

Authorization Categories	Code ID	Covered Service	Authorization Requirements	Effective/Review Date	Documentation Requirements
Services and devices considered experimental/investigational/unproven	0001U	Red blood cell antigen typing		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0002U	Oncology (colorectal), quantitative assessment		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0003U	Oncology (ovarian) biochemical assays		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0005U	Onco prst8 3 gene ur alg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
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.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
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.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0007U	Drug test(s), presumptive, with definitive confirm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0008U	Helicobacter pylori detection and antibiotic resis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0009U	Oncology (breast cancer), ERBB2 (HER2)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0010U	Infectious disease (bacterial), strain typing		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0011U	Prescription drug monitoring, evaluation of drugs		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0012U	Germline disorders, gene rearrangement		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0013U	Oncology (solid organ neoplasia), gene rearrangeme		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0014U	Hematology (hematolymphoid neoplasia), gene rearra		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0016U	Oncology (hematolymphoid neoplasia), RNA		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Dental - anesthesia for dental services	00170	ANESTH PROCEDURE ON MOUTH	PA required for anesthesia with dental procedures.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0017U	Oncology (hematolymphoid neoplasia), JAK2 mutation		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0018M	Measurement of renal transplant donor CD154+T cell		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Genetic/genomic testing	0018U	Oncology (thyroid), microRNA profiling by RT-PCR	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0019U	Oncology, RNA, gene expression by whole transcript		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0021U	Oncology (prostate), detection of 8 autoantibodies		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0022U	Targeted genomic sequence analysis panel non small		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0023U	Oncology (acute myelogenous leukemia)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0024U	Glycosylated acute phase proteins (GlycA), nuclear		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0025U	Tenofovir, by liquid chromatography with tandem		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
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.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0027U	JAK2 gene analysis, targeted sequence analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0029U	Drug metabolism(adverse) targeted sequence...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0030U	Drug metabolism(warfarin)targeted sequence...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0031U	CYP1A2 gene analysis, copy number variants, common		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0032U	COMT gene analysis, c.472G>A (rs4680) variant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0033U	HTR2A gene analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0034U	TPMT gene analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0035U	Detection prion protein by quaking-induced convers		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0036U	Exome sequence analyses		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Genetic/genomic testing	0037U	Targeted genomic sequence analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0039U	DNA antibody, double stranded, high avidity		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0040U	Translocation analysis, major breakpoint,...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0042T	CT PERFUSION W/CONTRAST CBF		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Genetic/genomic testing	0045U	Onc brst dux carc is 12 gene		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0046U	Flt3 gene itd variants quan		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Genetic/genomic testing	0047U	Onc prst8 mma 17 gene alg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0048U	Onc sld org neo dna 468 gene		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0049U	Npm1 gene analysis quan		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0050U	Trgt gen seq dna 194 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0052U	Lpoprtn bld w/5 maj classes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0054U	Rx mntr 14+ drugs & sbsts		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0055T	BONE SURGERY USING COMPUTER		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0060U	Twn zyg gen seq alys chms2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0064U	Antibody, Treponema pallidum, total and rapid plas		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0065U	Syphilis test, non-treponemal antibody, immunoassa		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0071T	U/S LEIOMYOMATA ABLATE <200		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0072T	U/S LEIOMYOMATA ABLATE >200		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0075T	PERQ STENT/CHEST VERT ART		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0076T	S&i STENT/CHEST VERT ART		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0080U	Oncology (lung), mass spectrometric analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0082U	Drug test(s), definitive, 90 or more drugs or subs		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0083U	Oncology, response to chemotherapy drugs using mot		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0084U	Rbc dna gnotyp 10 bld groups		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0085T	BREATH TEST HEART REJECT		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0086U	Nfct ds bact&fng org id 6+		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0087U	Crd hrt tm脾 mma 1283 gen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0088U	Trnsplj kdn algrft rej 1494		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0089U	Onc mlnma prame & linc00518		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0090U	Onc cutan mlnma mma 23 gene		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0091U	Onc drct scr whl bld alg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0092U	Onc lng 3 prtn bmrk plsm alg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0093U	Rx mntr 65 com drugs urine		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0094U	Genome rapid sequence alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0095U	INFLM EE ELISA Alys ALG		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0096U	Hpv hi risk types male urine		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0097U	Gi pathogen 22 targets		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0101T	EXTRACORP SHOCKKW TX HI ENRG		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0101U	Hered colon ca do 15 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0102T	EXTRACORP SHOCKKW TX ANESTH		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0102U	Hered brst ca rtd do 17 gen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0103U	Hered ova ca pnl 24 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0105U	Neph ckd mult eclia tum nec		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0106U	Gstr emptyg 7 timed brth spec		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0107U	C diff tox ag detcj ia stool		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0108U	Gi barrett esoph 9 prtn bmrk		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0109U	Id aspergillus dna 4 species		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0110U	Rx mntr 1+oral onc rx&sbsts		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0111U	Onc colon ca kras&nras alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0112U	Iadi 16s&18s rna genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0113U	Onc prst8 pca3&Imprss2-erg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0114U	Gi barretts esoph vim&cna1		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0115U	Respir iadna 18 viral&2 bact		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0116U	Rx mntr nzm ia 35+oral flu		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0117U	Pain mgmt 11 endogenous anal		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0118U	Trnspjl don-drv cli-fr dna		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0119U	Crđ ceramides liq chrom plsm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0120U	Onc b cll lymphm mma 58 gen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0121U	Sc dis vcam-1 whole blood		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0122U	Sc dis p-selectin whl blood		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0123U	Mchnl fragility rbc prflg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0126T	CHD RISK IMT STUDY		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0129U	Hered brst ca rftd do panel		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0130U	Hered colon ca do mrna pnl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0131U	Hered brst ca rftd do pnl 13		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0132U	Hered ova ca rftd do pnl 17		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0133U	Hered prst8 ca rftd do 11		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0134U	Hered pan ca mma pnl 18 gen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0135U	Hered gyn ca mma pnl 12 gen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0136U	Atm mma seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0137U	Palb2 mma seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0138U	Brca1 brca2 mma seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0140U	Nfct ds fungi dna 15 trgt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0141U	Nfct ds bact&fng gram pos		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0142U	Nfct ds bact&fng gram neg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0143U	Drug assay 120+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0144U	Drug assay 160+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0145U	Drug assay 65+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0146U	Drug assay 80+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0147U	Drug assay 85+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0148U	Drug assay 100+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0149U	Drug assay 60+ rx/metablt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0150U	Drug assay 120+ rx/metabl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0151U	Nfct bct/vir resp nfcj 33		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0152U	Nfct bct fng prst dna >1000		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0153U	Onc breast mrna 101 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0154U	Fgfr3 gene analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0155U	Pik3ca gene analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0156U	Copy number sequence alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0157U	Apc mrna seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0158U	Mlh1 mrna seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0159U	Msh2 mrna seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0160U	Msh6 mrna seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0161U	Pms2 mrna seq alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0162U	Hered colon ca trgt mrna pnl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0163T	LUMB ARTIF DISCECTOMY ADDL		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0163U	Onc clrcr scr 3 prtn alg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0164T	REMOVE LUMB ARTIF DISC ADDL		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0164U	Gi ibs ia anti-odtb&vinculin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0165T	REVISE LUMB ARTIF DISC ADDL		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0165U	Peanut allg spec asmt 64 epi		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0166U	Liver ds 10 biochem asy srm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0167U	Chormc gonadotropin hcg ia		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0169U	Nudt15&tpmt gene com vrnt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0170U	Neuro asd ma next gen seq		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0171U	Trgt gen seq alys pnl dna 23		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0172U	Onc slid tum alys brca1 brca2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0173U	Psyc gen alys panel 14 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0174U	Onc solid tumor 30 prtn trgt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0175U	Psyc gen alys panel 15 genes		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0176U	Cdtb&vinculin igg antb ia		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0177U	Onc brst ca dna pik3ca 11		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0178U	Peanut allg asmt epi clin rx		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0179U	Onc nonsm cl Ing ca alys 23		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0180U	Abo gnotyp abo 7 exons		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0181U	Co gnotyp agp1 exon 1		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0182U	Crom gnotyp cd55 exons 1-10		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0183U	Di gnotyp slc4a1 exon 19		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0184U	Do gnotyp art4 exon 2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0185U	Fut1 gnotyp fut1 exon 4		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0186U	Fut2 gnotyp fut2 exon 2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0187U	Fy gnotyp ackr1 exons 1-2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0188U	Ge gnotyp gypc exons 1-4		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0189U	Gypa gnotyp ntrns 1 5 exon 2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0190U	Gypb gnotyp ntrns 1 5 seux 3		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0191U	In gnotyp cd44 exons 2 3 6		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0192U	Jk gnotyp slc14a1 exon 9		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0193U	Jr gnotyp abcg2 exons 2-26		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0194U	Kel gnotyp kel exon 8		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0195U	Klf1 targeted sequencing		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0196U	Lu gnotyp bcam exon 3		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0197U	Lw gnotyp icam4 exon 1		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0198T	OCULAR BLOOD FLOW MEASURE		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0198U	Rhd&rhce gntyp rhd1-10&rhce5		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0199U	Sc gnotyp ermap exons 4 12		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Back surgery including spinal fusion, laminectomy, etc.	0200T	PERQ SACRAL AUGMT UNILAT INJ	This service has been deemed E&I except for Medicare plans.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0200U	Xk gnotyp xk exons 1-3		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Back surgery including spinal fusion, laminectomy, etc.	0201T	PERQ SACRAL AUGMT BILAT INJ	This service has been deemed E&I except for Medicare plans.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0201U	Yt gnotyp ache exon 2		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0202T	POST VERT ARTHRPLST 1 LUMBAR		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0204U	Onc thyr mma xprsn alys 593		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0207T	CLEAR EYELID GLAND W/HEAT		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0216T	NJX PARAVERT W/US LUMB/SAC		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0219T	PLMT POST FACET IMPLT CERV		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0220T	PLMT POST FACET IMPLT THOR		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0221T	PLMT POST FACET IMPLT LUMB		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0227U	Drug assay, presumptive, 30 or more drugs or meta		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0228U	Oncology (prostate), multianalyte molecular profil		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0229U	BCAT1 (Branched chain amino acid transaminase 1) o		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0230U	AR (androgen receptor) (eg, spinal and bulbar musc		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0231U	CACNA1A (calcium voltage-gated channel subunit alp		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0232T	NJX PLATELET PLASMA		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0232U	CSTB (cystatin B) (eg, progressive myoclonic epile		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0233U	FXN (frataxin) (eg, Friedreich ataxia), gene analy		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0234U	MECP2 (methyl CpG binding protein 2) (eg, Rett syn		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0235U	PTEN (phosphatase and tensin homolog) (eg, Cowden		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0236U	SMN1 (survival of motor neuron 1, telomeric) and S		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0237U	Cardiac ion channelopathies (eg, Brugada syndrome,		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0238U	Oncology (Lynch syndrome), genomic DNA sequence an		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0239U	Targeted genomic sequence analysis panel, solid or		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0242U	Trgt gen seq alys pnl 55-74		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0243U	Hypertension (preeclampsia)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0244U	Oncology (solid organ), DNA, comprehensive gen...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0245U	Oncology (thyroid), mutation analysis of 10		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0246U	Red blood cell antigen typing, DNA		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0247U	Obstetrics (preterm birth), insulin-like growth		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0248U	Oncology (brain), spheroid cell culture?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0249U	Oncology (breast), semiquantitative analysis?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0251U	Hepcidin-25, enzyme-linked immunosorbent assay?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0252U	Fetal aneuploidy short tandem-repeat?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0253U	Reproductive medicine, RNA gene expression...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0254U	Reproductive medicine, analysis of 24 chromosomes?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0255U	Andrology (infertility), sperm-capacitation...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0256U	TMA/TMAO profile,MS/MS,urine, with analysis...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0257U	VLCAD leukocyte enzyme activity, whole blood		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0258U	Psoriasis, mRNA, gene expression profiling...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0259U	Chronic kidney disease, nuclear magnetic resonance		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0260U	Rare diseases, identification of copy number...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0261U	Colorectal cancer image analysis with AI...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0262U	Oncology(solid tumor), gene expression profiling		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0263U	Autism spectrum disorder (ASD), measurement...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0264U	Rare diseases, identification of copy number...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0265U	Rare disorders, whole genome sequence analysis...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0266U	Unexplained constitutional or other disorders...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0267U	Rare disorders, identification of copy number...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0268U	Hematology (aHUS), genomic sequence analysis...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0269U	Hematology, autosomal dominant congenital...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0270U	Hematology, congenital coagulation disorders...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0271T	REV/REMLV CRTD SNS DEV GEN		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0271U	Hematology, congenital neutropenia, genomic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0272U	Hematology, genetic bleeding disorders, genomic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0273U	Hematology, genetic hyperfibrinolysis, delayed...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0274T	PERQ LAMOT/LAM CRV/THRC		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0274U	Hematology, genetic platelet disorders, genomic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Back surgery including spinal fusion, laminectomy, etc.	0275T	PERQ LAMOT/LAM LUMBAR	This service has been deemed E&I except for Medicare plans.	12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0275U	Hematology, heparin-induced thrombocytopenia...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0276U	Hematology, inherited thrombocytopenia, genomic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0277U	Hematology, genetic platelet function disorder...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0278U	Hematology, genetic thrombosis, genomic sequence...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0279U	Hematology, von Willebrand disease/factor and...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0280U	Hematology, von Willebrand disease/factor and...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0281U	Hematology, von Willebrand disease/propeptide...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0282U	Red blood cell antigen typing, DNA, genotyping...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0283U	Von Willebrand factor, type 2B, platelet-binding...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0284U	Von Willebrand factor, type 2N, factor VIII...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0285U	Oncology, response to radiation, cell-free DNA,...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0286U	CEP72 (centrosomal protein, 72-KDa), NUDT15 (...)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0287U	Oncology (thyroid), DNA and mRNA,...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0288U	Oncology (lung), mRNA, quantitative PCR...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0289U	Neurology (Alzheimer disease), mRNA, gene...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0290U	Pain management, mRNA, gene expression...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0291U	Psychiatry (mood disorders), mRNA, gene...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0292U	Psychiatry (stress disorders), mRNA, gene...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0293U	Psychiatry (suicidal ideation), mRNA, gene...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0294U	Longevity and mortality risk, mRNA, gene...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0295U	Oncology (breast ductal carcinoma in situ),...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0296U	Oncology (oral and/or oropharyngeal cancer),...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0297U	Oncology (pan tumor), whole genome sequencing...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0298U	Oncology (pan tumor), whole transcriptome...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0299U	Oncology (pan tumor), whole genome optical...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0300U	Oncology (pan tumor), whole genome sequencing...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0301U	Infectious agent detection by nucleic acid (DNA...)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0302U	Infectious agent detection by nucleic acid (DNA...)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0303U	Hematology, red blood cell (RBC) adhesion to...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0304U	Hematology, red blood cell (RBC) adhesion to...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0305U	Hematology, red blood cell (RBC) functionality...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0306U	Onc MRD next-gen trgt seq analysis, DNA, initial		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0307U	Onc MRD next-gen trgt seq analysis, DNA, subseq		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0308U	CAD analysis of 3 proteins, plasma, risk score...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0309U	Cardiovascular disease, analysis of 4 proteins...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0310U	PED vasculitis, Kawasaki disease, analysis of bio...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0311U	Infections disease, quantitative antimicrobial...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0312T	LAPS IMPLTJ NSTIM VAGUS		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0312U	Autoimmune diseases, analysis of IgG autoantibody		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0313T	LAPS RMVL NSTIM ARRAY VAGUS		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0313U	Oncology, DNA and mRNA next-generation sequencing		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0314T	LAPS RMVL VGL ARRY & PLS GEN		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0314U	Oncology, mRNA gene expression profiling by RT-PCR		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0315T	RMVL VAGUS NERVE PLS GEN		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0315U	Oncology, mRNA gene expression profiling by RT-PCR		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0316T	REPLC VAGUS NERVE PLS GEN		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0316U	Borrelia burgdorferi (Lyme disease), OspA protein		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0317T	ELEC ALYS VAGUS NRV PLS GEN		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0317U	Oncology, four-probe FISH assay, whole blood...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0318U	PED (congenital epigenetic disorders), whole genom		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0319U	Renal transplant RNA pretransplant peripheral...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0320U	Renal transplant RNA posttransplant peripheral...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0321U	Infectious agent detection by nucleic acid (DNA...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0322U	Neurology (ASD), quantitative measurements of 14...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0323U	Infectious agent detection by nucleic acid (DNA...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0324U	Oncology (ovarian), spheroid cell culture, 4-drug		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0325U	Oncology (ovarian), spheroid cell culture, poly...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0326U	Targeted genomic sequence analysis panel, solid		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0327U	Fetal aneuploidy (trisomy 13, 18, and 21), DNA seq		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0328U	Drug assay, definitive, 120 or more drugs...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0329T	Monitoring of intraocular pressure for 24 hours or		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0329U	Oncology (neoplasia), exome and transcriptome...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0330T	Tear film imaging, unilateral or bilateral, with i		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0330U	Infectious agent detection by nucleic acid (DNA...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0331T	Myocardial sympathetic innervation imaging, planar		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0331U	Oncology (hematolymphoid neoplasia), optical...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	0332T	Heart symp image plnr spect		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0333T	Visual evoked potential, screening of visual acuit		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0335T	Insertion of sinus tarsi implant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0338T	Trnscth renal symp denrv uni		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0339T	Trnscth renal symp denrv bil		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0342T	Thxp apheresis w/hdl delip		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	0345T	Transcath mtral vlve repair		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0347T	Placement of interstitial device(s)		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0348T	Radiologic examination, radiostereometric analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0349T	Radiologic examination, radiostereometric analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0350T	Radiologic examination, radiostereometric analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0351T	Optical coherence tomography of breast		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0352T	Optical coherence tomography of breast		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0353T	Optical coherence tomography of breast		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0354T	Optical coherence tomography of breast		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0358T	Bioelectrical impedance analysis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0378T	Visual field assmnt rev/rprt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0379T	Vis field assmnt tech		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0381T	Ext h rate epi sz 14 days		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0382T	Ext h rate sz 14 day ri only		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0383T	Ext h rate sz up to 30 days		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0384T	Ex h rate sz 30 day ri only		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0385T	Ex h rate for sz ovr 30 day		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0386T	Ex h rate sz 30+ day ri only		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0397T	Endoscopic retrograde cholangiopancreatography (ER		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0398T	Magnetic resonance image guided high intensity foc		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0403T	Preventive behavior change, intensive program of p		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0408T	Insertion or replacement of permanent cardiac cont		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0409T	Insj/rplc car modulj pls gn		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0410T	Insertion or replacement of permanent cardiac cont		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0411T	Insertion or replacement of permanent cardiac cont		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0412T	Removal of permanent cardiac contractility modulat		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0413T	Removal of permanent cardiac contractility modulat		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0414T	Removal and replacement of permanent cardiac contr		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0415T	Repositioning of previously implanted cardiac cont		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0416T	Relocation of skin pocket for implanted cardiac co		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0417T	Programming device evaluation (in person) with ite		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0418T	Eval w analysis car modul syst		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0419T	Dstrj neurofibroma xtmsv		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0420T	Dstrj neurofibroma xtmsv		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0421T	Transurethral waterjet ablation of prostate, inclu		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0422T	Tactile breast imaging by computer-aided tactile s		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0424T	Insertion or replacement of neurostimulator system		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0425T	Insertion or replacement of neurostimulator system		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0426T	Insertion or replacement of neurostimulator syste		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0427T	Insertion or replacement of neurostimulator system		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0428T	Removal of neurostimulator system for treatment of		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0429T	Removal of neurostimulator system for treatment of		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0430T	Removal of neurostimulator system for treatment of		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0431T	Removal and replacement of neurostimulator system		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0432T	Repositioning of neurostimulator system for treatm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0433T	Repositioning of neurostimulator system for treatm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0434T	Interro eval npgs apnea		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0435T	Prog eval npgs apnea		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0436T	Programming device evaluation of implanted neurost		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0437T	Implantation of non-biologic or synthetic implant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0439T	Myocardial contrast perfusion echocardiography		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0440T	Ablation, percutaneous, cryoablation,		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0441T	Ablation, percutaneous, cryoablation,		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0442T	Ablation, percutaneous, cryoablation, includes ima		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0443T	Real time spectral analysis of prostate tissue by		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0444T	Initial placement of a drug-eluting ocular insert		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0445T	Subsequent placement of a drug-eluting ocular inse		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0446T	Creation of subcutaneous pocket w insertion of glu		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0447T	Removal of glucose sensor via incision		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0448T	Removal of glucose sensor and insertion of new sen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0464T	Testing for glaucoma w report		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0465T	Suprachoroidal injection of pharmacologic agent		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0469T	Rta polarize scan oc scr bi		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0470T	Oct skn img acquisj i&r 1st		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0471T	Oct skn img acquisj i&r addl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0472T	Prgmg io rta eltrd ra		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0473T	Device evaluation and interrogation of intra-ocula		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0474T	Insj aqueous drg dev io rsrv		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0475T	Rec fti car sgl 3 ch i&r		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0476T	Rec fti car sgl elec tr data		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0477T	Rec fti car sgl xrtj alyls		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0478T	Recording of fetal magnetic cardiac signal		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0479T	Fxjl abl lsr 1st 100 sq cm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0480T	Fxjl abl lsr ea addl 100sqcm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0481T	Njx autol wbc concentrate		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0483T	Tmvi percutaneous approach		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0484T	Tmvi transthoracic exposure		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0485T	Oct mid ear i&r unilateral		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0486T	Oct mid ear i&r bilateral		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0487T	Trvg biomchn mapg w/reprt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0488T	Diabetes prev online/elec		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0489T	Regn cell tx scldr hands		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0490T	Regn cell tx scldr h mit inj		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0491T	Abl lsr opn wnd 1st 20 sqcm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0492T	Abl lsr opn wnd addl 20 sqcm		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0493T	Near ifr spectrsc of wounds		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0494T	Prep & cannulj cdvr don lung		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0495T	Mntr cdvr don lng 1st 2 hrs		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0496T	Mntr cdvr don lng ea addl hr		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0497T	Xtrnl pt act eeg in-off conn		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0498T	Xtrnl pt act eeg r&i pr 30 d		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0499T	Cysto flurtl strlx/stenosis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	0501T	Cor ffr derived cor cta data		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	0502T	Cor ffr data prep & transmis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	0503T	Cor ffr alyls gnj ffr mdl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	0504T	Cor ffr data review i&r		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0505T	Ev fempop artl revsc		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0506T	Mac pgmt opt dns meas hfp		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0507T	Near ifr 2img mibmn glnd i&r		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0508T	Pls echo us b1 dns meas tib		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0509T	Electroretinography (ERG) with int		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0510T	Removal of sinus tarsi implant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0562T	Antmc guide 3d print ea addl		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0563T	Evac meibomian gland heat bi		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0564T	Onc chemo rx cytotox csc 14		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0565T	Autol cell implt adps hrvg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0566T	Autol cell implt adps njx		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0567T	Perm flip tube occls w/implt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0568T	Intro mix saline&air f/ssg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0569T	Ttvr perq appr 1st prosth		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0570T	Ttvr perq ea addl prosth		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0571T	Insj/rplcmt icds ss eltrd		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0572T	Insertion ss dfb electrode		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0573T	Removal ss dfb electrode		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0574T	Repos prev ss impl dfb eltrd		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0575T	Prgmg dev eval icds ss ip		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0576T	Interrog dev eval icds ss ip		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0577T	Ephys eval icds ss		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0578T	Rem interrog dev icds phys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0579T	Rem interrog dev icds tech		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0580T	Rmvl ss impl dfb pg only		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0581T	Abltj mal brst tum perq crtx		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0582T	Trurl abltj mal prst8 tiss		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0583T	Tmpst auto tube dlvr sys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0584T	Perq islet cell transplant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0585T	Laps islet cell transplant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0586T	Open islet cell transplant		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0587T	Perq impltj/rplcmt isdms ptn		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0588T	Revision/removal isdms ptn		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0589T	Elec alys smpl prgmg iins		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0590T	Elec alys cplx prgmg iins		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0591T	Hlth&wb coaching indiv 1st		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0592T	Hlth&wb coaching indiv f-up		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0593T	Hlth&wb coaching group		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0594T	Osteot hum xtrnl lngth dev		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0596T	Temp fml iu vlv-pmp 1st insj		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0597T	Temp fml iu valve-pmp rplcmt		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0598T	Ncntc r-t fluor wnd img 1st		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0599T	Ncntc r-t fluor wnd img ea		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0600T	Ire abltj 1+tum organ perq		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0601T	Ire abltj 1+tumors open		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0602T	Transdermal gfr measurements		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0603T	Transdermal gfr monitoring		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0604T	Rem oct rta dev setup&educaj		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0605T	Rem oct rta techl sprt min 8		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0606T	Rem oct rta phys/ghp ea 30d		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0607T	Rem mntr pulm flu mntr setup		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0608T	Rem mntr pulm flu mntr alys		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0609T	Mrs disc pain acquisj data		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0610T	Mrs disc pain transmis data		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0611T	Mrs disc pain alg alys data		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0612T	Mrs discogenic pain i&r		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0613T	Perq tcot intratri septi sht		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0614T	Rmvl&rpclmt ss impl dfb pg		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0615T	Eye mvmt alys w/o calbrj i&r		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0616T	Insertion of iris prosthesis		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0617T	Insj iris prosth w/rmvl&insj		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0618T	Insj iris prosth sec io lens		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0619T	Cysto w/prst8 commissurotomy		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0620T	Endovascular venous arterialization, tibial or per		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0621T	Trabeculostomy ab interno by laser		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0622T	Trabeculostomy ab interno by laser; with use of op		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0623T	Automated quantification and characterization of c		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0624T	Automated quantification and characterization of c		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0625T	Automated quantification and characterization of c		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0626T	Automated quantification and characterization of c		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0627T	Percutaneous injection of allogeneic cellular and/		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0628T	Percutaneous injection of allogeneic cellular and/		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0629T	Percutaneous injection of allogeneic cellular and/		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0630T	Percutaneous injection of allogeneic cellular and/		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0631T	Transcutaneous visible light hyperspectral imaging		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0632T	Percutaneous transcatheter ultrasound ablation of		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0633T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0634T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0635T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0636T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0637T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0638T	Computed tomography, breast, including 3D renderin		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0639T	Wireless skin sensor thermal anisotropy measuremen		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0640T	Noncontact near-infrared spectroscopy studies?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0641T	Noncontact near-infrared spectroscopy studies?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0642T	Noncontact near-infrared spectroscopy studies?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0643T	Transcatheter left ventricular restoration device?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0644T	Transcatheter removal or debulking?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0645T	Transcatheter implantation of coronary sinus---		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0646T	Transcatheter tricuspid valve implantation?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0647T	Insertion of gastrostomy tube, percutaneous?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0648T	Quantitative magnetic resonance for analysis?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0649T	Quantitative magnetic resonance for analysis?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0650T	Programming device evaluation (remote)?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0651T	Magnetically controlled capsule endoscopy?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0652T	Esophagogastroduodenoscopy, flexible, transnasal?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0653T	Esophagogastroduodenoscopy, flexible, transnasal?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0654T	Esophagogastroduodenoscopy, flexible, transnasal?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0655T	Transperineal focal laser ablation?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0656T	Vertebral body tethering, anterior?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0657T	Vertebral body tethering, anterior?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0658T	Electrical impedance spectroscopy?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0659T	Transcatheter intracoronary infusion?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0660T	Implantation of anterior segment intraocular?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0661T	Removal and reimplantation of anterior segment?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0662T	Scalp cooling, mechanical, initial measurement?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0663T	Scalp cooling, mechanical, placement?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0664T	Donor hysterectomy, open, from cadaver donor		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0665T	Donor hysterectomy, open, from living donor		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0666T	Donor hysterectomy, laparoscopic?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0667T	Donor hysterectomy, recipient uterus allograft?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0668T	Backbench standard preparation, uterine allograft?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0669T	Backbench reconstruction, uterine allograft?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0670T	Backbench reconstruction, uterine allograft?		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0671T	Insertion of anterior segment aqueous drainage...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0672T	Endovaginal cryogen-cooled, monopolar...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0673T	Ablation, benign thyroid nodule(s)...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0674T	Laparoscopic insertion of new or replacement of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0675T	Laparoscopic insertion of new or replacement of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0676T	Laparoscopic insertion of new or replacement of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0677T	Laparoscopic repositioning of diaphragmatic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0678T	Laparoscopic repositioning of diaphragmatic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0679T	Laparoscopic removal of diaphragmatic lead(s)...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0680T	Insertion or replacement of pulse generator...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0681T	Relocation of pulse generator only, permanent...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0682T	Removal of pulse generator only, permanent...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0683T	Programming device evaluation (in-person) with...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0684T	Peri-procedural device evaluation (in-person)...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0685T	Interrogation device evaluation (in-person)...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0686T	Histotripsy (ie, non-thermal ablation via...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0687T	Treatment of amblyopia using an online digital...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0688T	Treatment of amblyopia using an online digital...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0689T	Quantitative ultrasound tissue characterization...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0690T	Quantitative ultrasound tissue characterization...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0691T	Automated analysis of an existing computed...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0692T	Therapeutic ultrafiltration		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0693T	Comprehensive full body computer-based...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0694T	3-dimensional volumetric imaging and...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0695T	Body surface-activation mapping of pacemaker or...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0696T	Body surface-activation mapping of pacemaker or...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0697T	Quantitative magnetic resonance for analysis of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0698T	Quantitative magnetic resonance for analysis of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0699T	Injection, posterior chamber of eye, medication		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0700T	Molecular fluorescent imaging of suspicious...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0701T	Molecular fluorescent imaging of suspicious...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0702T	Remote therapeutic monitoring of a standardized...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0703T	Remote therapeutic monitoring of a standardized...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0704T	Remote treatment of amblyopia using an eye...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0705T	Remote treatment of amblyopia using an eye...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0706T	Remote treatment of amblyopia using an eye...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0707T	Injection(s), bone-substitute material (eg....		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0708T	Intradermal cancer immunotherapy; preparation...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0709T	Intradermal cancer immunotherapy; each...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0710T	Noninvasive arterial plaque analysis using...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0711T	Noninvasive arterial plaque analysis using...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0712T	Noninvasive arterial plaque analysis using...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0713T	Noninvasive arterial plaque analysis using...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0714T	Transperineal laser ablation of benign prostatic...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0715T	Percutaneous transluminal coronary lithotripsy		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0716T	Cardiac acoustic waveform recording with automated		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0717T	ADRC therapy for partial thickness rotator cuff...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0718T	ADRC therapy for partial thickness rotator cuff...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0719T	Posterior vertebral joint replacement,lumbar spine		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0720T	Percutaneous electrical nerve field stimulation...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0721T	Quantitative computed tomography (CT) tissue...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0722T	Quantitative computed tomography (CT) tissue...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0723T	QMRCP without diagnostic MRI of same anatomy...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0724T	QMRCP with diagnostic MRI of same anatomy		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0725T	Vestibular device implantation, unilateral		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0726T	Removal of implanted vestibular device, unilateral		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	0727T	Removal and replacement of implanted vestibular...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0728T	Diagnostic analysis of vestibular implant, unilate		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0729T	Diagnostic analysis of vestibular implant, unilate		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0730T	Trabeculotomy by laser, including optical coherenc		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0731T	Augmentative AI-based facial phenotype analysis...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0732T	Immunotherapy administration with electroporation		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0733T	Remote body and limb kinematic measurement-based...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0734T	Remote body and limb kinematic measurement-based...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0735T	Preparation of tumor cavity, with placement of...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0736T	Colonic lavage, 35 or more liters of water...		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	0737T	Xenograft implantation into the articular surface		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	11950	TX CONTOUR DEFECTS 1 CC<		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	11951	TX CONTOUR DEFECTS 1.1-5.OCC		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	11952	TX CONTOUR DEFECTS 5.1-10CC		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	11954	TX CONTOUR DEFECTS >10.0 CC		12/30/2022	Recent history and physical, MD order, any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	15780	DERMABRASION TOTAL FACE		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15781	DERMABRASION SEGMENTAL FACE		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15782	DERMABRASION OTHER THAN FACE		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15783	DERMABRASION SUPRFL ANY SITE		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15786	ABRASION LESION SINGLE		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
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.	12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
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.	12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15820	REVISION OF LOWER EYELID		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15821	REVISION OF LOWER EYELID		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15822	REVISION OF UPPER EYELID		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15823	REVISION OF UPPER EYELID		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Abdominoplasty	15830	EXC SKIN ABD		12/30/2022	History and physical and any clinical to support medical necessity
Abdominoplasty	15847	EXC SKIN ABD ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	15876	SUCTION LIPECTOMY HEAD&NECK		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	15877	SUCTION LIPECTOMY TRUNK		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15878	SUCTION LIPECTOMY UPR EXTREM		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	15879	SUCTION LIPECTOMY LWR EXTREM		12/30/2022	Any clinical to support medical necessity, history and physical including functional impairment
Cosmetic: procedures which may be considered cosmetic	17106	DESTRUCTION OF SKIN LESIONS		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	17107	DESTRUCTION OF SKIN LESIONS		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	17108	DESTRUCTION OF SKIN LESIONS		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19300	REMOVAL OF BREAST TISSUE		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19316	SUSPENSION OF BREAST	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19318	REDUCTION OF LARGE BREAST		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19325	ENLARGE BREAST WITH IMPLANT	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19328	REMOVAL OF BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity

Cosmetic: procedures which may be considered cosmetic	19330	REMOVAL OF IMPLANT MATERIAL	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19340	IMMEDIATE BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19342	DELAYED BREAST PROSTHESIS	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19350	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19355	CORRECT INVERTED NIPPLE(S)	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19357	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19361	BREAST RECONSTR W/LAT FLAP	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19364	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19367	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19368	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19369	BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19370	SURGERY OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19371	REMOVAL OF BREAST CAPSULE	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19380	REVISE BREAST RECONSTRUCTION	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	19396	DESIGN CUSTOM BREAST IMPLANT	PA required unless female and has breast cancer related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20930	SP BONE ALGRFT MORSEL ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20931	SP BONE ALGRFT STRUCT ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20936	SP BONE AGRFT LOCAL ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20937	SP BONE AGRFT MORSEL ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20938	SP BONE AGRFT STRUCT ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20974	ELECTRICAL BONE STIMULATION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	20975	ELECTRICAL BONE STIMULATION		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	21120	RECONSTRUCTION OF CHIN		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21121	RECONSTRUCTION OF CHIN		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21122	RECONSTRUCTION OF CHIN		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21123	RECONSTRUCTION OF CHIN		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21125	AUGMENTATION LOWER JAW BONE		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21127	AUGMENTATION LOWER JAW BONE		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21141	LEFORT I-1 PIECE W/O GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21142	LEFORT I-2 PIECE W/O GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21143	LEFORT I-3> PIECE W/O GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21145	LEFORT I-1 PIECE W/ GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21146	LEFORT I-2 PIECE W/ GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21147	LEFORT I-3> PIECE W/ GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	21175	RECONSTRUCT ORBIT/FOREHEAD	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21188	RECONSTRUCTION OF MIDFACE		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21193	RECONST LWR JAW W/O GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21194	RECONST LWR JAW W/GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21195	RECONST LWR JAW W/O FIXATION		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21196	RECONST LWR JAW W/FIXATION		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21198	RECONSTR LWR JAW SEGMENT		12/30/2022	History and physical and any clinical to support medical necessity

Orthognathic surgery	21199	RECONSTR LWR JAW W/ADVANCE		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21206	RECONSTRUCT UPPER JAW BONE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	21208	AUGMENTATION OF FACIAL BONES		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21210	FACE BONE GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21215	LOWER JAW BONE GRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21240	RECONSTRUCTION OF JAW JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21242	RECONSTRUCTION OF JAW JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21243	RECONSTRUCTION OF JAW JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21245	RECONSTRUCTION OF JAW		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21246	RECONSTRUCTION OF JAW		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21247	RECONSTRUCT LOWER JAW BONE		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21248	RECONSTRUCTION OF JAW		12/30/2022	History and physical and any clinical to support medical necessity
Orthognathic surgery	21249	RECONSTRUCTION OF JAW		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22220	INCIS W/DISCECTOMY CERVICAL		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22224	INCIS W/DISCECTOMY LUMBAR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22510	Perq cervicothoracic inject		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22511	Perq lumbosacral injection		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22512	Vertebroplasty addl inject		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22513	Perq vertebral augmentation		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22514	Perq vertebral augmentation		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22515	Perq vertebral augmentation		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22526	IDET SINGLE LEVEL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22527	IDET 1 OR MORE LEVELS		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22532	LAT THORAX SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22533	LAT LUMBAR SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22534	LAT THOR/LUMB ADDL SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22548	NECK SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22551	NECK SPINE FUSE&REMOV BEL C2		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22552	ADDL NECK SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22554	NECK SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22556	THORAX SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22558	LUMBAR SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22585	ADDITIONAL SPINAL FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22586	PRESCLR FUSE W/ INSTR L5/S1		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22600	NECK SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22612	LUMBAR SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22614	SPINE FUSION EXTRA SEGMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22630	LUMBAR SPINE FUSION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22632	SPINE FUSION EXTRA SEGMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22633	LUMBAR SPINE FUSION COMBINED		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22634	SPINE FUSION EXTRA SEGMENT		12/30/2022	History and physical and any clinical to support medical necessity

Spinal fusion	22800	POST FUSION <6 VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22802	POST FUSION 7-12 VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22804	POST FUSION 13/> VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22808	ANT FUSION 2-3 VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22810	ANT FUSION 4-7 VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22812	ANT FUSION 8/> VERT SEG		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22841	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22842	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22843	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22844	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22845	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22846	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22847	INSERT SPINE FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22848	INSERT PELV FIXATION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22853	Insert of interbody biomech device to interv disc		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22854	Insert of intervertebral biomech device for device		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22856	CERV ARTIFIC DISKECTOMY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22857	LUMBAR ARTIF DISKECTOMY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22858	Second level cer diskectomy		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22859	Insert of intervertebral biomech device without in		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22861	REVISE CERV ARTIFIC DISC		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	22862	REVISE LUMBAR ARTIF DISC		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	22867	Insert of interlaminar/interspinous process stabl		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	22868	Insert of interlaminar/interspinous process stabl		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	22869	Insert of interlaminar/interspinous process stabl		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	22870	Insert of interlaminar/interspinous process stabl		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	22899	SPINE SURGERY PROCEDURE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23000	REMOVAL OF CALCIUM DEPOSITS		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23020	RELEASE SHOULDER JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23120	PARTIAL REMOVAL COLLAR BONE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23130	REMOVE SHOULDER BONE PART		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23410	REPAIR ROTATOR CUFF ACUTE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23412	REPAIR ROTATOR CUFF CHRONIC		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23415	RELEASE OF SHOULDER LIGAMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23420	REPAIR OF SHOULDER		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23430	REPAIR BICEPS TENDON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23440	REMOVE/TRANSPLANT TENDON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23450	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23455	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23460	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23462	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity

Musculo-skeletal, joint, and pain management services	23465	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23466	REPAIR SHOULDER CAPSULE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23470	RECONSTRUCT SHOULDER JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23472	RECONSTRUCT SHOULDER JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23473	REVIS RECONST SHOULDER JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	23474	REVIS RECONST SHOULDER JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27096	INJECT SACROILIAC JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27125	PARTIAL HIP REPLACEMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27130	TOTAL HIP ARTHROPLASTY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27132	TOTAL HIP ARTHROPLASTY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27134	REVISE HIP JOINT REPLACEMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27137	REVISE HIP JOINT REPLACEMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27138	REVISE HIP JOINT REPLACEMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27332	REMOVAL OF KNEE CARTILAGE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27333	REMOVAL OF KNEE CARTILAGE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27334	REMOVE KNEE JOINT LINING		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27335	REMOVE KNEE JOINT LINING		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27403	REPAIR OF KNEE CARTILAGE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27412	AUTOCHONDROCYTE IMPLANT KNEE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27415	OSTEOCHONDRAL KNEE ALLOGRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27416	OSTEOCHONDRAL KNEE AUTOGRAFT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27418	REPAIR DEGENERATED KNEECAP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27420	REVISION OF UNSTABLE KNEECAP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27422	REVISION OF UNSTABLE KNEECAP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27424	REVISION/REMOVAL OF KNEECAP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27425	LAT RETINACULAR RELEASE OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27427	RECONSTRUCTION KNEE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27428	RECONSTRUCTION KNEE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27429	RECONSTRUCTION KNEE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27430	REVISION OF THIGH MUSCLES		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27438	REVISE KNEECAP WITH IMPLANT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27440	REVISION OF KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27441	REVISION OF KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27442	REVISION OF KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27443	REVISION OF KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27446	REVISION OF KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27447	TOTAL KNEE ARTHROPLASTY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	27486	REVISE/REPLACE KNEE JOINT		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	28890	HI ENRGY ESWT PLANTAR FASCIA		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	29805	SHOULDER ARTHROSCOPY DX		12/30/2022	History and physical and any clinical to support medical necessity

Cosmetic: procedures which may be considered cosmetic	30410	RECONSTRUCTION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	30420	RECONSTRUCTION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	30430	REVISION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	30435	REVISION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	30450	REVISION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	30460	REVISION OF NOSE		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	31660	BRONCH THERMOPLSTY 1 LOBE		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	31661	BRONCH THERMOPLSTY 2> LOBES		12/30/2022	History and physical and any clinical to support medical necessity
Lung volume reduction surgery	32491	LUNG VOLUME REDUCTION		12/30/2022	History and physical and any clinical to support medical necessity
Lung volume reduction surgery	32672	THORACOSCOPY FOR LVRS		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32851	LUNG TRANSPLANT SINGLE		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32852	LUNG TRANSPLANT WITH BYPASS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32853	LUNG TRANSPLANT DOUBLE		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	32854	LUNG TRANSPLANT WITH BYPASS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Services and devices considered experimental/investigational/unproven	32994	Ablate pulm tumor perq crybl		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	33267	Exclusion of left atrial appendage, open, any...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	33268	Exclusion of left atrial appendage, open,...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	33269	Exclusion of left atrial appendage,...		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	33275	Transcatheter removal of permanent		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	33289	Transcatheter implantation of wire		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33361	REPLACE AORTIC VALVE PERQ		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33362	REPLACE AORTIC VALVE OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33363	REPLACE AORTIC VALVE OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33364	REPLACE AORTIC VALVE OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33365	REPLACE AORTIC VALVE OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33366	Transcatheter aortic valve replacement (TAVR/TAVI)		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33418	Repair tcat mitral valve		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	33477	Implant tcat pulm vlv perq		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33927	Impltj tot rplcmt hrt sys		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33935	TRANSPLANTATION HEART/LUNG		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	33945	TRANSPLANTATION OF HEART		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Ventricular assist devices (VAD) or Artificial Heart	33975	IMPLANT VENTRICULAR DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33976	IMPLANT VENTRICULAR DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33979	INSERT INTRACORPOREAL DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33981	REPLACE VAD PUMP EXT		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33982	REPLACE VAD INTRA W/O BP		12/30/2022	History and physical and any clinical to support medical necessity

Ventricular assist devices (VAD) or Artificial Heart	33983	REPLACE VAD INTRA W/BP		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33990	INSERT VAD ARTERY ACCESS		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33991	INSERT VAD ART&VEIN ACCESS		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	33995	Insertion of ventricular assist device, percutaneo		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	34839	Pinning pt spec fenest graft		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36465	Njx noncmpnd sclrsnt 1 vein		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36466	Njx noncmpnd sclrsnt mit vn		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36470	INJECTION THERAPY OF VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36471	INJECTION THERAPY OF VEINS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	36473	Endovenous abltm thpy of incomp vein; first vein		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	36474	Endovenous abltm thpy of incomp vein; subsequent v		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36475	ENDOVENOUS RF 1ST VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	36478	ENDOVENOUS LASER 1ST VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	36482	Endoven ther chem adhes 1st	This service has been deemed E&I except for Medicare plans	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	36483	Endoven ther chem adhes sbsq		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37500	ENDOSCOPY LIGATE PERF VEINS		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37700	REVISE LEG VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37718	LIGATE/STRIP SHORT LEG VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37722	LIGATE/STRIP LONG LEG VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37735	REMOVAL OF LEG VEINS/LESION		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37760	LIGATE LEG VEINS RADICAL		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37761	LIGATE LEG VEINS OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37765	STAB PHLEB VEINS XTR 10-20		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37766	PHLEB VEINS - EXTREM 20+		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37780	REVISION OF LEG VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37785	LIGATE/DIVIDE/EXCISE VEIN		12/30/2022	History and physical and any clinical to support medical necessity
Varicose veins: surgical treatment and/or sclerotherapy	37799	VASCULAR SURGERY PROCEDURE		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38206	HARVEST AUTO STEM CELLS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38207	CRYOPRESERVE STEM CELLS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38208	THAW PRESERVED STEM CELLS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38209	WASH HARVEST STEM CELLS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38210	T-CELL DEPLETION OF HARVEST		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38211	TUMOR CELL DEPLETE OF HARVST		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38212	RBC DEPLETION OF HARVEST		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38213	PLATELET DEPLETE OF HARVEST		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38214	VOLUME DEPLETE OF HARVEST		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38215	HARVEST STEM CELL CONCENTRTE		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38240	TRANSPLT ALLO HCT/DONOR		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation

Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	38241	TRANSPLT AUTOL HCT/DONOR		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Services and devices considered experimental/investigational/unproven	43210	Esophagogastroduodenoscopy		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43644	LAP GASTRIC BYPASS/ROUX-EN-Y		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43645	LAP GASTR BYPASS INCL SMLL I		12/30/2022	History and physical and any clinical to support medical necessity
Gastric pacing/stimulation	43647	LAP IMPL ELECTRODE ANTRUM		12/30/2022	History and physical and any clinical to support medical necessity
Gastric pacing/stimulation	43648	LAP REVISE/REMV ELTRD ANTRUM		12/30/2022	History and physical and any clinical to support medical necessity
Non-specific, miscellaneous, and unlisted procedures	43659	LAPAROSCOPE PROC STOM		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43770	LAP PLACE GASTR ADJ DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43771	LAP REVISE GASTR ADJ DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43772	LAP RMVL GASTR ADJ DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43773	LAP REPLACE GASTR ADJ DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43774	LAP RMVL GASTR ADJ ALL PARTS		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43775	LAP SLEEVE GASTRECTOMY		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43845	GASTROPLASTY DUODENAL SWITCH		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43846	GASTRIC BYPASS FOR OBESITY		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43847	GASTRIC BYPASS INCL SMALL I		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43848	REVISION GASTROPLASTY		12/30/2022	History and physical and any clinical to support medical necessity
Gastric pacing/stimulation	43881	IMPL/REDO ELECTRD ANTRUM		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43886	REVISE GASTRIC PORT OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43887	REMOVE GASTRIC PORT OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43888	CHANGE GASTRIC PORT OPEN		12/30/2022	History and physical and any clinical to support medical necessity
Weight loss (bariatric) surgeries	43999	STOMACH SURGERY PROCEDURE		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44135	INTESTINE TRANSPLNT CADAVER		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	44136	INTESTINE TRANSPLANT LIVE		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Services and devices considered experimental/investigational/unproven	44705	PREPARE FECAL MICROBIOTA		12/30/2022	
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	47135	TRANSPLANTATION OF LIVER		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48160	PANCREAS REMOVAL/TRANSPLANT		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	48554	TRANSPL ALLOGRAFT PANCREAS		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Services and devices considered experimental/investigational/unproven	49013	Prpertl pel pack hemrrg trma		12/30/2022	
Services and devices considered experimental/investigational/unproven	49014	Reexploration pelvic wound		12/30/2022	
Services and devices considered experimental/investigational/unproven	49906	FREE OMENTAL FLAP MICROVASC		12/30/2022	
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50360	TRANSPLANTATION OF KIDNEY		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50365	TRANSPLANTATION OF KIDNEY		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	50380	REIMPLANTATION OF KIDNEY		12/30/2022	History and Physical, any clinical to support medical necessity, transplant evaluation
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	53451	Periurethral transperineal adjustable balloon...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	53452	Periurethral transperineal adjustable balloon...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	53453	Periurethral transperineal adjustable balloon...		12/30/2022	History and physical and any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	53454	Periurethral transperineal adjustable balloon...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	53854	Transurethral destruction of prost		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	55880	Ablation of malignant prostate tissue, transrectal		12/30/2022	History and physical and any clinical to support medical necessity
Gender reassignment surgery	55970	SEX TRANSFORMATION M TO F		12/30/2022	History and physical and any clinical to support medical necessity
Gender reassignment surgery	55980	SEX TRANSFORMATION F TO M		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	57465	Computer-aided mapping of cervix uteri during colp		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Fetal Surgery	59897	FETAL INVAS PX W/US		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	61736	Laser interstitial thermal therapy (LITT) of...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	61737	Laser interstitial thermal therapy (LITT) of...		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Deep brain stimulator placement	61863	IMPLANT NEUROELECTRODE		12/30/2022	History and physical and any clinical to support medical necessity
Deep brain stimulator placement	61867	IMPLANT NEUROELECTRODE		12/30/2022	History and physical and any clinical to support medical necessity
Vagal nerve stimulators	61885	INSRT/REDO NEUROSTIM 1 ARRAY		12/30/2022	History and physical and any clinical to support medical necessity
Vagal nerve stimulators	61886	IMPLANT NEUROSTIM ARRAYS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62263	EPIDURAL LYSIS MULT SESSIONS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62264	EPIDURAL LYSIS ON SINGLE DAY		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62280	TREAT SPINAL CORD LESION		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62281	TREAT SPINAL CORD LESION		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62282	TREAT SPINAL CANAL LESION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62287	PERCUTANEOUS DISKECTOMY		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62290	INJECT FOR SPINE DISK X-RAY		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	62291	INJECT FOR SPINE DISK X-RAY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62292	INJECTION INTO DISK LESION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62320	Inject, cerv or thoracic w/o imaging guidance		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62321	Inject, cerv or thoracic w imaging guidance		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62322	Inject, lumbar or sacra; w/out imaging guidance	No PA required for Dx G12.xx	12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62323	Inject, lumbar or sacra; w imaging guidance	No PA required for Dx G12.xx	12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62324	Inject, cervical or thoracic w/o imaging guidance		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62325	Inject, cont infusion, cerv or thoracic w imaging		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62326	Inject, cont infusion, lumb or sacral w/o imaging		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62327	Inject, cont infusion, lumb or sacral w imaging	gu	12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62350	IMPLANT SPINAL CANAL CATH		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62351	IMPLANT SPINAL CANAL CATH		12/30/2022	History and physical and any clinical to support medical necessity

Musculo-skeletal, joint, and pain management services	62360	INSERT SPINE INFUSION DEVICE		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62361	IMPLANT SPINE INFUSION PUMP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62362	IMPLANT SPINE INFUSION PUMP		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	62380	Endo decomp of spinal cord, nerve root(s)		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63001	REMOVE SPINE LAMINA 1/2 CRVL		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	63003	REMOVE SPINE LAMINA 1/2 THRC		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63005	REMOVE SPINE LAMINA 1/2 LMBR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63012	REMOVE LAMINA/FACETS LUMBAR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63015	REMOVE SPINE LAMINA >2 CRVCL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63017	REMOVE SPINE LAMINA >2 LMBR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63020	NECK SPINE DISK SURGERY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63030	LOW BACK DISK SURGERY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63035	SPINAL DISK SURGERY ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63040	LAMINOTOMY SINGLE CERVICAL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63042	LAMINOTOMY SINGLE LUMBAR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63043	LAMINOTOMY ADDL CERVICAL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63044	LAMINOTOMY ADDL LUMBAR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63045	REMOVE SPINE LAMINA 1 CRVL		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63047	REMOVE SPINE LAMINA 1 LMBR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63048	REMOVE SPINAL LAMINA ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63050	CERVICAL LAMINOPLSTY 2/> SEG		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63051	C-LAMINOPLASTY W/GRAFT/PLATE		12/30/2022	History and physical and any clinical to support medical necessity
Spinal fusion	63055	DECOMPRESS SPINAL CORD THRC		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63056	DECOMPRESS SPINAL CORD LMBR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63057	DECOMPRESS SPINE CORD ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63075	NECK SPINE DISK SURGERY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63076	NECK SPINE DISK SURGERY		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63081	REMOVE VERT BODY DCMPRN CRVL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63082	REMOVE VERTEBRAL BODY ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63650	IMPLANT NEUROELECTRODES		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63655	IMPLANT NEUROELECTRODES		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	63685	INSRT/REDO SPINE N GENERATOR		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	64454	Njx aa&/strd gncrl nrv brnch		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64479	INJ FORAMEN EPIDURAL C/T		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64480	INJ FORAMEN EPIDURAL ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64483	INJ FORAMEN EPIDURAL L/S		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64484	INJ FORAMEN EPIDURAL ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64490	INJ PARAVERT F JNT C/T 1 LEV		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64491	INJ PARAVERT F JNT C/T 2 LEV		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64492	INJ PARAVERT F JNT C/T 3 LEV		12/30/2022	History and physical and any clinical to support medical necessity

Musculo-skeletal, joint, and pain management services	64493	INJ PARAVERT F JNT L/S 1 LEV		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64494	INJ PARAVERT F JNT L/S 2 LEV		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64495	INJ PARAVERT F JNT L/S 3 LEV		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64510	N BLOCK STELLATE GANGLION		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64520	N BLOCK LUMBAR/THORACIC		12/30/2022	History and physical and any clinical to support medical necessity
Deep brain stimulator placement	64553	IMPLANT NEUROELECTRODES		12/30/2022	History and physical and any clinical to support medical necessity
Sacral nerve stimulator	64561	IMPLANT NEUROELECTRODES		12/30/2022	History and physical and any clinical to support medical necessity
Vagal nerve stimulators	64568	INC FOR VAGUS N ELECT IMPL		12/30/2022	History and physical and any clinical to support medical necessity
Sacral nerve stimulator	64581	IMPLANT NEUROELECTRODES		12/30/2022	History and physical and any clinical to support medical necessity
Obstructive Sleep Apnea Procedures	64582	Open implantation of hypoglossal nerve...		12/30/2022	History and physical and any clinical to support medical necessity
Obstructive Sleep Apnea Procedures	64583	Revision or replacement of hypoglossal nerve...		12/30/2022	History and physical and any clinical to support medical necessity
Sacral nerve stimulator	64590	INSRT/REDO PN/GASTR STIMUL		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	64624	Dstrj nulyt agt gndr nrv		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	64625	Rf abltj nrv nrvtg si jt		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	64628	Thermal destruction of intraosseous...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	64629	Thermal destruction of intraosseous...		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64633	DESTROY CERV/THOR FACET JNT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64634	DESTROY C/TH FACET JNT ADDL		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64635	DESTROY LUMB/SAC FACET JNT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	64636	DESTROY L/S FACET JNT ADDL		12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	67900	REPAIR BROW DEFECT		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	69300	REVISE EXTERNAL EAR	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	69705	Nasopharyngoscopy, surgical, with dilation of eust		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	69706	Nasopharyngoscopy, surgical, with dilation of eust		12/30/2022	History and physical and any clinical to support medical necessity
Bone-anchored hearing aids (BAHA)	69710	IMPLANT/REPLACE HEARING AID		12/30/2022	History and physical and any clinical to support medical necessity
Bone-anchored hearing aids (BAHA)	69714	IMPLANT TEMPLE BONE W/STIMUL		12/30/2022	History and physical and any clinical to support medical necessity
Bone-anchored hearing aids (BAHA)	69716	Implantation, osseointegrated implant, skull;...		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70336	MAGNETIC IMAGE JAW JOINT		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	70450	CT HEAD/BRAIN W/O DYE		12/30/2022	History and physical and any clinical to support medical necessity

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73721	MRI JNT OF LWR EXTRE W/O DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73722	MRI JOINT OF LWR EXTR WDYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73723	MRI JOINT LWR EXTR W/O&W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	73725	MR ANG LWR EXT W OR W/O DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74150	CT ABDOMEN W/O DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74160	CT ABDOMEN W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74170	CT ABDOMEN W/O & W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74174	CT ANGIO ABD&PELV W/O&W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74175	CT ANGIO ABDOM W/O & W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74176	CT ABD & PELVIS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74177	CT ABD & PELV W/CONTRAST		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74178	CT ABD & PELV 1/> REGNS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74181	MRI ABDOMEN W/O DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74182	MRI ABDOMEN W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74183	MRI ABDOMEN W/O & W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74185	MRI ANGIO ABDOM W ORW/O DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74261	CT COLONOGRAPHY DX		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74262	CT COLONOGRAPHY DX W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74263	CT COLONOGRAPHY SCREENING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74712	Mri fetal snl/1st gestation		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	74713	Mri fetal ea addl gestation		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75557	CARDIAC MRI FOR MORPH		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75559	CARDIAC MRI W/STRESS IMG		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75561	CARDIAC MRI FOR MORPH W/DYE		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75563	CARD MRI W/STRESS IMG & DYE		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75571	CT HRT W/O DYE W/CA TEST		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75572	CT HRT W/3D IMAGE		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75573	CT HRT W/3D IMAGE CONGEN		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	75574	CT ANGIO HRT W/3D IMAGE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	75635	CT ANGIO ABDOMINAL ARTERIES		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76376	3D RENDER W/INTRP POSTPROCES		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76377	3D RENDER W/INTRP POSTPROCES		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76380	CAT SCAN FOLLOW-UP STUDY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76390	MR SPECTROSCOPY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76391	Magnetic resonance (eg, vibration)		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76497	CT PROCEDURE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76498	MRI PROCEDURE	If Oncology Treatment - Refer to OncoHealth; IF NOT - refer to eviCore	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	76979	Ultrasound, targeted dynamic micro		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77022	Magnetic resonance imaging guidance for, and...		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77046	Magnetic resonance imaging, breast		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77047	Magnetic resonance imaging, breast		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77048	Magnetic resonance imaging, breast		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77049	Magnetic resonance imaging, breast		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77078	CT BONE DENSITY AXIAL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	77084	MAGNETIC IMAGE BONE MARROW		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	77089	Trabecular bone score (TBS), structural condition		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	77090	Trabecular bone score (TBS), structural condition		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	77091	Trabecular bone score (TBS), structural condition		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	77092	Trabecular bone score (TBS), structural condition		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78020	THYROID MET UPTAKE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78070	PARATHYROID PLANAR IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78071	PARATHYRD PLANAR W/WO SUBTRJ		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78072	PARATHYRD PLANAR W/SPECT&CT		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78075	ADRENAL CORTEX & MEDULLA IMG		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78102	BONE MARROW IMAGING LTD		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78103	BONE MARROW IMAGING MULT		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78104	BONE MARROW IMAGING BODY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78140	RED CELL SEQUESTRATION		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78185	SPLEEN IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78195	LYMPH SYSTEM IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78201	LIVER IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78202	LIVER IMAGING WITH FLOW		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78215	LIVER AND SPLEEN IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78216	LIVER & SPLEEN IMAGE/FLOW		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78226	HEPATOBIILIARY SYSTEM IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78227	HEPATOBIOL SYST IMAGE W/DRUG		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78230	SALIVARY GLAND IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78231	SERIAL SALIVARY IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78232	SALIVARY GLAND FUNCTION EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78258	ESOPHAGEAL MOTILITY STUDY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78261	GASTRIC MUCOSA IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78262	GASTROESOPHAGEAL REFLUX EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78264	GASTRIC EMPTYING STUDY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78265	Gastric emptying imag study		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78266	Gastric emptying imag study		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78278	ACUTE GI BLOOD LOSS IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78290	MECKELS DIVERT EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78291	LEVEEN/SHUNT PATENCY EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78300	BONE IMAGING LIMITED AREA		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78305	BONE IMAGING MULTIPLE AREAS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78306	BONE IMAGING WHOLE BODY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78315	BONE IMAGING 3 PHASE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78414	NON-IMAGING HEART FUNCTION		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78428	CARDIAC SHUNT IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	78434	Aqmbf pet rest & rx stress		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78445	VASCULAR FLOW IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78451	HT MUSCLE IMAGE SPECT SING		12/30/2022	History and physical and any clinical to support medical necessity

Cardiology services (check code for PA requirement) reviewed by eviCore	78452	HT MUSCLE IMAGE SPECT MULT		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78453	HT MUSCLE IMAGE PLANAR SING		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78454	HT MUSC IMAGE PLANAR MULT		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78457	VENOUS THROMBOSIS IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78458	VEN THROMBOSIS IMAGES BILAT		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78459	Myocord img pet single study		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78466	HEART INFARCT IMAGE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78468	HEART INFARCT IMAGE (EF)		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78469	HEART INFARCT IMAGE (3D)		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78472	GATED HEART PLANAR SINGLE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78473	GATED HEART MULTIPLE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78481	HEART FIRST PASS SINGLE		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78483	HEART FIRST PASS MULTIPLE		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78491	Myocord img pet 1std rst/strs		12/30/2022	History and physical and any clinical to support medical necessity
Cardiology services (check code for PA requirement) reviewed by eviCore	78492	Myocord img pet mlt rst&strs		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78494	HEART IMAGE SPECT		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78496	HEART FIRST PASS ADD-ON		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78499	CARDIOVASCULAR NUCLEAR EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78579	LUNG VENTILATION IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78580	LUNG PERFUSION IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78582	LUNG VENTILAT&PERFUS IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78597	LUNG PERFUSION DIFFERENTIAL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78598	LUNG PERF&VENTILAT DIFERENTL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78600	BRAIN IMAGE < 4 VIEWS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78601	BRAIN IMAGE W/FLOW < 4 VIEWS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78605	BRAIN IMAGE 4+ VIEWS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78606	BRAIN IMAGE W/FLOW 4 + VIEWS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78608	BRAIN IMAGING (PET)		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78609	BRAIN IMAGING (PET)		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78610	BRAIN FLOW IMAGING ONLY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78630	CEREBROSPINAL FLUID SCAN		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78635	CSF VENTRICULOGRAPHY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78645	CSF SHUNT EVALUATION		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78650	CSF LEAKAGE IMAGING		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78660	NUCLEAR EXAM OF TEAR FLOW		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78699	NERVOUS SYSTEM NUCLEAR EXAM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78700	KIDNEY IMAGING MORPHOL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78701	KIDNEY IMAGING WITH FLOW		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78707	K FLOW/FUNCT IMAGE W/O DRUG		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78708	K FLOW/FUNCT IMAGE WDRUG		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78709	K FLOW/FUNCT IMAGE MULTIPLE		12/30/2022	History and physical and any clinical to support medical necessity

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78725	KIDNEY FUNCTION STUDY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78730	URINARY BLADDER RETENTION		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78740	URETERAL REFLUX STUDY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78761	TESTICULAR IMAGING W/FLOW		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78800	Rp loczj tum 1 area 1 d img		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78801	Rp loczj tum 2+area 1+d img		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78802	Rp loczj tum whbdy 1 d img		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78803	Rp loczj tum spect 1 area		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78804	Rp loczj tum whbdy 2+d img	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78811	PET IMAGE LTD AREA		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78812	PET IMAGE SKULL-THIGH		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78813	PET IMAGE FULL BODY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78814	PET IMAGE W/CT LMTD		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78815	PET IMAGE W/CT SKULL-THIGH		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78816	PET IMAGE W/CT FULL BODY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78831	Rp loczj tum spect 2 areas		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	78832	Rp loczj tum spect w/ct 2		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	80145	Drug assay adalimumab		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	80230	Drug assay infliximab		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81161	DMD DUP/DELET ANALYSIS	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81162	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81170	Ab1f gene	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81201	APC GENE FULL SEQUENCE	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81202	APC GENE KNOWN FAM VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81203	APC GENE DUP/DELET VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity

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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81212	BRCA1 (BRCA1, DNA repair associated), BRCA2 (...)		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81215	BRCA1 (BRCA1, DNA repair associated) (eg,...		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81216	BRCA2 (BRCA2, DNA repair associated) (eg,...		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81217	BRCA2 (BRCA2, DNA repair associated) (eg,...		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81220	CFTR GENE COM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81221	CFTR GENE KNOWN FAM VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81222	CFTR GENE DUP/DELETE VARIANTS	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81223	CFTR GENE FULL SEQUENCE	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81224	CFTR GENE INTRON POLY T	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81225	CYP2C19 GENE COM VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81226	CYP2D6 GENE COM VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81228	CYTOGEN MICRARRAY COPY NMBR		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81229	CYTOGEN M ARRAY COPY NO&SNP	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81230	Cyp3a4 gene common variants		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81231	Cyp3a5 gene common variants		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81232	Dpyd gene common variants		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81238	F9 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81243	FMR1 GENE DETECTION		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81244	FMR1 (fragile X mental retardation 1) (eg,...		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81247	G6pd gene alys cmn variant		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81259	Hba1/hba2 full gene sequence	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity

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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81288	Mlh1 gene		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81292	MLH1 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81293	MLH1 GENE KNOWN VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81294	MLH1 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81295	MSH2 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81296	MSH2 GENE KNOWN VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81297	MSH2 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81298	MSH6 GENE FULL SEQ	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81299	MSH6 GENE KNOWN VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81300	MSH6 GENE DUP/DELETE VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81302	MECP2 GENE FULL SEQ	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81303	MECP2 GENE KNOWN VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81304	MECP2 GENE DUP/DELET VARIANT	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity

Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	81316	PMU/RARALPHA 1 BREAKPOINT	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81317	PMS2 GENE FULL SEQ ANALYSIS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81318	PMS2 KNOWN FAMILIAL VARIANTS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81319	PMS2 GENE DUP/DELET VARIANTS	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81321	PTEN GENE FULL SEQUENCE		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81322	PTEN GENE KNOWN FAM VARIANT	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81323	PTEN GENE DUP/DELET VARIANT		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81328	Sloc1b1 gene com variants		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81329	SMN1 (survival of motor neuron 1,	PA required for ALL dx EXCEPT Perinatal related diagnosis.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81335	Tpmt gene com variants		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81350	Ugt1a1 gene common variants	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81410	Aortic dysfunction/dilation		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81411	Aortic dysfunction/dilation		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81412	Ashkenazi Jewish associated disorders		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81415	Exome sequence analysis		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81417	Exome re-evaluation		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81422	Fetal chromosomal microdeletion(s) genomic sequenc		12/30/2022	History and physical and any clinical to support medical necessity

Genetic/genomic testing	81425	Genome sequence analysis		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81427	Genome re-evaluation		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81430	Hearing loss sequence analys		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81431	Hearing loss dup/del analys		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81432	Hereditary breast cancer-related disorders		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81435	Hereditary colon cancer		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81436	Hereditary colon ca synd		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81437	Hereditary neuroendocrine tumor disorders	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81438	Hereditary neuroendocrine tumor disorders	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81442	Noonan spectrum disorders		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81443	Genetic testing for severe inherit	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81448	Hrdtry perph neurphy panel		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81470	X-linked intellectual dbit		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81471	X-linked intellectual dbit		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81493	Coronary artery disease, mRNA, gene expression		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81507	Fetal aneuploidy (trisomy 21, 18, and 13) DNA sequ		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81529	Oncology (cutaneous melanoma), mRNA, gene expressi		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81535	Oncology gynecologic		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81536	Oncology gynecologic		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81538	Oncology (lung), mass spectrometric 8-protein sign	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81539	Onc (prostate cancer), biochem assay of 4 protein		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81540	Oncology (tumor of unknown origin),	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81542	Onc prostate mma 22 cnt gen	PA for BSWHP contracted providers for Cigna-linked plans effective 9/1/22.	12/30/2022	History and physical and any clinical to support medical necessity

Genetic/genomic testing	81552	Onc uveal minma mrna 15 gene	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81554	Pulmonary disease (idiopathic pulmonary fibrosis [12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	81560	Transplantation medicine (allograft rejection...		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81595	Cardiology (heart transplant),		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	81599	UNLISTED MAAA		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	82523	COLLAGEN CROSSLINKS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	83521	Immunoglobulin light chains (ie, kappa, lambda)...		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	84999	CLINICAL CHEMISTRY TEST	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	86015	Actin (smooth muscle) antibody (ASMA), each		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	86036	Antineutrophil cytoplasmic antibody (ANCA); screen		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	86037	Antineutrophil cytoplasmic antibody (ANCA); titer		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity

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	12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	88299	CYTOGENETIC STUDY		12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
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	12/30/2022	History and physical and any clinical to support medical necessity
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88369	M/pmhtrc alyshquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process	12/30/2022	History and physical and any clinical to support medical necessity
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88373	M/pmhtrc alys ishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process	12/30/2022	History and physical and any clinical to support medical necessity
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88374	M/pmhtrc alys ishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process	12/30/2022	History and physical and any clinical to support medical necessity
Oncology (Adult): genetic/genomic tests necessary in the treatment of malignancies	88377	M/pmhtrc alys ishquant/semi	Criteria if OncoHealth reviews: +18 yr and OH Dx: Refer to OncoHealth; IF OH does not process then BSWHP will process	12/30/2022	History and physical and any clinical to support medical necessity
Monoclonal Antibody Antivirals	90378	RSV MAB IM 50MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	90587	Dengue vaccine, quadrivalent, live, 3 dose schedul		12/30/2022	History and physical and any clinical to support medical necessity
GI imaging with capsule endoscopy	91110	GI TRACT CAPSULE ENDOSCOPY		12/30/2022	History and physical and any clinical to support medical necessity
GI imaging with capsule endoscopy	91111	ESOPHAGEAL CAPSULE ENDOSCOPY		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	91112	GI WIRELESS CAPSULE MEASURE		12/30/2022	History and physical and any clinical to support medical necessity
GI imaging with capsule endoscopy	91113	Gastrointestinal tract imaging, intraluminal...		12/30/2022	History and physical and any clinical to support medical necessity
Orthoptic and vision therapy	92065	ORTHOPTIC/PLEOPTIC TRAINING	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	92145	Corneal hysteresis deter		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	92548	Cdp-sot 6 cond w/i&r		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	92549	Cdp-sot 6 cond w/i&r mct&adt		12/30/2022	History and physical and any clinical to support medical necessity
Ventricular assist devices (VAD) or Artificial Heart	92970	CARDIOASSIST INTERNAL		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	93050	Art pressure waveform anals		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	93264	Remote monitoring of a wireless pu		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	93590	Perc transcath closure of paravalvular leak; mitra		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	93591	Perc transcathclosure of paravalvular leak; aortic		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	93592	Perc transcath closure of parav leak; each addl oc		12/30/2022	History and physical and any clinical to support medical necessity
Transaortic or transapical valve insertion or replacement (TAVR or TMVR)	93799	CARDIOVASCULAR PROCEDURE		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	95905	MOTOR &/ SENS NRVE CNDJ TEST		12/30/2022	History and physical and any clinical to support medical necessity
Intraoperative Neurophysiological Monitoring	95940	IONM IN OPERATNG ROOM 15 MIN	PA for BSWHP contracted providers for Cigna-linked plans effective 10/1/22.	12/30/2022	History and physical and any clinical to support medical necessity
Intraoperative Neurophysiological Monitoring	95941	IONM REMOTE/>1 PT OR PER HR	This service has been deemed E&I except for Medicare plans.	12/30/2022	History and physical and any clinical to support medical necessity

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 review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.	12/30/2022	History and physical and any clinical to support medical necessity
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 review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.	12/30/2022	History and physical and any clinical to support medical necessity
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 review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.	12/30/2022	History and physical and any clinical to support medical necessity
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 review the Texas Medicaid Provider Procedures Manual (TMPPM) for the Medicaid benefit limits. Use the "Medicaid, Over the Limit" request type for online submission.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	99374	HOME HEALTH CARE SUPERVISION		12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	99600	HOME VISIT NOS		12/30/2022	History and physical and any clinical to support medical necessity
Fixed wing or jet medical transports and non-emergent helicopter	A0430	AMB SERVICE CONVNTION AIR SRVC TRANSPORT 1 WAY		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	A6000	NON-CNTC WND WARMING WND COVR W/DEVIC&CARD		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	A9586	FLORBETAPIR F18 DX PER STUDY DOSE UP TO 10 MCI		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Formula (enteral) Amino-acid based	B4161	ENTRAL F PED HYDROLYZED/AA&PEPTIDE CHAIN PROTS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C1734	Orthopedic/device/drug matrix for opposing...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C1761	Catheter, transluminal intravascular...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C1824	Generator, cardiac contractility modulation (...)		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C1825	Generator, neurostimulator (implantable)....		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C1841	C1841		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C2596	Probe, image guided, robotic, waterjet ablation		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C2624	Wireless pressure sensor		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8900	MR ANGIOGRAPHY WITH CONTRAST ABDOMEN		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8901	MR ANGIOGRAPHY WITHOUT CONTRAST ABDOMEN		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8902	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST ABD		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8903	MR IMAGING WITH CONTRAST BREAST; UNILATERAL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8905	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; UNI		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8906	MR IMAGING WITH CONTRAST BREAST; BILATERAL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8908	MR IMAG W/O CONTRST FLWED W/CONTRST BRST; BIL		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8909	MR ANGIOGRAPHY WITH CONTRAST CHEST		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8910	MR ANGIOGRAPHY WITHOUT CONTRAST CHEST		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8911	MR ANGIO WITHOUT CONTRST FOLLOWED W/CONTRST CHST		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8912	MR ANGIOGRAPHY WITH CONTRAST LOWER EXTREMITY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8913	MR ANGIOGRAPHY WITHOUT CONTRAST LOWER EXTREMITY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8914	MR ANGIO W/O CONTRST FLWED W/CONTRST LOW EXTRM		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8918	MR ANGIOGRAPHY WITH CONTRAST PELVIS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8919	MR ANGIOGRAPHY WITHOUT CONTRAST PELVIS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8920	MRA WITHOUT CONTRAST FOLLOWED W/CONTRAST PELVIS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8931	MR ANGIOGRAPHY W/CONTRAST SPINAL CANAL CONTENTS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8932	MR ANGIOGRAPHY W/O CONTRST SPINAL CANAL CONTENTS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8933	MR ANGIO NO CONTRST FLW W/CONTRST SP CANAL CNTN		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8934	MR ANGIOGRAPHY WITH CONTRAST UPPER EXTREMITY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8935	MR ANGIOGRAPHY WITHOUT CONTRAST UPPER EXTREMITY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	C8936	MR ANGIO W/O CONTRST FOLLOWED W/CONTRST UP EXT		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	C9081	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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	C9085	Injection, avalglucosidase alfa-ngpt, 4 mg		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	C9086	Injection, anifrolumab-fria, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis	C9090	Injection, plasminogen, human-tvmh, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	C9093	Injection, ranibizumab, via intravitreal implant		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Eye, Ear, Nose, and Throat (EENT) Preparations	C9097	Injection, faricimab-svoa, 0.1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antidotes	C9293	INJECTION GLUCARPIDASE 10 UNITS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9352	MICROPOROUS COLLAGEN IMPLANTABLE TUBE PER CM LEN		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9353	MICROPOROUS COLLAGEN IMPLANTABLE SLIT TUBE CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9355	COLLAGEN NERVE CUFF PER 0.5 CENTIMETER LENGTH		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9356	TENDON POROUS MATRIX COLLAGEN & GAG PER SQ CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9358	DERMAL SUBST FETAL BOVINE ORIGIN PER 0.5 SQ CM		12/30/2022	History and physical and any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	C9360	DERMAL SUBST NEONATAL BOVINE ORIGIN PER 0.5 SQ CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9361	COLLEGEN MATRIX NERVE WRAP PER 0.5 CM LENGTH		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9364	PORCINE IMPLANT PERMACOL PER SQUARE CM		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9734	Focused ultrasound ablation/therapeutic interventi		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9739	Cystourethroscopy, with insertion of transprostate		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9751	Bronchoscopy, rigid or flexible, transbronchial...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9752	Destruction of intraosseous basivertebral nerve...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9753	Destruction of intraosseous basivertebral nerve...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9756	Fluorescence lymph map w/ICG		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9757	Laminotomy (hemilaminectomy), with...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9758	Blinded procedure for NYHA Class III/IV heart...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9759	Transcatheter intraoperative blood vessel...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9762	Cardiac magnetic resonance imaging for...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9763	Cardiac magnetic resonance imaging for...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9764	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9765	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9766	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9767	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9769	Cystourethroscopy, with insertion of temporary...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9771	Nasal/sinus endoscopy, cryoablation nasal...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9772	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9773	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9774	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9775	Revascularization, endovascular, open or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9777	Esophageal mucosal integrity testing by...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9779	Endoscopic submucosal dissection (ESD),...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	C9780	Insertion of central venous catheter...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0218	WATER CIRCULATING COLD PAD WITH PUMP		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E0431	PRTBLE GASEOUS O2 SYS RENT; FLWMTR HUMIDFR&MASK		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E0439	STATION LOD O2 SYS RENT; FLWMTR HUMIDFR NEBULIZR		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E0440	STATION LQD O2 SYS PURCH;RESRVOR HUMIDFR NEBULZR		12/30/2022	History and physical and any clinical to support medical necessity
Ventilators and related equipment	E0457	CHEST SHELL		12/30/2022	History and physical and any clinical to support medical necessity
Ventilators and related equipment	E0471	RESP ASST DEVC BI-LEVEL PRSS CAPABILITY W/BACK-UP		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0481	INTRAPULM PERCUSSIVE VENT SYSTEM&REL ACSSORIES		12/30/2022	History and physical and any clinical to support medical necessity
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		12/30/2022	History and physical and any clinical to support medical necessity
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	E0617	EXTERNAL DEFIB W/INTEGRATED ECG ANALY		12/30/2022	History and physical and any clinical to support medical necessity
Compression devices (select)	E0652	PNEUMAT COMPRS SEG HOM MDL W/CALBRD GRADNT PRSS		12/30/2022	History and physical and any clinical to support medical necessity
Compression devices (select)	E0676	INTERMITTENT LIMB COMPRESSION DEVICE NOS		12/30/2022	History and physical and any clinical to support medical necessity

Services and devices considered experimental/investigational/unproven	E0744	NEUROMUSCULAR STIMULATOR FOR SCOLIOSIS		12/30/2022	History and physical and any clinical to support medical necessity
Bone stimulators	E0747	OSTOGENS STIM ELEC NONINVASV OTH THAN SP APPLIC		12/30/2022	History and physical and any clinical to support medical necessity
Osteogenesis stimulator, electrical, noninvasive, spinal applications	E0748	OSTOGENS STIMULATOR ELEC NONINVASV SPINAL APPLIC		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	E0749	OSTEOGENESIS STIMULATOR ELEC SURGICALLY IMPL		12/30/2022	History and physical and any clinical to support medical necessity
Bone stimulators	E0760	OSTOGENS STIM LOW INTENS ULTRASOUND NON-INVASV		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0762	TRANSCUT ELEC JOINT STIM DEVC SYS INCL ALL ACCSS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0764	FUNC NEUROMUSC STIM MUSC AMBUL CMPT CNTRL SC INJ		12/30/2022	History and physical and any clinical to support medical necessity
Novocure? (Optune?) Alternating Electrical Fields Therapy for glioblastoma	E0766	Elec stim cancer treatment		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0770	FES TRANSQ STIM NERV&MUSC GRP CMPL SYS NOS		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	E0936	CONT PASSIVE MOTION EXERCISE DEVC OTH THAN KNEE		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E1390	O2 CONC 1 DEL PORT 85%>O2 CONC AT PRSC FLW RATE		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E1391	O2 CONC 2 DEL PORT 85%>O2 CONC PRSC FLW RATE EA		12/30/2022	History and physical and any clinical to support medical necessity
Oxygen and related equipment	E1392	PORTABLE OXYGEN CONCENTRATOR RENTAL		12/30/2022	History and physical and any clinical to support medical necessity
Non-specific, miscellaneous, and unlisted prosthetic and DME codes	E1399	DURABLE MEDICAL EQUIPMENT MISCELLANEOUS		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0219	PET IMAG WHOLE BODY; MELANOMA NON-COVR INDICATS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0235	PET IMAGING ANY SITE NOT OTHERWISE SPECIFIED		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	G0252	PET IMAG INIT DX BREST CA&SURG PLAN NOT COV MCR		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	G0260	INJ PROC SI JNT;ANES STEROID&TX AGT&ARTHROGRPH		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	G0276	Pild/placebo control clin tr		12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	G0299	Hhs/hospice of m ea 15 min		12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	G0300	HHS/hospice of lpn ea 15 min		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Cosmetic: procedures which may be considered cosmetic	G0429	DERM FILLER INJ TX FACIAL LIPODYSTROPHY SYNDROME		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	G0460	Autologous platelet rich plasma for chronic wounds		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	G2000	Blinded administration of convulsive therapy proce		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Oncology (Adult): therapies used to treat malignancies including but not limited to radiation, targeted radiation, X-ray, nuclear, brachy, RF, heat, etc.	G6002	Stereoscopic x-ray guidance	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.	12/30/2022	History and physical and any clinical to support medical necessity

Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0016	ALCOHOL AND/OR DRUG SERVICES; MEDICAL/SOMATIC		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0017	BEHAVIORAL HEALTH; RES W/O ROOM&BOARD PER DIEM		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0018	BHVAL HEALTH; SHORT-TERM RES W/O ROOM&BOARD-DIEM		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0035	MENTAL HEALTH PARTIAL HOSP TX < 24 HOURS		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H0050	ALCOHOL &OR DRUG SRVC BRF INTERVENTN PER 15 MIN		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Behavioral health/substance abuse residential, partial hospitalization, and day programs including IOP	H2036	ALCOHOL &OR OTH DRUG TREATMENT PROGRAM PER DIEM		12/30/2022	History and physical, documentation of medical necessity, Uniform Assessment, plan of care with psychological intervention(s) and goal(s)
Disease-Modifying Antirheumatic Agents	J0129	INJ ABATACEPT 10 MG USED MEDICARE ADM SUPV PHYS		12/30/2022	History and physical and any clinical to support medical necessity
Disease-Modifying Antirheumatic Agents	J0135	INJECTION ADALIMUMAB 20 MG		12/30/2022	History and physical and any clinical to support medical necessity
Central Nervous System Agents	J0172	Injection, aducanumab-awwa, 2 mg		12/30/2022	History and physical and any clinical to support medical necessity
EENT Drugs, Miscellaneous	J0178	INJECTION AFLIBERCEPT 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
EENT Drugs, Miscellaneous	J0179	Injection, brolicizumab-dbil, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J0180	INJECTION AGALSIDASE BETA 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Immunomodulatory Agents	J0202	Injection, alemtuzumab		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J0219	Injection, avalglucosidase alfa-ngpt, 4 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J0220	INJECTION ALGLUCOSIDASE ALFA 10 MG NOS		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J0221	INJECTION ALGLUCOSIDASE ALFA LUMIZYME 10 MG		12/30/2022	History and physical and any clinical to support medical necessity
Other Miscellaneous Therapeutic Agents	J0222	Injection, patisiran, 0.1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Other Miscellaneous Therapeutic Agents	J0223	Injection, givosiran, 0.5 mg		12/30/2022	History and physical and any clinical to support medical necessity
Smooth Muscle Relaxants	J0224	Injection, leuprolide acetate for depot...		12/30/2022	History and physical and any clinical to support medical necessity
Respiratory Tract Agents, Miscellaneous	J0256	INJECTION ALPHA 1-PROTASE INHIBITOR NOS 10 MG		12/30/2022	History and physical and any clinical to support medical necessity
Respiratory Tract Agents, Miscellaneous	J0257	INJECTION ALPHA 1 PROTEINASE INHIBITOR 10 MG		12/30/2022	History and physical and any clinical to support medical necessity
Aminoglycosides	J0291	Injection, plazomicin, 5 mg		12/30/2022	History and physical and any clinical to support medical necessity
Immunosuppressive Agents	J0485	INJECTION BELATACEPT 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J0491	Injection, anifrolumab-fnia, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Interleukin Antagonists	J0517	Injection, benralizumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Antitoxins And Immune Globulins	J0565	Inj, bezlotoxumab, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J0567	Injection, cerliponase alfa, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Electrolytic,Caloric,Water Balance Misc,	J0584	Injection, burosumab-twza, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Complement Inhibitors	J0593	Injection, lanadelumab-flyo, 1 mg (code may be...		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J0597	INJ C-1 ESTERASE INHIB HUMN BERINERT 10 UNITS		12/30/2022	History and physical and any clinical to support medical necessity

Blood Formation, Coagulation, and Thrombosis agents	J0598	INJECTION C1 ESTERASE INHIBITOR CINRYZE 10 UNITS		12/30/2022	History and physical and any clinical to support medical necessity
Heavy Metal Antagonists	J0600	INJECTION EDETATE CALCIUM DISODIUM UP TO 1000 MG		12/30/2022	History and physical and any clinical to support medical necessity
Other Miscellaneous Therapeutic Agents	J0638	INJECTION CANAKINUMAB 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antidotes	J0642	Injection, Levoleucovorin (khapsory), 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.	12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J0699	Injection, cefiderocol, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J0739	Injection, cabotegravir, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J0741	Injection, cabotegravir and rilpivirine, 2 mg/3 mg		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J0791	Injection, crizanlizumab-tmca, 5 mg		12/30/2022	History and physical and any clinical to support medical necessity
Pituitary	J0800	INJECTION CORTICOTROPIN UP TO 40 UNITS		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Complement Inhibitors	J1290	INJECTION ECALLANTIDE 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Central Nervous System Agents	J1301	Injection, edaravone, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis	J1302	Injection, sutimlimab-jome, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Cardiovascular Drugs	J1305	Injection, evinacumab-dgnb, 5 mg		12/30/2022	History and physical and any clinical to support medical necessity
Cardiovascular Drugs	J1306	Injection, inclisiran, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity

Enzymes	J1322	Elosulfase alfa, injection		12/30/2022	History and physical and any clinical to support medical necessity
Autonomic Drugs	J1426	Injection, casimersen, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Autonomic Drugs	J1427	Injection, viltolarsen, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Autonomic Drugs	J1428	Inj, eteplirsen, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Autonomic Drugs	J1429	Injection, golodirsen, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Disease-Modifying Antirheumatic Agents	J1438	INJECTION ETANERCEPT 25 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J1458	INJECTION GALSULFASE 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Immune globulins	J1551	Injection, immune globulin (Cutaquig), 100 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Blood Derivatives	J1562	INJECTION IMMUNE GLOBULIN VIVAGLBN 100 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Skin And Mucous Membrane Agents, Misc.	J1628	Injection, guselkumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Antidepressants, Miscellaneous	J1632	Injection, brexanolone, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J1743	INJECTION IDURSULFASE 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
Complement Inhibitors	J1744	INJECTION ICATIBANT 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
HIV Entry And Fusion Inhibitors	J1746	Injection, ibalizumab-uiyk, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J1786	INJECTION IMIGLUCERASE 10 UNITS		12/30/2022	History and physical and any clinical to support medical necessity
Immunomodulatory Agents	J1823	Injection, inebilizumab-cdon, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J1931	INJECTION LARONIDASE 0.1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J1951	Prothrombin complex concentrate (human),...		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
Interleukin Antagonists	J2182	Injection, mepolizumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Antisense Oligonucleotides	J2326	Inj, nusinersen, 0.1mg		12/30/2022	History and physical and any clinical to support medical necessity
Immunomodulatory Agents	J2350	Injection, ocrelizumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Respiratory Tract Agents	J2356	Injection, tezepelumab-ekko, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Respiratory Tract Agents, Miscellaneous	J2357	INJECTION OMALIZUMAB 5 MG		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J2406	Injection, oritavancin (Kimrysa), 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Somatostatin Agonists	J2502	Inj, pasireotide long acting		12/30/2022	History and physical and any clinical to support medical necessity
EENT Drugs, Miscellaneous	J2503	INJECTION PEGAPTANIB SODIUM 0.3 MG		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J2504	INJECTION PEGADEMASE BOVINE 25 IU		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antigout Agents	J2507	INJECTION PEGLOTICASE 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Eye, Ear, Nose, and Throat (EENT) Preparations	J2777	Injection, faricimab-svoa, 0.1 mg		12/30/2022	History and physical and any clinical to support medical necessity
EENT Drugs, Miscellaneous	J2778	INJECTION RANIBIZUMAB 0.1 MG		12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	J2779	Injection, ranibizumab, via intravitreal implant		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Interleukin Antagonists	J2786	Injection, reslizumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Other Miscellaneous Therapeutic Agents	J2793	INJECTION RILONACEPT 1 MG		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J2840	Injection, sebelipase alfa, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Hormones	J2941	INJECTION SOMATROPIN 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis	J2998	Injection, plasminogen, human-tvmh, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J3060	Inj, taliglucerase alfa 10 u		12/30/2022	History and physical and any clinical to support medical necessity
EENT Drugs, Miscellaneous	J3241	Injection, teprotumumab-trbw, 10 mg		12/30/2022	History and physical and any clinical to support medical necessity
Skin And Mucous Membrane Agents, Misc.	J3245	Injection, tildrakizumab, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Skin And Mucous Membrane Agents, Misc.	J3357	Ustekinumab sub cu inj, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Skin And Mucous Membrane Agents, Misc.	J3358	Ustekinumab, iv inject, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J3385	INJECTION VELAGLUCERASE ALFA 100 UNITS		12/30/2022	History and physical and any clinical to support medical necessity
Enzymes	J3397	Injection, vestronidase alfa-vjbc, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Retinal gene therapies	J3398	Injection, voretigene neparovec-rzyl, 1...		12/30/2022	History and physical and any clinical to support medical necessity
Gene Therapy	J3399	Injection, onasemnogene abeparovec-xioi, per...		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Hemostatics	J7170	Injection, emicizumab-kxwh, 0.5 mg		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7178	INJECTION HUMAN FIBRINOGEN CONCENTRATE 1 MG		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7180	INJECTION FACTOR XIII 1 I.U.		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7182	Factor viii recomb novoeight		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7183	INJ VON WILLEBRAND FACTR COMPLEX WILATE 1 IU:RCO		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7185	INJECTION FACTOR VIII PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7186	INJ AHF/ VWF CMLX PER FACTOR VIII IU		12/30/2022	History and physical and any clinical to support medical necessity

Blood Formation, Coagulation, and Thrombosis agents	J7187	INJ VONWILLEBRND FACTOR CMLPX HUMN RISTOCETIN IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7188	Factor viii recomb obizur		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7189	Factor VIIa (antihemophilic factor, recombinant...		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7190	FACTOR VIII ANTIHEMOPHILIC FACTOR HUMAN PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7191	FACTOR VIII ANTIHEMOPHILIC FACTOR PROCINE PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7192	FACTOR VIII PER IU NOT OTHERWISE SPECIFIED		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7193	FACTOR IX AHF PURIFIED NON-RECOMBINANT PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7194	FACTOR IX COMPLEX PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7195	FACTOR IX PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7196	INJECTION ANTITHROMBIN RECOMBINANT 50 I.U.		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7197	ANTITHROMBIN III PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7198	ANTI-INHIBITOR PER IU		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7203	Injection Factor IX, (antihemophilic factor,...		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7204	Injection, Factor VIII, antihemophilic factor (...)		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7205	Factor viii fc fusion recomb		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7207	Injection, factor VIII, (antihemophilic factor, re		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7208	Inj. jivi 1 iu		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7209	Injection, factor VIII, (antihemophilic factor, re		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7210	Inj. afstyla, 1 i.u.		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7211	Inj. kovaltry, 1 i.u.		12/30/2022	History and physical and any clinical to support medical necessity
Blood Formation, Coagulation, and Thrombosis agents	J7212	Factor VIIa (antihemophilic factor, recombinant...		12/30/2022	History and physical and any clinical to support medical necessity
Corticosteroids (EENT)	J7313	Injection, flucinolone acetoneide, intravitreal...		12/30/2022	History and physical and any clinical to support medical necessity
Corticosteroids (EENT)	J7314	Injection, flucinolone acetoneide, intravitreal...		12/30/2022	History and physical and any clinical to support medical necessity
Skin And Mucous Membrane Agents, Misc.	J7352	Afamelanotide implant, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9039	Injection, binatumomab	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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9119	Injection, cemiplimab-rwlc, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9177	Injection, enfortumab vedotin-ejfv, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Gonadotropins	J9226	HISTRELIN IMPLANT SUPPRELIN LA 50 MG		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9228	INJECTION IPIILIMUMAB 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Miscellaneous Therapeutic Agents	J9332	Injection, efgartigimod alfa-fcab, 2 mg		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9353	Injection, rituximab-arrx, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9359	Injection, loncastuximab tesirine-tpyl, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	J9400	Inj, ziv-afibercept, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
Custom made and specially sized wheelchairs and related equipment	K0013	Custom motorized/power wheelchair base		12/30/2022	History and physical and any clinical to support medical necessity
Defibrillators (external) and related equipment (includes chest/vest defibrillators)	K0606	AUTO EXT DEFIB W/INTGR ECG ANALY GARMENT TYPE		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0800	PWR OP VEH GRP 1 STD PT WT CAP TO & INCL 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0801	PWR OP VEH GRP 1 HEAVY DUTY PT 301 TO 450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0802	PWR OP VEH GRP 1 VERY HEAVY DUTY PT 451-600 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0806	PWR OP VEH GRP 2 STD PT WT CAP TO & INCL 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0807	PWR OP VEH GRP 2 HEAVY DUTY PT 301 TO 450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0808	PWR OP VEH GRP 2 VERY HEAVY DUTY PT 451-600 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power operated vehicles and related equipment	K0812	POWER OPERATED VEHICLE NOT OTHERWISE CLASSIFIED		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0835	PWR WC GRP 2 STD 1 PWR SLING SEAT PT TO 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0836	PWR WC GRP 2 STD 1 PWR CAPT CHAIR PT TO 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0837	PWR WC GRP 2 HVY 1 PWR SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0838	PWR WC GRP 2 HVY 1 PWR CAPT CHAIR PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0839	PWR WC GRP 2 VRY HVY 1 PWR SLING PT 451-600 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0840	PWR WC GRP 2 XTRA HVY 1 PWR SLING PT 601 LBS/>		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0841	PWR WC GRP 2 MX PWR SLING SEAT PT TO &=300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0842	PWR WC GRP 2 STD MX PWR CAPT CHR PT TO &=300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0843	PWR WC GRP 2 HVY MX PWR SLNG SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0848	PWR WC GRP 3 STD SLING SEAT PT TO & = 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0849	PWR WC GRP 3 STD CAPTAIN CHAIR PT TO & = 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0850	PWR WC GRP 3 HVY DUTY SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0851	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0852	PWR WC GRP 3 V HVY DUTY SLING SEAT PT 451-600 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0853	PWR WC GRP 3 HVY DUTY CAPT CHAIR PT 451-600 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0854	PWR WC GRP 3 XTRA HVY DTY SLNG SEAT PT 601 LBS/>		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0855	PWR WC GRP 3X HVY DTY CHR PT WT CAP 601 LB/>		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0856	PWR WC GRP 3 STD 1 PWR SLING SEAT PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0857	PWR WC GRP 3 STD 1 PWR CAPT CHAIR PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0858	PWR WC GRP 3 HD 1 PWR SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0859	PWR WC GRP 3 HD 1 PWR CAPT CHAIR PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0860	PWR WC GRP 3 V HD 1 PWR SLING SEAT PT 451-600 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0861	PWR WC GRP 3 STD MX PWR SLNG SEAT PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0862	PWR WC GRP 3 HD MX PWR SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0863	PWR WC GRP 3 V HD MX PWR SLNG SEAT PT 451-600 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0864	PWR WC GRP 3 XTR HD MX PWR SLNG SEAT PT 601 LB/>		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0868	PWR WC GRP 4 STD SLING SEAT PT TO & = 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0869	PWR WC GRP 4 STD CAPTAIN CHAIR PT TO & = 300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0870	PWR WC GRP 4 HVY DUTY SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0871	PWR WC GRP 4 V HVY DUTY SLING SEAT PT 451-600 LB		12/30/2022	History and physical and any clinical to support medical necessity

Power wheelchairs and related equipment	K0877	PWR WC GRP 4 STD 1 PWR SLING SEAT PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0878	PWR WC GRP 4 STD 1 PWR CAPT CHAIR PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0879	PWR WC GRP 4 HD 1 PWR SLING SEAT PT 301-450 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0880	PWR WC GRP 4 V HD 1 PWR SLING SEAT PT 451-600 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0884	PWR WC GRP 4 STD MX PWR SLNG SEAT PT TO &=300 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0885	PWR WC GRP 4 STD MX PWR CAPT CHR PT TO &=300 LBS		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0890	PWR WC GRP 5 PED 1 PWR SLING SEAT PT TO &=125 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0891	PWR WC GRP 5 PED MX PWR SLNG SEAT PT TO &=125 LB		12/30/2022	History and physical and any clinical to support medical necessity
Power wheelchairs and related equipment	K0898	POWER WHEELCHAIR NOT OTHERWISE CLASSIFIED		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1001	Electronic positional obstructive sleep apnea...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1002	Cranial electrotherapy stimulation (CES) system...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1007	Bilateral hip, knee, ankle, foot (HKAFO) device...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1009	Speech volume modulation system, any type...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1016	Transcutaneous electrical nerve stimulator for...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1017	Monthly supplies for use of device coded at k1016		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1018	External upper limb tremor stimulator of the...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1019	Monthly supplies for use of device coded at k1018		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1020	Non-invasive vagus nerve stimulator		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1023	Distal transcutaneous electrical nerve...		12/30/2022	History and physical and any clinical to support medical necessity
Compression devices (select)	K1024	Nonpneumatic compression controller with...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1026	Mechanical allergen particle barrier/inhalation...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1028	Power source & control electronics for oral device		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	K1029	Oral device for neuromuscular stimulation...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L6026	Part hand myo exclu term dev		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L7259	Electronic wrist rotator any		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L8608	Miscellaneous external component, supply or...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L8696	Ext antenna phren nerve stim		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L8701	Elbow, wrist, hand (EWHO) device, powered, with...		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	L8702	Elbow, wrist, hand, finger (EWHFO) device,...		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Chimeric Antigen Receptor	Q2041	Axicabtagene ciloleucel 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.	12/30/2022	History and physical and any clinical to support medical necessity
Immunocellular Therapy	Q2042	Tisagenlecleucel, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

Immunocellular Therapy	Q2053	Brexucabtagene autoleucl, 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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	Q2054	Lisocabtagene maraleucl, 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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	Q2055	Idecabtagene vicleucl, 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.	12/30/2022	History and physical and any clinical to support medical necessity
Antineoplastic Agents	Q2056	Ciltacabtagene autoleucl, 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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4112	CYMETRA INJECTABLE 1 CC		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4113	GRAFTJACKET XPRESS INJECTABLE 1 CC		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4114	INTEGRA FLOWABLE WOUND MATRIX INJECTABLE 1 CC		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4116	ALLODERM PER SQ CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4125	ARTHROFLEX PER SQ CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4130	STRATTICE PER SQ CM		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4138	Biodfence dryflex, 1cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4139	Amnio or biodmatrix, inj 1cc		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4142	Xcm biologic tiss matrix 1cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4143	Repriza, 1cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4145	Epifix, inj, 1mg		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4149	Excollagen, 0.1 cc		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4150	Allowrap ds or dry 1 sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4155	Neoxfo or clariflo 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4167	Truskin, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4168	AmnioBand, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4170	Cygnus, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4171	Interfyl, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4174	PalinGen or ProMatrX, 0.36 mg per 0.25 cc		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4182	Transcylet, per sq centimeter		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4211	Amnion Bio or AxBioMembrane, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4212	AlloGen, per cc		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4251	Vim, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4252	Vendaje, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	Q4253	Zenith Amniotic Membrane, per sq cm		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Disease-Modifying Antirheumatic Agents	Q5103	Injection, inflectra		12/30/2022	History and physical and any clinical to support medical necessity

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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Disease-Modifying Antirheumatic Agents	Q5109	Injection, infliximab-qbtx, biosimilar, (Ixifi)...		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity

Disease-Modifying Antirheumatic Agents	Q5121	Injection, infliximab-axq, 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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Anti-infective Agents	Q5124	Injection, ranibizumab-nuna, biosimilar, 0.1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Central Nervous System Agents	S0013	Esketamine, nasal spray, 1 mg		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S1034	Artificial pancreas device system		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S1035	Sensor; invasive (e.g., subcutaneous), disposable		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S1036	Transmitter; external, for use with artificial pan		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S1037	Receiver (monitor); external, for use with artific		12/30/2022	History and physical and any clinical to support medical necessity
Cranial remolding orthotic	S1040	CRANIAL REMOLDING ORTHOTIC PED RIGID CUSTOM FAB		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S1091	Stent, non-coronary, temporary, with delivery...		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2053	TRANSPLANTATION SMALL INTESTINE&LIVER ALLOGRAFTS		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2054	TRANSPLANTATION OF MULTIVISCERAL ORGANS		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2060	LOBAR LUNG TRANSPLANTATION		12/30/2022	History and physical and any clinical to support medical necessity
Transplantation: solid organ and stem cell transplants (pre-transplant evaluation; transplant; post-transplant care)	S2061	DONOR LOBECTOMY FOR TRANSPLANTATION LIVING DONOR		12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
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.	12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S2107	ADOPTIVE IMMUNOTHERAPY PER COURSE OF TREATMENT		12/30/2022	History and physical and any clinical to support medical necessity
Musculo-skeletal, joint, and pain management services	S2118	METL-ON-METL TOT HIP RESRFC ACETAB&FEM CMPNT		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S2140	CORD BLOOD HARVESTING TRANSPLANTATION ALLOGENEIC		12/30/2022	History and physical and any clinical to support medical necessity
Services and devices considered experimental/investigational/unproven	S2400	REPAIR CONGN DIAPHRAGMAT HERNIA FETUS IN UTERO		12/30/2022	History and physical and any clinical to support medical necessity
Fetal Surgery	S2409	REP CONGN MALFORM FETUS PROC PRFRM UTERO NOC		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	S3854	GENE EXPRSSGENE EXPRSSION PROFILING PANL MGMT BR		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	S3861	GENETIC TESTING SCN5A & VARIANTS FOR SUSPECTED BS		12/30/2022	History and physical and any clinical to support medical necessity
Genetic/genomic testing	S3865	COMP GENE SEQ ANALY HYPERTROPHIC CARDIOMYOPATHY		12/30/2022	History and physical and any clinical to support medical necessity
Prescription Drug Generic	S5000	PRESCRIPTION DRUG GENERIC		12/30/2022	History and physical and any clinical to support medical necessity

Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8037	MAGNETIC RESONANCE CHOLANGIOPANCREATOGRAPHY		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8042	MAGNETIC RESONANCE IMAGING LOW-FIELD		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8085	F-18 FDG IMAG USING 2-HEAD COINCIDENCE DETCT SYS		12/30/2022	History and physical and any clinical to support medical necessity
Imaging ? advanced (CT, MRI, PET, SPECT, scan, etc.)	S8092	ELECTRON BEAM COMPUTED TOMOGRAPHY		12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	S9123	NURSING CARE THE HOME; REGISTERED NURSE PER HOUR		12/30/2022	History and physical and any clinical to support medical necessity
Home health services, including all requests for hourly nursing	S9124	NURSING CARE IN THE HOME; BY LPN PER HOUR		12/30/2022	History and physical and any clinical to support medical necessity
Private duty nursing services	T1000	PRIV DUTY/INDEPEND NRS SERVICE LIC UP 15 MIN		12/30/2022	History and physical and any clinical to support medical necessity