Throat (EENT) Preparations	J2777	Injection, faricimab-svoa, 0.1 mg	UM Required/Auth List
EENT Drugs, Miscellaneous	J2778	INJECTION RANIBIZUMAB 0.1 MG	UM Required/Auth List
Anti-infective Agents	J2779	Injection, ranibizumab, via intravitreal implant	UM Required/Auth List
Enzymes	J2783	INJECTION RASBURICASE 0.5 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Interleukin Antagonists	J2786	Injection, reslizumab, 1 mg	UM Required/Auth List
Other Miscellaneous Therapeutic Agents	J2793	INJECTION RILONACEPT 1 MG	UM Required/Auth List
Hematopoietic Agents	J2796	INJECTION ROMIPLOSTIM 10 MCG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Neurokinin-1 Receptor Antagonists	J2797	Injection, rolapitant, 0.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Hematopoietic Agents	J2820	INJECTION SARGRAMOSTIM 50 MCG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Enzymes	J2840	Injection, sebelipase alfa, 1 mg	UM Required/Auth List
Antineoplastic Agents	J2860	Injection, siltuximab	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hormones	J2941	INJECTION SOMATROPIN 1 MG	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis	J2998	Injection, plasminogen, human-tvmh, 1 mg	UM Required/Auth List
Enzymes	J3060	Inj, taiglucerase alfa 10 u	UM Required/Auth List
EEENT Drugs, Miscellaneous	J3241	Injection, teprotumumab-trbw, 10 mg	UM Required/Auth List
Skin And Mucous Membrane Agents, Misc.	J3245	Injection, tildrakizumab, 1 mg	UM Required/Auth List
Gonadotropins	J3315	INJECTION TRIPTORELIN PAMOATE 3.75 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J3316	Injection, triptorelin, extended-release, 3.75 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Skin And Mucous Membrane Agents, Misc.	J3357	Ustekinumab sub cu inj, 1 mg	UM Required/Auth List
Skin And Mucous Membrane Agents, Misc.	J3358	Ustekinumab, iv inject, 1 mg	UM Required/Auth List
Enzymes	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS	UM Required/Auth List
Enzymes	J3397	Injection, vestronidase alfa-vjkb, 1 mg	UM Required/Auth List
Retinal gene therapies	J3398	Injection, voretigene neparovvec-rzyl, 1...	UM Required/Auth List
Gene Therapy	J3399	Injection, onasemnogene abeparovvec-xioi, per...	UM Required/Auth List
Unclassified Drugs or Biologicals	J3490	UNDESIGNATED CODE	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Unclassified Drugs or Biologicals	J3590	UNLISTED CODE	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Hemostatics	J7170	Injection, emicizumab-kxwh, 0.5 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7178	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7180	INJECTION FACTOR XIII 1 I.U.	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7182	Factor viii recomb novoeight	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7185	INJECTION FACTOR VIII PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7186	INJ AHF/ VWF CMLPX PER FACTOR VIII IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7188	Factor viii recomb obizur	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7189	Factor VIIa (antihemophilic factor, recombinant...	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU	UM Required/Auth List

Blood Formation, Coagulation, and Thrombosis agents	J7194	FACTOR IX COMPLEX PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7195	FACTOR IX PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7197	ANTITHROMBIN III PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7198	ANTI-INHIBITOR PER IU	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7203	Injection Factor IX, (antihemophilic factor,...	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7204	Injection, Factor VIII, antihemophilic factor (...)	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7205	Factor viii fc fusion recomb	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7207	Injection, factor VIII, (antihemophilic factor, re	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7208	Inj. jivi 1 iu	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7209	Injection, factor VIII, (antihemophilic factor, re	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7210	Inj, afstyla, 1 i.u.	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7211	Inj, kovaltry, 1 i.u.	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	J7212	Factor VIIa (antihemophilic factor, recombinant...	UM Required/Auth List
Corticosteroids (EENT)	J7313	Injection, fluocinolone acetonide, intravitreal...	UM Required/Auth List
Corticosteroids (EENT)	J7314	Injection, fluocinolone acetonide, intravitreal...	UM Required/Auth List
Skin And Mucous Membrane Agents, Misc.	J7352	Afamelanotide implant, 1 mg	UM Required/Auth List
COMPOUNDED DRUG, NOT OTHERWISE CLASSIFIED	J7999	Compounded drug, noc	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	J8499	PRESCRIPTION DRUG ORAL NONCHEMOTHERAPEUTIC NOS	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Gastrointestinal drugs	J8655	Netupitant palonosetron oral	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J8999	PRESCRIPTION DRUG ORAL CHEMOTHERAPEUTIC NOS	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Antineoplastic Agents	J9015	INJECTION ALDESLEUKIN PER SINGLE USE VIAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9019	INJECTION ASPARAGINASE ERWINAZE 1000 IU	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9021	Injection, asparaginase, recombinant, (Rylaze),...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9022	Inj, atezolizumab, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9023	Injection, avelumab, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9027	INJECTION CLOFARABINE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Vaccines	J9030	Bcg live intravesical 1mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9032	Injection, belinostat, 10mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9033	Inj., treanda 1mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9034	Injection, bendamustine HCl (Bendeka), 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9035	INJECTION BEVACIZUMAB 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9036	Inj., belrapzo, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9037	Injection, belantamab mafodotin-blmf, 0.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9039	Injection, blinatumomab	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9041	INJECTION BORTEZOMIB 0.1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9042	INJECTION BRENTUXIMAB VEDOTIN 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9043	INJECTION CABAZITAXEL 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9044	Injection, bortezomib, not otherwise specified,...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9047	Injection, carfilzomib, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9050	INJECTION CARMUSTINE 100 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9055	INJECTION CETUXIMAB 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9057	Injection, copanlisib, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9061	Injection, amivantamab-vmjw, 2 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9098	INJECTION CYTARABINE LIPOSOME 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9118	Injection, calaspargase pegol-mknl, 10 units	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9119	Injection, cemiplimab-rlwc, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9120	INJECTION DACTINOMYCIN 0.5 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9144	Injection, daratumumab, 10 mg and...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9145	Injection, daratumumab, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9151	INJ DAUNORUBICIN CITRATE LIPOSOMAL FORM 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9153	Injection, liposomal, 1 mg daunorubicin and...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antigonadotropins	J9155	INJECTION DEGARELIX 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9160	INJECTION DENILEUKIN DIFTITOX 300 MCG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9173	Injection, durvalumab, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9176	Injection, elotuzumab, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9177	Injection, enfortumab vedotin-efjv, 0.25 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9179	INJECTION ERIBULIN MESYLATE 0.1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9198	Injection, gemcitabine hydrochloride, (Infugem)...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9203	Gemtuzumab ozogamicin 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9204	Injection, mogamulizumab-kpkc, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9205	Injection, irinotecan liposome, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9207	INJECTION IXABEPILONE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immunosuppressive Agents	J9210	Injection, emapalumab-lzsg, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9213	INJECTION INTERFERON ALFA-2A RECOMBINANT 3 M U	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immunomodulatory Agents	J9216	INJECTION INTERFERON GAMMA-1B 3 MILLION UNITS	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J9217	LEUPROLIDE ACETATE 7.5 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J9218	LEUPROLIDE ACETATE PER 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J9219	LEUPROLIDE ACETATE IMPLANT 65 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9223	Injection, lurbnectedin, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J9225	HISTRELIN IMPLANT VANTAS 50 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Gonadotropins	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG	UM Required/Auth List
Antineoplastic Agents	J9227	Injection, isatuximab-irfc, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9228	INJECTION IPILIMUMAB 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9229	Injection, inotuzumab ozogamicin, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9230	INJECTION MECHLORETHAMINE HCL 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9245	Injection, melphalan HCl, not otherwise...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9246	Injection, melphalan (Evomela), 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9247	Injection, melphalan flufenamide, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9261	INJECTION NELARABINE 50 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9262	Inj, omacetaxine mep, 0.01mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9264	INJECTION PACLITAXEL PROTEINBOUND PARTICLES 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9266	INJECTION PEGASPARGASE PER SINGLE DOSE VIAL	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9268	INJECTION PENTOSTATIN 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9269	Injection, tagraxofusp-erzs, 10 mcg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9271	Inj pembrolizumab	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9272	Injection, dostarlimab-gxly, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9273	Injection, tisotumab vedotin-tftv, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9274	Injection, tebentafusp-tebn, 1 mcg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9281	Mitomycin pyelocalyceal instillation, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9295	Injection, necitumumab, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9298	Injection, nivolumab and relatlimab-rmbw 3 mg/1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9299	Injection, nivolumab	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9301	Obinutuzumab inj	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9302	INJECTION OFATUMUMAB 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9303	INJECTION PANITUMUMAB 10 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9304	Injection, pemetrexed (Pemfexy), 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9305	Injection, pemetrexed, NOS,10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9306	Injection, pertuzumab, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9307	INJECTION PRALATREXATE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9308	Injection, ramucirumab	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9309	Injection, polatuzumab vedotin-piiq, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9311	Injection, rituximab 10 mg and hyaluronidase	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9312	Injection, rituximab, 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9313	Injection, moxetumomab pasudotox-tdfk, 0.01 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9316	Injection, pertuzumab, trastuzumab, and...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9317	Injection, sacituzumab govitecan-hziy, 2.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9318	Injection, romidepsin, nonlyophilized, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9319	Injection, romidepsin, lyophilized, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9320	INJECTION STREPTOZOCIN 1 G	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antigonadotropins	J9325	Injection, talimogene laherparepvec	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9328	INJECTION TEMOZOLOMIDE 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9330	INJECTION TEMSIROLIMUS 1 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9331	Injection, sirolimus protein-bound particles, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Miscellaneous Therapeutic Agents	J9332	Injection, efgartigimod alfa-fcab, 2 mg	UM Required/Auth List
Antineoplastic Agents	J9340	INJECTION THIOTEPA 15 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9348	Injection, margetuximab-cmkb, 5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9349	Injection, tafasitamab-cxix, 2 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9352	Injection, trabectedin, 0.1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9353	Injection, rituximab-arxx, biosimilar, (riabni)...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9354	Inj, ado-trastuzumab emt 1mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9355	Inj trastuzumab excl biosimi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9356	Inj. herceptin hylecta, 10mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9357	INJECTION VALRUBICIN INTRAVESICAL 200 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	J9358	Injection, fam-trastuzumab deruxtecan-nxki, 1 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9359	Injection, loncastuximab tesirine-lpyl, 0.075 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9371	Inj, vincristine sul lip 1mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9395	INJECTION FULVESTRANT 25 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9400	Inj, ziv-aflibercept, 1mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9600	INJECTION PORFIMER SODIUM 75 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	J9999	NOT OTHERWISE CLASSIFIED ANTINEOPLASTIC DRUG	Contact Pharmacy Services at 1-800-728-7947 with drug name and billing information to confirm PA requirements. For non-drug products, contact HSD to confirm PA requirements.
Custom made and specially sized wheelchairs and related equipment	K0013	Custom motorized/power wheelchair base	UM Required/Auth List
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE	UM Required/Auth List
Power operated vehicles and related equipment	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS	UM Required/Auth List
Power operated vehicles and related equipment	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED	UM Required/Auth List
Power wheelchairs and related equipment	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>	UM Required/Auth List
Power wheelchairs and related equipment	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0848	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS	UM Required/Auth List

Power wheelchairs and related equipment	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>	UM Required/Auth List
Power wheelchairs and related equipment	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>	UM Required/Auth List
Power wheelchairs and related equipment	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>	UM Required/Auth List
Power wheelchairs and related equipment	K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS	UM Required/Auth List
Power wheelchairs and related equipment	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB	UM Required/Auth List
Power wheelchairs and related equipment	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1001	Electronic positional obstructive sleep apnea...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1002	Cranial electrotherapy stimulation (CES) system...	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	K1007	Bilateral hip, knee, ankle, foot (HKAFO) device...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1009	Speech volume modulation system, any type,...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1016	Transcutaneous electrical nerve stimulator for...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1017	Monthly supplies for use of device coded at k1016	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1018	External upper limb tremor stimulator of the...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1019	Monthly supplies for use of device coded at k1018	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1020	Non-invasive vagus nerve stimulator	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1023	Distal transcutaneous electrical nerve...	UM Required/Auth List
Compression devices (select)	K1024	Nonpneumatic compression controller with...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1026	Mechanical allergen particle barrier/inhalation...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1028	Power source & control electronics for oral device	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	K1029	Oral device for neuromuscular stimulation...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L6026	Part hand myo exclu term dev	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L7259	Electronic wrist rotator any	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L8608	Miscellaneous external component, supply or...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L8696	Ext antenna phren nerve stim	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L8701	Elbow, wrist, hand (EWHO) device, powered, with...	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	L8702	Elbow, wrist, hand, finger (EWHFO) device,...	UM Required/Auth List
Antineoplastic Agents	Q2017	INJECTION TENIPOSIDE 50 MG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Chimeric Antigen Receptor	Q2041	Axicabtagene ciloleucl car+	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immunocellular Therapy	Q2042	Tisagenlecleucl, up to 600 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Immunocellular Therapy	Q2043	SIPULEUCEL-T AUTO CD54+	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Immunocellular Therapy	Q2053	Brexucabtagene autoleucel, up to 200 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q2054	Lisocabtagene maraleucel, up to 110 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q2055	Idecabtagene vicleucel, up to 460 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q2056	Ciltacabtagene autoleucel, up to 100 million...	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Services and devices considered experimental/investigational/unproven	Q4112	CYMETRA INJECTABLE 1 CC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4116	ALLODERM PER SQ CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4125	ARTHROFLEX PER SQ CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4130	STRATTICE PER SQ CM	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4138	Biodfence dryflex, 1cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4139	Amnio or biodmatrix, inj 1cc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4142	Xcm biologic tiss matrix 1cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4143	Repriza, 1cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4145	Epifix, inj, 1mg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4149	Excellagen, 0.1 cc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4150	Allowrap ds or dry 1 sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4155	Neoxflo or clarixflo 1 mg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4167	Truskin, per sq cm	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	Q4168	AmnioBand, 1 mg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4170	Cygnus, per sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4171	Interfyl, 1 mg	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4182	Transcyte, per sq centimeter	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4211	Amnion Bio or AxoBioMembrane, per sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4212	AlloGen, per cc	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4251	Vim, per sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4252	Vendaje, per sq cm	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	Q4253	Zenith Amniotic Membrane, per sq cm	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	Q5101	Injection, zarxio	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Disease-Modifying Antirheumatic Agents	Q5103	Injection, inflectra	UM Required/Auth List
Hematopoietic Agents	Q5106	Injection, epoetin alfa-epbx, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5107	Injection, bevacizumab-awwb, biosimilar, (Mvasi...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	Q5108	Injection, pegfilgrastim-jmdb, biosimilar, (Fulphi)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Disease-Modifying Antirheumatic Agents	Q5109	Injection, infliximab-qbtb, biosimilar, (Ixifi)...	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis agents	Q5110	Injection, filgrastim-aafi, biosimilar, (Nivestym)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	Q5111	Injection, udenyca 0.5 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5112	Inj ontruzant 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5113	Inj herzuma 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.

Antineoplastic Agents	Q5114	Inj ogivri 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5115	Inj rituximab-abbs bio 10 mg	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5116	Injection, trastuzumab-qyyp, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5117	Injection, trastuzumab-anns, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5118	Injection, bevacizumab-bvcr, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH Dx but < 18 yr: BSWHP will process; IF NO OH Dx: no PA required. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5119	Injection, rituximab-pvvr, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Hematopoietic Agents	Q5120	Injection, pegfilgrastim-bmez, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Disease-Modifying Antirheumatic Agents	Q5121	Injection, infliximab-axxq, biosimilar, (AVSOLA...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Blood Formation, Coagulation, and Thrombosis agents	Q5122	Injection, pegfilgrastim-apgf, biosimilar, (...)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Antineoplastic Agents	Q5123	Injection, rituximab-arrx, biosimilar, (Riabni), 1	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Anti-infective Agents	Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg	UM Required/Auth List
Blood Formation, Coagulation, and Thrombosis	Q5125	Injection, filgrastim-ayow, biosimilar, (Releuko)	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Central Nervous System Agents	S0013	Esketamine, nasal spray, 1 mg	UM Required/Auth List
Antineoplastic Agents	S0148	INJECTION PEGYLATED INTERFERON ALFA-2B 10 MCG	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Services and devices considered experimental/investigational/unproven	S1034	Artificial pancreas device system	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	S1035	Sensor; invasive (e.g., subcutaneous), disposable	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	S1036	Transmitter; external, for use with artificial pan	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	S1037	Receiver (monitor); external, for use with artific	UM Required/Auth List
Cranial remolding orthotic	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB	UM Required/Auth List

Services and devices considered experimental/investigational/unproven	S1091	Stent, non-coronary, temporary, with delivery...	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2060	LOBAR LUNG TRANSPLANTATION	UM Required/Auth List
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR	UM Required/Auth List
Cosmetic: procedures which may be considered cosmetic	S2066	BREAST RECON W/GLUTEAL ART PERFORATOR FLAP UNI	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	S2067	BRST RECON 1 BRST DIEP FLAP(S)&GAP FLAP(S) UNI	PA required unless female and has breast cancer related diagnosis.
Cosmetic: procedures which may be considered cosmetic	S2068	BREAST RECON DIEP/SIEA FLAP & CLOS DONR SITE UNI	PA required unless female and has breast cancer related diagnosis.
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	S2095	TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC PERQ METH USI	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process. Any oncology regimen containing this drug billing code will be subject to prior authorization.
Services and devices considered experimental/investigational/unproven	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT	UM Required/Auth List
Musculo-skeletal, joint, and pain management services	S2118	METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC	UM Required/Auth List
Services and devices considered experimental/investigational/unproven	S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO	UM Required/Auth List
Fetal Surgery	S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC	UM Required/Auth List
Genetic/genomic testing	S3854	GENE EXPRSSGENE EXPRSSION PROFILING PANL MGMT BR	UM Required/Auth List
Genetic/genomic testing	S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPCTED BS	UM Required/Auth List
Genetic/genomic testing	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY	UM Required/Auth List
Prescription Drug Generic	S5000	PRESCRIPTION DRUG GENERIC	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS	UM Required/Auth List
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY	UM Required/Auth List
Home health services, including all requests for hourly nursing	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR	UM Required/Auth List
Home health services, including all requests for hourly nursing	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR	UM Required/Auth List
Private duty nursing services	T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN	UM Required/Auth List