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Medica Central Master Service List (MSL)

See Submission Information page for information regarding other product lines.
See Prior Authorization Information for information regarding coding and claims payment
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General Information

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The codes listed on this document may not be an all-inclusive list of codes that require prior authorization and/or have coverage limitations. If you are unable to find the information you need, please contact the Medica Central Customer Care Center at the appropriate number below:

- Individual and Marketplace Plans:(877) 379-7599 (TTY 711)
- SSM Health Employee Health Plan: (877) 274-4693 (TTY: 711)
- Medica Employee Health Plan: (833) 942-2159 (TTY: 711)

The complete library of medical policies is available on Medica Central Health Plan.com.

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Submission Information

Medica Central Health Plan Commercial Insurance

- Providers are responsible for submitting prior authorizations for Medica Central Health Plan Commercial members with **HMO** or **POS (In-Network Provider)** plans; and
- Medica Central Health Plan Commercial members with **PPO** or **POS (Out-of-Network Provider)** plans need to verify that their provider has submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
- Network providers please submit prior authorizations through the Availity Essentials Portal.
- Prior Authorization Forms may be accessed by clicking here.

Medica Central Health Plan Administrative Services Only (ASO) SSM Health Employee Health Plan

- The SSM Health Employee Medical Plan page contains information on benefit documents, medical management and out of area coverage.
- ASO members – contracted ASO providers are responsible for submitting prior authorizations for ASO members.
- For all other providers, Medica Central Health Plan ASO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.
- For ASO plan members, prior authorization and plan coverage of any medical intervention discussed in the Medica Central Health Plan Master Service List (MSL) is subject to the requirements outlined in the member's Summary Plan Description (SPD). You can access the member's SPD through the Provider Portal or by calling the member's plan Customer Service number found in the General Information section.
- Authorizations for members in our ASO (Administrative Services Only) plan types (payer ID 75261) should be submitted via email to ifbhealthmanagement@medica.com or via fax to 1 (608) 252-0830 on the relevant form found on our Utilization Management page under Prior Authorization Forms: Medical Management page for SSM Health Employees;

Medica Employee Health Plan

- The Medica Employee Benefit Plan page contains information on benefit documents, medical management and out of area coverage. .
- EHP EPO members – contracted ASO and Prevea360 network providers are responsible for submitting prior authorizations for Medica Employee Health Plan members.
- Prior authorizations must be submitted via email or
    - Authorizations for members in our ASO (Administrative Services Only) plan types (payer ID 75261) should be submitted via email to ifbhealthmanagement@medica.com or via fax to 1 (608) 252-0830 on the relevant form found on our Utilization Management page under Prior Authorization Forms: Medical Management page for Medica Employees;

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See Prior Authorization Information for information regarding coding and claims payment
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Medicare Advantage Insurance

- Review the **Medicare Coverage Guidelines**, established by the Centers for Medicare & Medicaid Services (CMS) to determine which services require prior authorization. According to the guidelines, all medical care, services, supplies, and equipment must be medically necessary.
- In scenarios where CMS does not provide guidance on the particular medical care, service, supplies, or equipment, we will use MCG (formerly Milliman Care Guidelines) criteria or our medical policy. See our **Medical Services Prior Authorization List** (PDF) to review medical policies relevant to the services you are requesting.
- Prior authorization can be submitted by the provider, member, or member's representative.
- Network providers please submit prior authorizations through the Availity Essentials Portal.

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Prior Authorization Information

- *The codes listed on this document may **not** be an all-inclusive list of codes that require prior authorization and/or have coverage limitations.*
- *Use the current applicable CPT/HCPCS code(s). The following codes included in this document are for informational purposes only and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

Codes that require prior authorization:

- Providers are responsible for submitting prior authorizations for Medica Central Health Plan members with IFB, EHP EPO or POS (In-Network Provider) plans.
- For all other providers, Medica Central Health Plan EHP PPO members need to verify that their providers have submitted a prior authorization before the service is performed in order to avoid incurring additional financial liability.

Codes that do not require prior authorization:

- A prior authorization is NOT required when provided by an in-network provider under the member's plan.
- A Prior Authorization will NOT be processed for these requests and will be cancelled as not required if submitted.
- An appropriate diagnosis code must appear on the claim; claims will deny in the absence of an appropriate diagnosis code.
- If a claim is submitted without a diagnosis code considered Medically Necessary, the claim will deny unless coverage is mandated by state/federal laws.
- If these services are provided by an out-of-network provider for an EPO or HMO, use of an out-of-network provider must be authorized prior to the service.
- Denied claims will be addressed through the provider appeal process.
- Prior authorization is not required. However, services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial may result if criteria are not met

Codes that are not covered:

- A Prior Authorization will NOT be processed for these requests and will be cancelled as not covered if submitted.
- Prior authorization, if submitted, will be cancelled as not covered for the service.
- If a claim is submitted the claim will deny unless coverage is mandated by state/federal laws.
- Denied claims will be addressed through the provider appeal process.
- Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement

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Providers without Access to the Medica Central Health Plan Provider Portal

If the provider does not have access to Availity Essentials Portal, request is for an ASO member, or for a medical injectable, please follow steps below:

- The various Authorization Request forms can be found on the Medical Management page of Medica Central.com;
- Authorization request forms should be mailed, emailed or faxed on the date the request has been completed to ensure timely processing of the authorization request;
- Please complete all fields on the top part of the form in their entirety, otherwise the Medica Central Health Plan Utilization Management Department will return it to the referring physician for completion.
- When an authorization is requested to a non-contracted provider, please include as much information as possible regarding why the request is being submitted and the plan provider(s) that the member has already seen. The Medica Central Health Plan Utilization Management Department will review the authorization request to ensure that (1) medically necessary care has been requested and that (2) the service(s) requested are not available with plan providers.

All written Authorization Request forms must be either faxed, emailed or mailed to Medica Central Health Plan using the following information:

Fax Number	**(608) 252-0830**
Email	ifbhealthmanagement@medica.com
Mailing Address	Medica Central Health Plan ATTN: Utilization Management P.O. Box 56099 Madison, WI 53705

NOTE: *Any prior authorization submitted as 'Medically Urgent' that does not meet the definition of medically urgent may be changed to non-urgent/standard. This determination is made only by medically licensed personnel, and includes a call to the requesting provider's office advising of this change and determination.*

NOTE: *Only services that are not provided within the Medica Central Health Plan provider network are considered for approval with a non-contracted provider.*

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Carelon Prior Authorization

Medica Central Health Plan is partnering with Carelon, a utilization management (UM) program third-party vendor, to support the provider submission and medical necessity review process for all related authorizations. These select MSK, cardiology and high-tech radiology procedures and services will include but are not limited to: hip, knee and shoulder arthroscopy; various interventional pain management injections such as sacroiliac joint injections; imaging such as MRI, MRA and CT scans; angioplasty and stent placement; implantable pacemakers; and vascular imaging.

Prior authorization requests for musculoskeletal (MSK), cardiology or radiology services managed through Carelon, please submit to Carelon here. See Carelon's cardiology policies, radiology policies and MSK policies

The Carelon provider portal is available 7 days a week, fully interactive, and processes requests in real time using clinical criteria. Or call Carelon toll-free at 1 (833) 476-1463, Monday through Friday, 8 a.m.-5 p.m. CT.

Excluded services include:

- Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis (i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon cardiology and radiology programs.
- Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon MSK program.

- Applicable to the following Medica Central Health Plan product lines:
  - Commercial – Medica Health HMO, Medica Health POS and Medica Health PPO
  - Administrative Services Only (ASO) includes SSM Health Employee Health Plan and Medica Employee Health Plan

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Medica Central Policy Name with Link	Prevea360 Policy Name with Link for Medica Employee Health Plan members who use the Prevea360 network.	Prior Authorization Status	Prior Authorization Required for these Current Procedural Terminology (CPT) Codes	Prior Authorization Not Required for the Covered Current Procedural Terminology (CPT) Codes	Not Covered Current Procedural Terminology (CPT) Codes *The codes listed below are not a comprehensive list of non-covered codes. General or miscellaneous non-covered codes are not listed.
Actigraphy MP9559	Actigraphy MP9559	Not Required	NA	95803	NA
Air Ambulance, Non-Emergent MP9632	Air Ambulance, Non-Emergent MP9632	Non-emergent air ambulance transport requires prior authorization	A0140, A0430, A0431, A0435, A0436, S9960, S9961	NA	NA
Allogenic Morphogenic Protein (OsteoAMP) MP9776	Allogenic Morphogenic Protein (OsteoAMP) MP9776	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Amino Acid-Based Elemental Formulas MP9355	Amino Acid-Based Elemental Formulas MP9355	Not Required	NA	B4153, B4161	NA
Annulus Fibrosis Repair Devices MP9688	Annulus Fibrosis Repair Devices MP9688	Not Covered	NA	NA	C9757
Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood MP9713	Autologous Blood-Derived Products (Platelet-Rich Plasma, Autologous Conditioned Serum, Autologous Whole Blood MP9713	Not Covered	NA	NA	0232T, 0481T, G0465, P9020, S9055

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Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing MP9689	Automated, Non-Invasive Nerve Conduction Velocity (NCV) Testing MP9689	Not covered	NA	NA	95905
Bariatric Surgery MP9319	Bariatric Surgery MP9319	Required	43770, 43771, 43772, 43773, 43775, 43842, 43843, 43848, 43860, 43865, 43886, 43887, 43888 • 43644, 43645 only requires a prior authorization if related to bariatric surgery or when performed for weight management • 43659 and 43999 require prior authorization when related to bariatric surgery	NA	43290, 43291, 0312T
Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674	Biochemical Biomarker Panel for Assessment of Hepatitis-Associated Liver Disease MP9674	Not required	NA	Use applicable CPT or HCPCS codes	0002M, 0003M, 81517, 0166U
Bioimpedance Spectroscopy (BIS)	Bioimpedance Spectroscopy (BIS)	Not covered	NA	NA	93702, 0358T

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and Bioelectrical Impedance Analysis (BIA) MP9690	and Bioelectrical Impedance Analysis (BIA) MP9690				
Birth Centers (Free-Standing) MP9666	Birth Centers (Free-Standing) MP9666	Not required	NA	Use applicable CPT or HCPCS codes	NA
Blood Coagulation Home Testing Devices MP9788	Blood Coagulation Home Testing Devices MP9788	Not required	NA	G0248, G0249, G0250	NA
Bone Anchored Hearing Aid MP9018	Bone Anchored Hearing Aid MP9018	Not required	NA	69710, 69711 , 69714, 69715, 69716, 69717, 69719, 69728, 69729, 69730, L8690, L8691, L8692, L8693, L8694, S2230, V5095	NA
Bone Growth Stimulators -Electrical (Long Bones) And Ultrasound MP9076 (III-DEV.07)	Bone Growth Stimulators -Electrical (Long Bones) And Ultrasound MP9076 (III-DEV.07)	Required	20974, 20975, 20979, E0747, E0748, E0749, E0760	NA	NA
Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation MP9611	Bone Marrow or Stem Cell (Peripheral or Umbilical Cord) Transplantation MP9611	Required	Prior authorization is required for evaluation and actual transplant. 38204, 38205, 38206, 38207, 38208, 38209, 38210, 38211, 38212, 38213, 38214, 38215,	NA	NA

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			38230, 38232, 38240, 38241, 38242, 38243, S2150		
Breast Ductal Lavage MP9691	Breast Ductal Lavage MP9691	Not covered	NA	NA	19499
Breast Implant Removal, Revision, or Reimplantation MP9580	Breast Implant Removal, Revision, or Reimplantation MP9580	Required	19328, 19330, 19340, 19342, 19370, 19371, 19380	Breast implant removal, revision, or reimplantation associated with breast reconstruction following a mastectomy AND the procedure will be coded as such does not require prior authorization.	NA
Bronchial Thermoplasty for Treatment of Asthma MP9693	Bronchial Thermoplasty for Treatment of Asthma MP9693	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Cala Trio Therapy for Essential Tremor MP9757	Cala Trio Therapy for Essential Tremor MP9757	Not covered	NA	NA	E0734

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Cardiac Event Monitors and Procedures MP9540	Cardiac Event Monitors and Procedures MP9540	Not required	NA	Use applicable CPT or HCPCS codes	NA
Cardiology - *See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/* Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis	Cardiology - *See Carelon website - https://guidelines.carelonmedicalbenefitsmanagement.com/current-cardiology-guidelines/* Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis	Required through Carelon for these services: • Cardiac Resynchronization Therapy • Diagnostic Coronary Angiography • Endovascular Revascularization • Imaging of the Heart • Implantable Cardioverter Defibrillators • Percutaneous Implantable Pacemakers • Vascular Imaging	0505T, 0571T, 0572T, 0573T, 0574T, 0620T, 0795T, 0796T, 0797T, 0798T, 0799T, 0800T, 0801T, 0802T, 0803T, 0804T, 33206, 33207, 33208, 33212, 33213, 33214, 33215, 33216, 33217, 33218, 33220, 33221, 33222, 33223, 33224, 33226, 33227, 33228, 33229, 33230, 33231, 33233, 33240, 33241, 33244, 33249, 33262, 33263, 33264, 33270, 33271, 33272, 33273, 33274, 33275, 37220, 37221, 37224, 37225, 37226, 37227, 37228, 37229, 37230, 37231, 92920, 92924, 92928, 92933, 92937, 92943, 93303, 93304, 93306, 93307, 93308, 93312, 93313, 93314, 93315, 93316, 93317, 93350, 93351, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461, 93880, 93882, 93922, 93923, 93924, 93925, 93926, 93930, 93931, 93978, 93979,C1721, C1722,C1777, C1785, C1786, C1882, C1895, C1896, C1899, C2619, C2620, C2621, C7531, C7534, C7535, C7537, C7538, C7539, C7540, C9600, C9601, C9602, C9603, C9604, C9605, C9607, C9608, G0448	NA	NA

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Medica Central Policy Name with Link	Prevea360 Policy Name with Link for Medica Employee Health Plan members who use the Prevea360 network.	Prior Authorization Status	Prior Authorization Required for these Current Procedural Terminology (CPT) Codes	Prior Authorization Not Required for the Covered Current Procedural Terminology (CPT) Codes	Not Covered Current Procedural Terminology (CPT) Codes *The codes listed below are not a comprehensive list of non-covered codes. General or miscellaneous non-covered codes are not listed.
(i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon cardiology program.	(i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon cardiology program.				
Carotid Intima-Media Thickness Measurement MP9694	Carotid Intima-Media Thickness Measurement MP9694	Not covered	NA	NA	93895
Cell Therapy for the Treatment of Cardiac Disease MP9578	Cell Therapy for the Treatment of Cardiac Disease MP9578	Not required	NA	Use applicable CPT or HCPCS codes	0263T, 0264T, 0265T
Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569	Chemiluminescent Testing (ViziLite) for Oral Cancer Screening MP9569	Not required	NA	Use applicable CPT or HCPCS codes	NA
Chemoembolization for Hepatic Tumors MP9462	Chemoembolization for Hepatic Tumors MP9462	Not required	NA	Use applicable CPT or HCPCS codes	NA
Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser	Chronic Rhinitis: Cryoablation, Radiofrequency Ablation and Laser	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Ablation, Office-Based MP9631	Ablation, Office-Based MP9631				
CLEAR Institute Scoliosis Treatment Protocols MP9695	CLEAR Institute Scoliosis Treatment Protocols MP9695	Not covered	NA	NA	E1399
Clinical Trials (Clinical Trial Participation) MP9447	Clinical Trials (Clinical Trial Participation) MP9447	Not required **Specialized lab evaluations and medical images which are part of standard of care but cannot be performed at a plan site **require** prior authorization through the Health Services Division.	NA	Use applicable CPT or HCPCS codes	NA
Cognitive Rehabilitation/ Remediation MP9561	Cognitive Rehabilitation/ Remediation MP9561	Not required	NA	Use applicable CPT or HCPCS codes	NA
Collagen Cross Links as Markers of Bone Turnover MP9677	Collagen Cross Links as Markers of Bone Turnover MP9677	Not covered	NA	NA	82523
Computerized Dynamic Posturography MP9696	Computerized Dynamic Posturography MP9696	Not covered	NA	NA	92548, 92549

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Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697	Confocal Laser Endomicroscopy for Barrett's Esophagus MP9697	Not covered	NA	NA	43206, 43252, 0397T if billed with the following diagnosis codes: K227.10, K227.11, K227.19.
Continuous Glucose Monitoring (CGM) Systems, Implantable (e.g., Eversense) MP9791	Continuous Glucose Monitoring (CGM) Systems, Implantable (e.g., Eversense) MP9791	Not required	NA	0446T, 0447T, 0448T	NA
Corneal Cross-Linking (CXL) MP9470	Corneal Cross-Linking (CXL) MP9470	Not required	NA	Use applicable CPT or HCPCS codes	NA
Cosmetic and Reconstructive Surgery Abdominoplasty/ Panniculectomy MP9646 Blepharoplasty, Blepharoptosis Repair, and Brow Lift MP9664 Rhinoplasty Procedure with or without Septoplasty MP9648	**Cosmetic and Reconstructive Surgery** Abdominoplasty/ Panniculectomy MP9646 Blepharoplasty, Blepharoptosis Repair, and Brow Lift MP9664 Rhinoplasty Procedure with or without Septoplasty MP9648	Required	15820, 15821, 15822, 15823, 15830, 15839, 15847, 15877, 30400, 30410, 30420, 30430, 30435, 30450, 30460, 30462, 30465, 30468, 67900, 67901, 67902, 67903, 67904, 67906, 67908, 67909, 69300 If specific policy does not apply, requests will be reviewed as per member plan documents, Cosmetic and/or Reconstructive Surgery	NA	NA

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Otoplasty MP9647 (III-SUR.33)	Otoplasty MP9647 (III-SUR.33)				
Cranial Electrotherapy Stimulation (CES) MP9698	Cranial Electrotherapy Stimulation (CES) MP9698	Not covered	NA	NA	E0732, A4596
Craniosacral Therapy MP9699	Craniosacral Therapy MP9699	Not covered	NA	NA	97139
Cytotoxic Testing for Allergy Diagnosis MP9678	Cytotoxic Testing for Allergy Diagnosis MP9678	Not covered	NA	NA	86807, 86808
Day Treatment – Behavioral Health MP9557	Day Treatment – Behavioral Health MP9557	Not required	NA	Use applicable CPT or HCPCS codes	NA
Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis MP9568	Diagnosis and Treatment of Chronic Cerebrospinal Venous Insufficiency (CCSVI) in Multiple Sclerosis MP9568	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Drug Eluting Sinus Stents, Bioabsorbable MP9700	Drug Eluting Sinus Stents, Bioabsorbable MP9700	Not covered	NA	NA	S1091
Durable Medical Equipment MP9347	Durable Medical Equipment MP9347	Not required or Not covered	NA	A4670, 99473, 99474	T2039, E0240, E0247, E0248, E0625, E0190, E0218, E0935, E0936,

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				*Please review policy to determine the criteria required for claims coverage of this service.	E0118, S9433, S9434, A4660, E0244, A9281, A4520, T4521, T4522, T4523, T4524, T4529, T4530, T4538, T4525, T4526, T4527, T4528, T4529, T4531, T4532, T4533, T4534, T4535, T4536, T4537, T4539, T4540, T4541, T4543, T4544, E0210, E0215, E1300, K1003, E0189, E0700, A8001, A8002, A8003, A8004, S0516, E0203, A4634, S9090, E0625, E0605, E0710, E1310 92618, E2506, E2508, E2510, E2511, E2512, E2599, *E1399, *K0108, *If the item is identified by a 'miscellaneous' or 'unspecified' codes and there is a more specific medical policy applicable to the item you must reference the more specific medical policy for criteria.

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Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging and Shear Wave Elastography) MP9562	Elastography (Ultrasound, Acoustic Radiation Force Impulse Imaging and Shear Wave Elastography) MP9562	Not required	NA	76391, 76981, 76982, 76983, 91200	NA
Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.) MP9701	Electric Cell-Signaling Treatment (e.g., neoGEN® System, Sanexas Intl.) MP9701	Not covered	NA	NA	64999,13999
Electric Tumor Treatment Field (Optune) MP9474	Electric Tumor Treatment Field (Optune) MP9474	Not covered	NA	E0766	A4555
Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds MP9702	Electrical or Electromagnetic Stimulation for Healing of Chronic Wounds MP9702	Not required	NA	E0769, G0281, G0282 when meets policy criteria.	NA
Electromagnetic Navigation Bronchoscopy MP9634	Electromagnetic Navigation Bronchoscopy MP9634	Not required	NA	Use applicable CPT or HCPCS codes	NA
Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis MP9667	Endoscopic Balloon Sinuplasty Ostial Dilation Chronic Sinusitis MP9667	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703	Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD) MP9703	Not covered	NA	NA	43257
Endoscopic Radiofrequency Ablation for Barrett's Esophagus MP9628	Endoscopic Radiofrequency Ablation for Barrett's Esophagus MP9628	Not required	NA	Use applicable CPT or HCPCS codes	43257
Enhanced External Counterpulsation (EECP) MP9620	Enhanced External Counterpulsation (EECP) MP9620	Not required	NA	Use applicable CPT or HCPCS codes	NA
Epidural Lysis of Adhesions MP9704	Epidural Lysis of Adhesions MP9704	Not covered	NA	NA	62263, 62264
Eustachian Tube Balloon Dysfunction (Acclarent AERA) MP9604	Eustachian Tube Balloon Dysfunction (Acclarent AERA) MP9604	Not required	NA	69705, 69706, 69799	NA
Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath	Exhaled Breath Tests for Asthma and Other Inflammatory Pulmonary Conditions: Exhaled Nitric Oxide Breath Test and Exhaled Breath	Not required	NA	83987, 95012	NA

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Condensate pH Measurement MP9560	Condensate pH Measurement MP9560				
Extended Hours of Home Care (Private Duty Nursing) MP9766 (III-HOM.01)	Extended Hours of Home Care (Private Duty Nursing) MP9766	Required	Use applicable CPT or HCPCS codes	NA	NA
Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence MP9705	Extracorporeal Magnetic Stimulation for the Treatment of Urinary Incontinence MP9705	Not covered	NA	NA	53899
Extracorporeal Photopheresis (Photochemotherapy) MP9558	Extracorporeal Photopheresis (Photochemotherapy) MP9558	Not Required	NA	36522	NA
Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications and Soft Tissue Injuries MP9706	Extracorporeal Shock Wave Therapy (ESWT) for Musculoskeletal Indications and Soft Tissue Injuries MP9706	Not covered	NA	NA	28890, 0101T, 0102T, 0512T, 0513T
Eye-Movement Analysis without Spatial Calibration	Eye-Movement Analysis without Spatial Calibration	Not covered	NA	NA	0615T

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(e.g., EyeBOX® system) MP9785	(e.g., EyeBOX® system) MP9785				
Facility-Based Polysomnography (Sleep Studies) for Obstructive Sleep Apnea, Adults MP9676 (III-DIA.16)	Facility-Based Polysomnography (Sleep Studies) for Obstructive Sleep Apnea, Adults MP9676 (III-DIA.16)	Required	95807, 95808, 95810. 95811 - Please note: these codes are applicable for 18 years and older.	NA	NA
Fecal Calprotectin Testing MP9665	Fecal Calprotectin Testing MP9665	Not required	NA	Use applicable CPT or HCPCS codes	NA
Female Breast Reduction Surgery – Reduction Mammoplasty MP9582 (III-SUR.27)	Female Breast Reduction Surgery – Reduction Mammoplasty MP9582	Required	19318	NA	NA
Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759	Female External Urinary Catheters for Urinary Incontinence (e.g., PureWick, PrimaFit) MP9759	Not covered	NA	NA	A6590, E2001
Food Allergy/Intolerance Testing (in vitro) MP9679	Food Allergy/Intolerance Testing (in vitro) MP9679	Not required	NA	Use applicable CPT or HCPCS codes	86001

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Foot Care MP9656	Foot Care MP9656	Not required	NA	Use applicable CPT or HCPCS codes	NA
Functional Electrical Stimulation, Upper and Lower Limb MP9566	Functional Electrical Stimulation, Upper and Lower Limb MP9566	Not required	NA	Use applicable CPT or HCPCS codes	E0770, E0764
Gastric Electrical Stimulation (GES) MP9463	Gastric Electrical Stimulation (GES) MP9463	Not required	NA	Use applicable CPT or HCPCS codes	NA
Gastrointestinal Monitoring System (SmartPill®) MP9707	Gastrointestinal Monitoring System (SmartPill®) MP9707	Not covered	NA	NA	91112
Gender Affirmation Procedures MP9642	Gender Affirmation Procedures MP9642	Required	**Prior authorization required if billed with any of the following diagnosis codes:** F64.0 F64.1 F64.2 F64.8 F64.9 Z87.890; **Procedures:** 15839, 15877, 19301, 19302, 19303, 19304, 19305, 19306, 19307, 19316, 19318, 19325, 19350, 53415, 53420, 53425, 53430, 54120, 54125, 54130, 54135, 54400, 54401, 54405, 54520, 54522, 54660, 54690, 55175, 55180, 55866, 55970, 55980, 56625, 56800, 56805, 57106, 57107, 57109, 57110, 57111, 57112, 57291, 57292, 57335, 58150, 58152, 58180, 58200, 58210, 58260, 58262,	NA	NA

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			58263, 58267, 58270, 58275, 58280, 58285, 58290, 58291, 58292, 58293, 58294, 58541, 58542, 58543, 58550, 58552, 58553, 58554, 58570, 58571, 58572, 58573, 58661, 58720 11920, 11921, 11922, 11950, 11951, 11952, 11954, 14000, 14001, 14041, 15734, 15738, 15750, 15757, 15758, 15769, 15771, 15772, 15773, 15774, 15780, 15781, 15783, 15786, 15787, 15788, 15789, 15792, 15793, 15819, 15824, 15825, 15826, 15828, 15829, 15832, 15833, 15834, 15835, 15836, 15837, 15838, 15876, 15878, 15879, 17380, 17999, 21137, 21138, 21139, 21172, 21175, 21179, 21180, 21208, 21209, 21210, 21215, 21230, 21235, 21270, 21899, 31599, 31899, 40799, 53410, 56620, 56810, 58544, 58940, 64856, 64892, 64896		
Genetic Testing: General Approach to Genetic Testing MP9610	Genetic Testing: General Approach to Genetic Testing MP9610	Not required	NA	Use applicable CPT or HCPCS codes	NA
Glaucoma Surgical Treatments MP9467	Glaucoma Surgical Treatments MP9467	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Hair Analysis in the Clinical Setting MP9680	Hair Analysis in the Clinical Setting MP9680	Not covered	NA	NA	P2031
Hearing Aids MP9445	Hearing Aids MP9445	Not required	NA	V5030, V5040, V5050, V5060, V5070, V5080, V5095, V5100, V5120, V5130, V5140, V5150, V5171, V5172, V5181, V5190, V5211, V5212, V5213, V5214, V5215, V5221, V5230, V5242, V5243, V5244, V5245, V5246, V5247, V5248, V5249, V5250, V5251, V5252, V5253, V5254, V5255, V5256, V5257, V5258, V5259, V5260, V5261, V5262, V5263, V5298	V5266
Heart\Lung Transplantation MP9612	Heart\Lung Transplantation MP9612	Required	Prior authorization is required for evaluation and actual transplant. 33930, 33933, 33935.	NA	NA
Heart Transplantation (Adult and Pediatric) MP9613	Heart Transplantation (Adult and Pediatric) MP9613	Required	Prior authorization is required for evaluation and actual transplant. 33940, 33944, 33945.	NA	NA
High Frequency Chest Wall Compression	High Frequency Chest Wall Compression	Required	E0483, A7025, A7026	NA	NA

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(HFCWC) Devices MP9235	(HFCWC) Devices MP9235				
High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) MP9708	High Intensity Focused Ultrasound (HIFU) and Magnetic Resonance Guided Focused Ultrasound (MRgFUS) MP9708	Not covered	NA	NA	0071T, 0072T, 0398T, 55880, C9734
Home Traction, Cervical and Lumbar MP9781	Home Traction, Cervical and Lumbar MP9781	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) MP9658	Home Use of Bilevel Positive Airway Pressure (BiPAP) for Conditions Other Than Obstructive Sleep Apnea (OSA) MP9658	Not required	NA	21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279	0437T, 64582, 64584
Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239	Home Use of Continuous Positive Airway Pressure (CPAP) and Bilevel Positive Airway Pressure (BiPAP) for Sleep Apnea MP9239	Not required	NA	21120, 21121, 21122, 21123, 21199, 42145, E0470, E0471, E0472, E0485, E0486, E0601, A9279	0437T, 64582, 64584

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Hospice (Inpatient and Outpatient) Services MP9299	Hospice (Inpatient and Outpatient) Services MP9299	Not required	NA	Q5001, Q5002 Q5003 Q5004 Q5005 Q5006 Q5007 Q5008 Q5010 G0182 G9473 G9474 G9475 G9476 G9477 G9478 G9479 G0337 S0255	NA
Hyperbaric Oxygen Therapy and Topical Oxygen MP9055	Hyperbaric Oxygen Therapy and Topical Oxygen MP9055	Not required	*Self-funded plans (ASO) may require prior authorization. Please refer to the member's Summary Plan Description (SPD) or call the Customer Service number found on the member's card for specific prior authorization requirements.	Use applicable CPT or HCPCS codes	A4575, E0446
I-Factor Bone Graft MP9777	I-Factor Bone Graft MP9777	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Implantable Deep Brain and Responsive Cortical Stimulation MP9331	Implantable Deep Brain and Responsive Cortical Stimulation MP9331	Not required	NA	61885, 61886	NA

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Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769	Implantable Peripheral Nerve Stimulator for Treatment of Pain MP9769	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea MP9636	Implanted Hypoglossal Nerve Stimulation for Treatment of Obstructive Sleep Apnea MP9636	Required	64568, 64582, 64583	NA	41521
Inhaled Nitric Oxide Therapy MP9654	Inhaled Nitric Oxide Therapy MP9654	Not required	NA	Use applicable CPT or HCPCS codes	NA
Inpatient (Hospital) Level of Care MP9671 (III-INP.01)	Inpatient (Hospital) Level of Care MP9671 (III-INP.01)	Required	Prior authorization is required for elective inpatient admission and continued stay; Notification of all inpatient admissions is required as specified in the hospital participation agreement, provider contracts and/or provider manuals.	NA	NA
Inpatient Rehabilitation (Acute Rehabilitation) MP9668 (III-INP.05)	Inpatient Rehabilitation (Acute Rehabilitation) MP9668 (III-INP.05)	Required	Prior authorization required for admission and continued stay.	NA	NA

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Intense Pulsed Light Treatment for Dry Eye Disease MP9709	Intense Pulsed Light Treatment for Dry Eye Disease MP9709	Not covered	NA	NA	0507T
Intensive Outpatient - Behavioral Health MP9556	Intensive Outpatient - Behavioral Health MP9556	Not required	NA	Use applicable CPT or HCPCS codes	NA
Interferential Current Stimulation MP9710	Interferential Current Stimulation MP9710	Not covered	NA	NA	S8130, S8131, E1399
Intestinal Transplantation MP9618 (III-TRA.13)	Intestinal Transplantation MP9618 (III-TRA.13)	Required	Prior authorization is required for evaluation and actual transplant. 44132, 44133, 47133, 44135, 44136, 44137, 44715, 44720, 44721, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147.	NA	NA
Intradiscal Electrothermal (IDET) MP9711	Intradiscal Electrothermal (IDET) MP9711	Not covered	NA	NA	22526, 22527
Intraoperative Neurophysiological Monitoring (IONM) MP9577	Intraoperative Neurophysiological Monitoring (IONM) MP9577	Not required	NA	Use applicable CPT or HCPCS codes	NA
Intravascular Shockwave Lithotripsy	Intravascular Shockwave Lithotripsy	Not covered	NA	NA	C1761, 92972

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for the Treatment of Coronary Artery Disease MP9770	for the Treatment of Coronary Artery Disease MP9770				
In Vitro Chemosensitivity and Chemoresistance Assays MP9760	In Vitro Chemosensitivity and Chemoresistance Assays MP9760	Not covered	NA	NA	0564T, 0083U
Iris Prosthesis MP9715	Iris Prosthesis MP9715	Not covered	NA	NA	0616T, 0617T, 0618T, C1839
Irreversible Electroporation (NanoKnife System) MP9714	Irreversible Electroporation (NanoKnife System) MP9714	Not covered	NA	NA	0600T, 0601T
Kidney Transplantation MP9675 (III-TRA.03)	Kidney Transplantation MP9675 (III-TRA.03)	Required	Prior authorization is required for evaluation and actual transplant. 50300, 50320, 50323, 50325, 50327, 50328, 50329, 50340, 50360, 50365, 50370, 50380, 50547.	NA	NA
Laboratory Testing MP9539	Laboratory Testing MP9539	Not required	NA	Use applicable CPT or HCPCS codes	NA
Laser Spine Surgeries MP9768	Laser Spine Surgeries MP9768	Not covered	NA	NA	62287

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Laser Therapy for Nicotine Dependence MP9717	Laser Therapy for Nicotine Dependence MP9717	Not covered	NA	NA	S8948
Laser Therapy for Treatment of Pain MP9718	Laser Therapy for Treatment of Pain MP9718	Not covered	NA	NA	0552T, S8948
Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057	Light Treatment and Laser Therapies for Benign Dermatologic Conditions MP9057	Not required	NA	Use applicable CPT or HCPCS codes	NA
Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) MP9687	Lipoprotein-associated Phospholipase A2 (Lp-PLA2) Immunoassay for Prediction of Risk of Coronary Heart Disease or Ischemic Stroke (PLAC Test®) MP9687	Not covered	NA	NA	83698
Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease MP9681	Lipoprotein Subclass Testing for Screening, Evaluation and Monitoring of Cardiovascular Disease MP9681	Not covered	NA	NA	83700, 83701, 83704, 83772, 0052U, 0377U

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Liposuction for the Treatment of Lymphedema or Lipedema MP9650	Liposuction for the Treatment of Lymphedema or Lipedema MP9650	Not required	NA	15877, 15878, 15879	NA
Liver Transplantation MP9614 (III-TRA.02)	Liver Transplantation MP9614 (III-TRA.02)	Required	Prior authorization is required for evaluation and actual transplant. 00796, 47133, 47135, 47140, 47141, 47142, 47143, 47144, 47145, 47146, 47147.	NA	NA
Long Term Acute Care Hospital (LTACH) MP9669 (III-INP.04)	Long Term Acute Care Hospital (LTACH) MP9669 (III-INP.04)	Required	Prior authorization required for admission and continued stay.	NA	NA
Lung Transplantation MP9615 (III-TRA.11)	Lung Transplantation MP9615 (III-TRA.11)	Required	Prior authorization is required for evaluation and actual transplant. 0494T, 0495T, 0496T, S2060, S2061, 32850, 32851, 32852, 32853, 32854, 32855, 32856.	NA	NA
Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease MP9471	Magnetic Esophageal Ring for the Treatment of Gastric Reflux Disease MP9471	Required	43284	NA	NA

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Male Gynecomastia Surgery MP9581 (iii-SUR.31)	Male Gynecomastia Surgery MP9581 (iii-SUR.31)	Required	19300	NA	NA
Mechanical Circulatory Support Devices MP9528	Mechanical Circulatory Support Devices MP9528	Not required	NA	Use applicable CPT or HCPCS codes	NA
Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities MP9659	Mechanical Stretching Devices for the Treatment of Joint Contractures of the Extremities MP9659	Not covered	NA	NA	E0935, E0936, E1800, E1801, E1802, E1803, E1805, E1806, E1810, E1811, E1812, E1815, E1816, E1818, E1820, E1821, E1825, E1830, E1831, E1840, E1841
Mechanized Spinal Decompression Traction Tables for Low Back Pain MP9644	Mechanized Spinal Decompression Traction Tables for Low Back Pain MP9644	Not covered	NA	NA	E0941
Meibomian Gland Evacuation Therapies MP9719	Meibomian Gland Evacuation Therapies MP9719	Not covered	NA	NA	0207T, 0563T
Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional	Microprocessor Controlled Knee Prostheses, With or Without Polycentric, Three-Dimensional	Required	L5856, L5857, L5858, L5859, L5930, L5961, L5962	NA	NA

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Endoskeletal Hip Joint System MP9638	Endoskeletal Hip Joint System MP9638				
mild® Procedure (mild® Device Kit) MP9761	mild® Procedure (mild® Device Kit) MP9761	Not covered	NA	NA	0275T
Minced Cartilage (Allograft) Repair for Articular Cartilage Defects MP9762	Minced Cartilage (Allograft) Repair for Articular Cartilage Defects MP9762	Not covered	NA	NA	27415, 29867
Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices MP9749	Motion Preserving Posterior Inter-spinous/Inter-laminar Decompression/Stabilization Devices MP9749	Not covered	NA	NA	22867, 22868, 22869, 22870, C1821
Multichannel Intraluminal Esophageal Impedance with pH Monitoring MP9567	Multichannel Intraluminal Esophageal Impedance with pH Monitoring MP9567	Not required	NA	Use applicable CPT or HCPCS codes	NA
Musculoskeletal Procedures, Interventional Pain Management -	Musculoskeletal Procedures, Interventional Pain Management -	Required through Carelon for these services: • Epidural Injection Procedure	27096, 62280, 62281, 62282, 62292, 62320, 62321, 62322, 62323, 62324, 62325, 62326, 62327, 63650, 63655, 63663, 63664, 63685,	NA	NA

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See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/ Click here for additional information regarding Carelon. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon MSK program.	*See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/* Click here for additional information regarding Carelon. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon MSK program. program.	• s & Diagnostic Selective Nerve Root Blocks • Paravertebral Facet Injection/ Medial Branch Nerve Block/Neurolysis (e.g., percutaneous denervation procedures) • Regional Sympathetic Nerve Block	63688, 64451, 64479, 64480, 64483, 64484, 64490, 64491, 64492, 64493, 64494, 64495, 64510, 64520, 64625, 64628, 64629, 64633, 64634, 64635, 64636, 94493, G0260, 0213T, 0214T, 0215T, 0216T, 0217T, 0218T		

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		• Sacroiliac Joint Injection • Spinal Cord and Nerve Root Stimulators			
Musculoskeletal Procedures, (Large) Joint Surgery See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/ Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the	Musculoskeletal Procedures, (Large) Joint Surgery *See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/* Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the	Required through Carelon for these services: Hip • Arthroplasty • Arthroscopy & Open Procedures Knee • Arthroplasty • Arthroscopy & Open Procedures • Autologous Chondrocyte	23105, 23107, 23120, 23130, 23410, 23412, 23415, 23420, 23430, 23440, 23450, 23455, 23460, 23462, 23465, 23466, 23470, 23472, 23473, 23474, 23700, 27120, 27122, 27125, 27130, 27132, 27134, 27137, 27138, 27331, 27332, 27333, 27334, 27335, 27345, 27403, 27405, 27407, 27409, 27412, 27415, 27416, 27418, 27420, 27422, 27424, 27425, 27427, 27428, 27429, 27437, 27438, 27440, 27441, 27442, 27443, 27445, 27446, 27447, 27486, 27487, 27488, 27570, 28446, 29805, 29806, 29807, 29819, 29820, 29821, 29822, 29823, 29824, 29825, 29826, 29827, 29828, 29860, 29861, 29862, 29863, 29866, 29867, 29868, 29870, 29871, 29873, 29874,	NA	NA

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chart to the right will be submitted to Carelon. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon MSK program.	chart to the right will be submitted to Carelon. Procedures performed on an emergent basis (as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon MSK program.	Implantation of the Knee Shoulder • Arthroplasty • Arthroscopy & Open Procedures	29875, 29876, 29877, 29879, 29880, 29881, 29882, 29883, 29884, 29885, 29886, 29887, 29888, 29889, 29892, 29914, 29915, 29916, G0289, G0428, J7330, S2112, S2118, C9781		
Musculoskeletal Procedures, Spine *See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/* Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the	Musculoskeletal Procedures, Spine *See Carelon website: https://guidelines.carelonmedicalbenefitsmanagement.com/current-musculoskeletal-guidelines/* Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the	Required through Carelon for these services: Cervical • Decompression With/Without Fusion • Disc Arthroplasty Lumbar • Discectomy, Foraminotomy& Laminotomy • Laminectomy • Fusion & Treatment of	20930, 20931, 20936, 20937, 20938, 20939, 22206, 22207, 22208, 22210, 22212, 22214, 22216, 22220, 22222, 22224, 22226, 22510, 22511, 22512, 22513, 22514, 22515, 22532, 22533, 22534, 22548, 22551, 22552, 22554, 22556, 22558, 22585, 22590, 22595, 22600, 22610, 22612, 22614, 22630, 22632, 22633, 22634, 22800, 22802, 22804, 22808, 22810, 22812, 22818, 22819, 22830, 22840, 22841, 22842, 22843, 22844, 22845, 22846, 22847, 22848, 22849, 22853, 22854, 22856, 22857, 22858, 22859, 22860, 22861, 22862, 22864, 22865, 27278, 27279, 27280, 62380, 63001, 63003, 63005, 63012, 63015, 63016, 63017,	NA	NA

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		Bone Graft Substitutes and Bone Morphogenic Proteins Anterior Lumbar Interbody Fusion (ALIF) or Lateral Lumber Interbody Fusion (i.e., XLIF)			
Myocardial Strain Imaging (e.g., Cardiac Magnetic Resonance, Speckle Tracking Echocardiography, Tissue Doppler Echocardiography MP9771	Myocardial Strain Imaging (e.g., Cardiac Magnetic Resonance, Speckle Tracking Echocardiography, Tissue Doppler Echocardiography MP9771	Not covered	NA	NA	93356
Myoelectric Upper Limb Prosthetics and Orthotics MP9637	Myoelectric Upper Limb Prosthetics and Orthotics MP9637	Not required	NA	Use applicable CPT or HCPCS codes	L6026, L6715, L6880, L6882, L8701, L8702
Nasal Expiratory Positive Airway Pressure (Provent) for	Nasal Expiratory Positive Airway Pressure (Provent) for	Not covered	NA	NA	A7049

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Obstructive Sleep Apnea MP9753	Obstructive Sleep Apnea MP9753				
Nasal Implant, Absorbable, for Treatment of Nasal Valve Collapse MP9773	Nasal Implant, Absorbable, for Treatment of Nasal Valve Collapse MP9773	Not covered	NA	NA	30468
Nebulized Intranasal Antibiotics/Antifungals for Sinusitis MP9712	Nebulized Intranasal Antibiotics/Antifungals for Sinusitis MP9712	Not covered	NA	NA	95199
Negative Pressure Wound Therapy with Installation System MP9720	Negative Pressure Wound Therapy with Installation System MP9720	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders MP9579	Neurofeedback or Biofeedback for Behavioral and Substance Use Disorders MP9579	Not required	NA	Use applicable CPT or HCPCS codes	NA
Neuropsychological Testing MP9493	Neuropsychological Testing MP9493	Not required	NA	96121, 96132, 96133	NA

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Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds MP9735	Noncontact, Low-frequency Ultrasound Therapy for Healing of Chronic Wounds MP9735	Not covered	NA	NA	97610
Noncontact Near Infrared Spectroscopy MP9780	Noncontact Near Infrared Spectroscopy MP9780	Not covered	NA	NA	Use applicable CPT or HCPCS codes
Non-Contact Normothermic Wound Therapy MP9721	Non-Contact Normothermic Wound Therapy MP9721	Not covered	NA	NA	0859T, 0860T, 0640T
Non-Covered Medical Procedures and Services MP9415 This policy indicates services which are considered either Experimental/Investigational (E/I) or Not Medically Necessary (NMN). Some MAY be considered for coverage in specific situations. Review of the	Non-Covered Medical Procedures and Services MP9415 This policy indicates services which are considered either Experimental/Investigational (E/I) or Not Medically Necessary (NMN). Some MAY be considered for coverage in specific situations. Review of the	Not covered	NA	NA	A6000, A6550, A6560, A9291, 0126T, 0200T, 0206T, 0263T, 0264T, 0265T, 0341T, 0397T, 0623T, 0657T, 0745T, 0746T, 0747T, 0776T, 0783T, C1824, C1825, C9772, C9773, C9774, C9775, C1062, E2120, E0769, C1825, 0627T, 0628T, 0629T, 0630T, C2624, C9724, C9757, 64625, 62263, 62264, 93278, 0335T, 0639T, 0631T, 93025, 0596T, 0597T, S2348, 0219T,

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actual policy is needed to determine whether the procedure/service you are intending to request has been identified as E/I or NMN. *The list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage.	actual policy is needed to determine whether the procedure/service you are intending to request has been identified as E/I or NMN. *The list of codes is provided for informational purposes only and may not be all inclusive. Benefit coverage for any service is determined by the member's policy of health coverage.				0220T, 0221T, 0222T, 0266T, 0267T, 0268T, 0269T, 0270T, 0271T ,0272T, 0273T, 0510T, 0511T, S2117, 67999, 0624T, 0625T, 0658T, 0656T, 0659T, 0692T, 0693T, 0695T, 0696T, 17999, 20999, 22899, 27005, 27306, 27602, 30999, 31299, 33999, 38999, 55899, 69779, 97124, 97606, 97608, 92499, 92700, 97039, S9101, G2170, G2171
Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767	Non-invasive Measurement of Left Ventricular End Diastolic Pressure MP9767	Not covered	NA	NA	93799
Non-pneumatic Compression Systems or Garments (e.g. Dayspring) MP9750	Non-pneumatic Compression Systems or Garments (e.g. Dayspring) MP9750	Not covered	NA	NA	E0678, E0679, E0680, E0681, E0682
Non-Powered or Single Use Negative Pressure Wound	Non-Powered or Single Use Negative Pressure Wound	Not covered	NA	NA	97607, 97608, A9272

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Therapy Systems MP9784	Therapy Systems MP9784				
Nutritional Counseling MP9661	Nutritional Counseling MP9661	Not required	NA	Use applicable CPT or HCPCS codes	NA
Orthognathic Surgery MP9651 (III-SUR.32)	Orthognathic Surgery MP9651 (III-SUR.32)	Required	21085, 21110, 21121, 21122, 21123, 21125, 21127, 21141, 21142, 21143, 21145, 21146, 21147, 21150, 21151, 21154, 21155, 21159, 21160, 21193, 21194, 21195, 21196, 21198, 21199, 21206, 21208, 21210, 21215, 21247, 21249, 21685, D7940, D7941, D7943, D7944, D7945, D7946, D7947, D7948, D7949, D7950, D7995, D7996	NA	NA
Outpatient and Inpatient Electroconvulsive Therapy (ECT) MP9570	Outpatient and Inpatient Electroconvulsive Therapy (ECT) MP9570	Not required	NA	90870	NA
Outpatient Enteral Therapy MP9069	Outpatient Enteral Therapy MP9069	Required	B4102, B4103, B4104, B4149, B4150, B4152,	NA	B4105

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			B4153, B4154, B4155, B4157, B4158, B4159, B4160, B4161, B4162		
Palatal Implants for Obstructive Sleep Apnea MP9754	Palatal Implants for Obstructive Sleep Apnea MP9754	Not covered	NA	NA	C9757
Pancreas-Kidney (SPK, PAK) Transplantation MP9617	Pancreas-Kidney (SPK, PAK) Transplantation MP9617	Required	Prior authorization is needed for evaluation and actual transplant. S2065	NA	NA
Pancreas Transplantation (Pancreas Alone) MP9616	Pancreas Transplantation (Pancreas Alone) MP9616	Required	Prior authorization is needed for evaluation and actual transplant. 48160, 48550, 48551, 48552, 48554, 48556, G0341, G0342, G0343, 0584T, 0585T, 0586T, S2102.	NA	NA
Partial Hospitalization Program (PHP) – Behavioral Health MP9555	Partial Hospitalization Program (PHP) – Behavioral Health MP9555	Not required	NA	Use applicable CPT or HCPCS codes	NA
Pelvic Vein Embolization MP9572	Pelvic Vein Embolization MP9572	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is

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					mandated by state/federal laws.
Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) MP9734	Percutaneous Disc Decompression Procedures (Percutaneous Discectomies, Nucleoplasty) MP9734	Not covered	NA	NA	62287, S2348
Percutaneous Neuromodulation Therapy for the Treatment of Pain MP9724	Percutaneous Neuromodulation Therapy for the Treatment of Pain MP9724	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Percutaneous Tibial Nerve Stimulation MP9563	Percutaneous Tibial Nerve Stimulation MP9563	Not required	NA	Use applicable CPT or HCPCS codes	NA
Percutaneous Ultrasonic Ablation of Soft Tissue MP9725	Percutaneous Ultrasonic Ablation of Soft Tissue MP9725	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications MP9660	Photodynamic Therapy with Visudyne®(verteprofin) for Ocular Indications MP9660	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Phrenic Nerve Stimulation for Central Sleep Apnea MP9755	Phrenic Nerve Stimulation for Central Sleep Apnea MP9755	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Powered Robotic Lower-Limb Exoskeleton Devices MP9645	Powered Robotic Lower-Limb Exoskeleton Devices MP9645	Not covered	NA	NA	A4541, L2006
Prolotherapy MP9726	Prolotherapy MP9726	Not covered	NA	NA	M0076
Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) MP9622	Quantitative Electroencephalogram (qEEG) and Referenced Electroencephalogram (rEEG) MP9622	Not required	NA	Use applicable CPT or HCPCS codes	NA
Quantitative Sensory Tests MP9727	Quantitative Sensory Tests MP9727	Not covered	NA	NA	0106T, 0107T, 0108T, 0109T, 0110T, G0255
Radiology Services - *See Carelon website: https://guidelines.carelonmedicalbenefitsman	Radiology Services - *See Carelon website: https://guidelines.carelonmedicalbenefitsman	Required through Carelon for these services:	70336, 70450, 70460, 70470, 70480, 70481, 70482, 70486, 70487, 70488, 70490, 70491, 70492,70496, 70498, 70540, 70542, 70543, 70544, 70545, 70546, 70547, 70548, 70549,		

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agement.com/current-radiology-guidelines/ Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis (i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon radiology program.	agement.com/current-radiology-guidelines/ Click here for additional information on Carelon prior authorization. Note: Effective 10/01/2024, prior authorization for the services listed in the chart to the right will be submitted to Carelon. Procedures performed in an inpatient setting (i.e., those services performed during an inpatient stay) or on an emergent basis (i.e., those services performed as part of being evaluated at the ER and prior to the patient's discharge from the hospital) are not included in the Carelon radiology program.	Selected applications of the following: • Computed tomography (CT) • Low-dose CT • Magnetic resonance imaging (MRI) • Functional MRI • Magnetic resonance spectroscopy • Magnetic resonance cholangiopancreatography (MRCP) • Positron emission tomography (PET) • CT or MR arthrography	70551, 70552, 70553,70554, 70555, 71250, 71260, 71270, 71271, 71275, 71550, 71551, 71552, 71555, 72125, 72126, 72127, 72128, 72129, 72130, 72131, 72132, 72133, 72141, 72142, 72146, 72147, 72148, 72149, 72156, 72157, 72158, 72159, 72191, 72192, 72193, 72194, 72195, 72196, 72197, 72198, 73200, 73201, 73202, 73206, 73218, 73219, 73220, 73221, 73222, 73223, 73225, 73700, 73701, 73702, 73706, 73718, 73719, 73720, 73721, 73722, 73723, 73725, 74150, 74160, 74170, 74174, 74175, 74176, 74177, 74178, 74181, 74182, 74183, 74185, 74261, 74262, 74263, 74712, 75557, 75559, 75561, 75563, 75571, 75572, 75573, 75574, 75580, 75635, 76390, 76391, 77046, 77047, 77048, 77049, 77078, 77084, 78429, 78430, 78431, 78432, 78433, 78451, 78452, 78453, 78454, 78459, 78466, 78468, 78469, 78472, 78473, 78481, 78483, 78491, 78492, 78494, 78608, 78609, 78811, 78812, 78813, 78814, 78815, 78816, 0042T, 0633T, 0634T,		

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		• Low-field MRI • MR-guided Procedures • Nuclear Medicine Imaging • Oncologic Imaging • SPECT Imaging • Vascular Imaging	0635T, 0636T, 0637T, 0638T, 0648T, S8037, S8042, S8092		
Radioembolization of Hepatic Tumors MP9774	Radioembolization of Hepatic Tumors MP9774	Not required	NA	Use applicable CPT or HCPCS codes	NA
Radiofrequency Ablation of Uterine Fibroids MP9657	Radiofrequency Ablation of Uterine Fibroids MP9657	Not required	NA	Use applicable CPT or HCPCS codes	NA
Radiofrequency Spectroscopy for Intra-Operative Assessment of Surgical Margins in Breast Cancer (e.g., MarginProbe) MP9792	Radiofrequency Spectroscopy for Intra-Operative Assessment of Surgical Margins in Breast Cancer (e.g., MarginProbe) MP9792	Not covered	NA	NA	0546T

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Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea MP9751	Radiofrequency Volumetric Tissue Reduction for Obstructive Sleep Apnea MP9751	Not covered	NA	NA	41530
Real-Time Mobile Cardiac Outpatient Telemetry MP9621	Real-Time Mobile Cardiac Outpatient Telemetry MP9621	Required	93228, 93229	NA	NA
Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716	Remote Patient Monitoring (RPM) and Remote Therapeutic Monitoring (RTM) MP9716	Not required	NA	99091, 99453, 99454, 99457, 99458, 99474, G0322	98975, 98976, 98977, 98978, 98980, 98981
Repairs/Replacement of Durable Medical Equipment/Supplies MP9106	Repairs/Replacement of Durable Medical Equipment/Supplies MP9106	Not required	NA	K0672, L4010, L4020, L4030, L4130, L8514, L8681, L8684, L8689, L8691	A4233, A4234, A4235, A4236, A1366, A4634, A4638, A4639, A8004 L7367, L7368, L7902, V5336
Residential Treatment – Behavioral Health MP9554	Residential Treatment – Behavioral Health MP9554	Required	Prior authorization is required for residential treatment. See medical policy for criteria.	NA	NA
Sacral Nerve Stimulation MP9624	Sacral Nerve Stimulation MP9624	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Salivary Estriol Test for Preterm Labor MP9682	Salivary Estriol Test for Preterm Labor MP9682	Not covered	NA	NA	S3652
Salivary Hormone Tests MP9683	Salivary Hormone Tests MP9683	Not covered	NA	NA	S3650
Scanning Laser Technologies for Retina and Optic Nerve Imaging MP9629	Scanning Laser Technologies for Retina and Optic Nerve Imaging MP9629	Not required	NA	0604T, 0605T, 0606T	NA
Scar Revision MP9649	Scar Revision MP9649	Not required	NA	Use applicable CPT or HCPCS codes	NA
Scrambler Pain Therapy MP9728	Scrambler Pain Therapy MP9728	Not covered	NA	NA	0278T
Sensory and Auditory Integration Therapies MP9729	Sensory and Auditory Integration Therapies MP9729	Not covered	NA	NA	97533
Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy MP9684	Serial Dilution Endpoint Titration for Diagnosis and Treatment of Airborne Allergy MP9684	Not covered	NA	NA	95027

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Services Related to Dental Care MP9271	Services Related to Dental Care MP9271	Not required	NA	Use applicable CPT or HCPCS codes	NA
Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) MP9633	Single Photon Emission Computed Tomography (SPECT) for Attention Deficit Hyperactivity Disorder (ADHD) MP9633	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Skilled Nursing Facility MP9670	Skilled Nursing Facility MP9670	Required	Prior authorization required for admission and continued stay.	NA	NA
Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care MP9655	Skin and Soft Tissue Engineered Substitutes for Wound and Surgical Care MP9655	Not required	NA	Q4101, Q4102, Q4103, Q4104, Q4105, Q4106, Q4107, Q4108, Q4112, Q4114, Q4116, Q4121, Q4122, Q4130, Q4132, Q4134, Q4151, Q4182, Q4186, 15271, 15272, 15273, 15274, 15275, 15276, 15277, 15278, 15777	Q4100, Q4113, Q4114, Q4115, Q4117, Q4118, Q4123, Q4126, Q4127, Q4128, Q4133, Q4135, Q4136, Q4137, Q4138, Q4139, Q4142, Q4143, Q4145, Q4146, Q4153, Q4157, Q4160, Q4161, Q4162, Q4163, Q4164, Q4165, Q4166, Q4167, Q4169, Q4171, Q4173, Q4174, Q4175, Q4176, Q4177, Q4178, Q4179, Q4180, Q4184, Q4185, Q4189, Q4190, Q4191, Q4192, Q4195, Q4196, Q4197, Q4181, Q4183, Q4193, Q4198, Q4201,

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					Q4203, Q4204, Q4205, Q4206, Q4208, Q4209, Q4210, Q4211, Q4212, Q4213, Q4214, Q4215, Q4217, Q4218, Q4219, Q4220, Q4222, Q4226, Q4227, Q4229, Q4230, Q4231 Q4232 Q4233, Q4234, Q4235, Q4236 Q4237 Q4238, Q4240, Q4241, Q4242, Q4244, Q4245, Q4246, Q4247, Q4248, Q4250 Q4252 Q4253 Q4255, Q4166 Q4170 Q4188 Q4195, Q4196, Q4197, Q4215 Q4245 Q4247 Q4251 C9250 C9352, C9353, C9361, C9364, Q4137 Q4227 Q4242 Q4276, Q4277, Q4278, Q4281, Q4282, Q4283, Q4284, Q4311, Q4312, Q4313, Q4314, Q4315, Q4316, Q4317, Q4318, Q4319, Q4320, Q4321, Q4322, Q4323, Q4324, Q4325, Q4326, Q4327, Q4328, Q4329, Q4330, Q4331, Q4332, Q4333, C1762, C1763, C1781 C9250, C9354 C9355 C9356

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					C9358 C9360 C9361, C9364, C9399, A4649
Sleep Studies for the Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673	Sleep Studies for the Initial Diagnosis of Obstructive Sleep Apnea (OSA) MP9673	Required Prior authorization **is** required for in lab sleep studies for members older than 18 years of age. Prior Authorization **is not** required for Home-based studies OR for facility based studies for members less than 18 years of age.	95807, 95808, 95810, 95811	NA	NA
Sphenopalatine Ganglion Block for the Treatment of Headache MP9764	Sphenopalatine Ganglion Block for the Treatment of Headache MP9764	Not covered	NA	NA	64505
Stem Cell and Cellular Bone Matrix Products for Orthopedic Applications MP9758	Stem Cell and Cellular Bone Matrix Products for Orthopedic Applications MP9758	Not covered	NA	NA	0627T, 0628T, 0629T, 0630T

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Stem Cell Therapy for Peripheral Artery Disease MP9730	Stem Cell Therapy for Peripheral Artery Disease MP9730	Not covered	NA	NA	0263T, 0264T, 0265T
Subacromial Tissue Spacer for Treatment of Rotator Cuff MP9731	Subacromial Tissue Spacer for Treatment of Rotator Cuff MP9731	Not covered	NA	NA	C9781
Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361	Surgical and Minimally Invasive Treatments for Benign Prostatic Hypertrophy/Hyperplasia (BPH) MP9361	Not required	NA	Use applicable CPT or HCPCS codes	0421T, 55880, 0619T, 0867T C2586 when billed with diagnosis code N400 or N401
Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain MP9732	Surgical Interruption of Pelvic Nerve Pathways for Treatment of Pelvic Pain MP9732	Not covered	NA	NA	58578
Synthetic Cartilage Implants for First Metatarsal Phalangeal Joint MP9778	Synthetic Cartilage Implants for First Metatarsal Phalangeal Joint MP9778	Not covered	NA	NA	L8641
Synthetic Ceramic-Based and Bioactive Glass Bone MP9787	Synthetic Ceramic-Based and Bioactive Glass Bone MP9787	Not covered	NA	NA	A2002, C9359, C9362, 0707T

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Technology Assisted Surgical Techniques (Robotic Surgery) MP9546	Technology Assisted Surgical Techniques (Robotic Surgery) MP9546	Not required Additional reimbursement is not provided based upon the type of instruments, technique, or approach (e.g. open, laparoscopic, percutaneous, endoscopic, thoracoscopy, and other/unspecified robotic assisted procedures).	NA	Use applicable CPT or HCPCS codes	NA
Telehealth MP9662	Telehealth MP9662	Not required	NA	Use applicable CPT or HCPCS codes	NA
Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis MP9685	Testing for Neutralizing Antibodies to Interferon Beta in Management of Multiple Sclerosis MP9685	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.

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Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange MP9627	Therapeutic Apheresis (TA) – Plasmapheresis, Plasma Exchange MP9627	Not required	NA	Use applicable CPT or HCPCS codes	NA
Thermography MP9733	Thermography MP9733	Not covered	NA	NA	93740
Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement MP9737	Thoracic Electrical Bioimpedance (TEB) for Cardiac Output Measurement MP9737	Not covered	NA	NA	97301
Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning MP9738	Three Dimensional (3-D) Printed Anatomic Modeling for Surgical Planning MP9738	Not covered	NA	NA	0559T, 0560T, 0561T, 0562T
Tidal Knee Lavage for Osteoarthritis MP9739	Tidal Knee Lavage for Osteoarthritis MP9739	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Tongue Based Suspension Surgery MP9752	Tongue Based Suspension Surgery MP9752	Not covered	NA	NA	41512

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Total Ankle Replacement MP9363	Total Ankle Replacement MP9363	Not required	NA	Use applicable CPT or HCPCS codes	NA
Transcatheter Closure of Cardiac Defects MP9625	Transcatheter Closure of Cardiac Defects MP9625	Not required	NA	Use applicable CPT or HCPCS codes	NA
Transcatheter Heart Valve Replacement and Repair Procedure MP9623	Transcatheter Heart Valve Replacement and Repair Procedure MP9623	Not required	NA	Use applicable CPT or HCPCS codes	0569T
Transcranial Magnetic Stimulation MP9526	Transcranial Magnetic Stimulation MP9526	Not required	NA	Use applicable CPT or HCPCS codes	NA
Transcutaneous Electrical Joint Stimulation Device MP9740	Transcutaneous Electrical Joint Stimulation Device MP9740	Not covered	NA	NA	E0762
Transvaginal and Transuretheral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women MP9741	Transvaginal and Transuretheral Radiofrequency (RF) Treatments of Stress Urinary Incontinence in Women MP9741	Not covered	NA	NA	53860

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Trigger Point Dry Needling MP9672	Trigger Point Dry Needling MP9672	Not covered	NA	NA	20560, 20561
Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI) MP9742	Upright Magnetic Resonance Imaging (MRI) (Standing/Seated/Weight Bearing/Positional MRI) MP9742	Not covered	NA	NA	76498
Urine Drug Testing (UDT) Presumptive and Definitive MP9460	Urine Drug Testing (UDT) Presumptive and Definitive MP9460	Not required	NA	Use applicable CPT or HCPCS codes	NA
Urethral Bulking Agents for Urinary Incontinence MP9475	Urethral Bulking Agents for Urinary Incontinence MP9475	Not required	NA	Use applicable CPT or HCPCS codes	NA
Uvulopalatoplasty (UP2), UPP) and Laser-Assisted Uvulopalatoplasty (LAUP) for Sleep-Related Breathing Disorders MP9789	Uvulopalatoplasty (UP2), UPP) and Laser-Assisted Uvulopalatoplasty (LAUP) for Sleep-Related Breathing Disorders MP9789	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep	Uvulopalatopharyngoplasty (UPPP or U3P) for Obstructive Sleep	Required	S2080	NA	NA

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Apnea/Hypopnea Syndrome MP9775	Apnea/Hypopnea Syndrome MP9775				
Vaginal Tactile Imaging MP9743	Vaginal Tactile Imaging MP9743	Not covered	NA	NA	0487T
Vagus Nerve Stimulation (VNS), Implantable MP9232	Vagus Nerve Stimulation (VNS), Implantable MP9232	Required	64533, 64568	NA	0312T, 0313T, 0314T, 0315T, 0316T, 0317T, K1020
Vein Disease Treatment MP9241	Vein Disease Treatment MP9241	Required	36465, 36466, 36470, 36471, 36473, 36474, 36475, 36476, 36478, 36479, 36482, 36483, 37500, 37700, 37718, 37722, 37735, 37760, 37761, 37765, 37766, 37780, 37785, 0524T	NA	36468
Vestibular Evoked Myogenic Potentials (VEMP) MP9744	Vestibular Evoked Myogenic Potentials (VEMP) MP9744	Not covered	NA	NA	92517, 92518, 92519
Virtual Care MP9663	Virtual Care MP9663	Not required	NA	Use applicable CPT or HCPCS codes	NA

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Vitamin D Testing for Screening MP9686	Vitamin D Testing for Screening MP9686	Not covered	NA	NA	82306, 82652, 0038U
VivAer Airway Remodeling for Airway Obstruction MP9745	VivAer Airway Remodeling for Airway Obstruction MP9745	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Volara Oscillation and Lung Expansion System MP9746	Volara Oscillation and Lung Expansion System MP9746	Not covered	NA	NA	If a claim is submitted, the claim will deny unless coverage is mandated by state/federal laws.
Wheelchairs, Scooters and Accessories MP9782 (III-DEV.25)	Wheelchairs, Scooters and Accessories MP9782 (III-DEV.25)	Required	Purchase of all wheelchair and scooter codes require prior authorization. Prior authorization is required for wheelchair and scooter accessories, repairs or modifications with a billed charge of $1,000 or more per item. Replacement of a wheelchair or scooter with another wheelchair or a	Rental does not require prior authorization and is allowed for 12 months or until 100% of purchase price has been reached. Rental of medically necessary equipment while the member's own equipment is being repaired does	A back up manual wheelchair for members with a powered device is considered a duplicate device and/or convenience item and is excluded from coverage.

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			different device requires prior authorization.	not require prior authorization.	
Wilderness Programs MP9723	Wilderness Programs MP9723	Not covered	NA	NA	T2036, T2037
Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626	Wireless Capsule Endoscopy (CE) and Capsule Technology to Verify Patency Prior to Capsule Endoscopy MP9626	Not required	NA	96110, 0651T	NA
Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS) MP9748	Wireless Pulmonary Artery Pressure Monitoring Systems for Monitoring Heart Failure (CardioMEMS) MP9748	Not covered	NA	NA	33289, 93264
Wound Imaging and Measuring Systems for Managing Chronic Wounds (e.g. Fluorescent Wound Imaging; Camera Wound Imaging) MP9783	Wound Imaging and Measuring Systems for Managing Chronic Wounds (e.g. Fluorescent Wound Imaging; Camera Wound Imaging) MP9783	Not covered	NA	NA	0598T, 0559T